

**CASE REPORT:
CERCLAGE AFTER
CONIZATION
FOR GRADE III
INTRAEPITHELIAL
NEOPLASIA**

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The intraepithelial lesion is considered grade III when the atypical cells affect more than two thirds or the entire thickness of the epithelium, causing marked dysplasia, carcinoma in situ or invasive carcinoma, the latter in 12 to 36% of cases. To prevent this progression, wide loop excision of the transformation zone or conization can be performed. However, this excisional method implies perinatal complications, as it leads to cervical isthmus insufficiency. Case report: SFS, 24 years old, white, married, housewife, from Sorocaba and GIPIIA0. Patient with a history of preterm labor for 5 years, CIN III and conization for 1 and 4 months, became pregnant 6 months after the procedure. And then, she was submitted at the 12th gestational week, to the cerclage procedure. During the 33rd week, the patient was admitted to the emergency room with suspected PPT, remained hospitalized for two days, with corticosteroid therapy. The patient remained at rest, at home, without presenting any intercurrent. At the 36th week, the cerclage was removed and after four days she actually went into labor, lasting 20 minutes. Newborn with Capurro, 36 weeks and 6 days old, with apgar 9/9, weight 2710g, female. Conclusion: Cerclage after conization during pregnancy is still a debatable treatment and is controversial in the literature. While some works have shown that premature birth can be reduced by targeted cervical cerclage. Others reinforce that cerclage after conization did not reduce prematurity. Cerclage in the case in question prevented premature delivery and was a decisive factor in the maternal-fetal outcome. More studies are needed, including to determine management protocols for cerclage in post-conization pregnancy.