

STRATEGIES TO REDUCE MORBIDITY AND MORTALITY IN PATIENTS WITH PLACENTA ACCRETA SPECTRUM IN DEVELOPING COUNTRIES.

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Introduction

Placenta accreta spectrum disorder is considered an obstetric complication due to abnormal adhesion of the placenta to the myometrium. Its incidence has increased in developing countries due to late diagnosis and difficulty in detecting and managing it early, leading to the introduction of techniques to reduce maternal and fetal morbidity and mortality.

Objective

To evaluate the incidence of both maternal morbidity and mortality following the implementation of new surgical techniques.

Methodology

A retrospective review was made of the cases of patients diagnosed with Placenta Accreta Spectrum (PAS) at the Regional Hospital of Quetzaltenago. Data was obtained from clinical history and divided into three groups: the first group had surgery by gynecologists using classical techniques; the second group had surgery by gynecologists through telemedicine with PAS specialists; and the third group had surgery by gynecologists with specialized training in PAS management.

Results

Data was obtained from 36 patients over a 7 years period, divided into Group 1: 2018-2021, 100% underwent total hysterectomy (TH), mortality ratio 4:20, and 48% presented morbidities such as transfusion of more than 10 units of blood components, kidney failure, and ICU requirement; Group 2: 2022-2023, mortality ratio 4:21, 90% underwent TH, and 41% presented morbidities with secondary anemia in 18%; Group 3: 2024-2025, mortality ratio 2:11, evidencing a notable decrease in TH (55%), morbidities down to 10%, ICU requirement in 0%, and secondary anemia in 3%, the deceased patients in the last group did so emergently.

Conclusion

PAS is becoming more frequent due to the rising rate of caesarean procedures and is associated with significant morbidity and mortality due to secondary complications. However, in developing countries with limited resources, new techniques such as one step conservative surgery, compressive uterine sutures, and manual aortic compression have been implemented. Furthermore, timely prenatal diagnosis allows for individualized case analysis for planned, safe and efficient management. Subsequently, a significant decrease in total hysterectomy, morbidities, complications, and the need for interventions was observed; training of all personnel is essential when these cases occur.

References

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