

EP15.34. Diagnosis of PAS: 3D high-frequency EVUS

O. Tosun³, I. Duran¹, H. Peker², B. Haliloğlu Peker¹

¹Obstetrics and Gynecology, Maltepe Universitesi, Istanbul, TURKEY;

²Istanbul Nisantasi Universitesi, Istanbul, TURKEY;

³Zeynep Kamil Kadin ve Cocuk Hastaliklari Egitim ve Arastirma Hastanesi, Istanbul, TURKEY;

Introduction

Placenta accreta spectrum (PAS) is a severe obstetric condition characterized by abnormal placental invasion. Its incidence is rising with increasing Caesarean section rates. Early diagnosis is crucial for allowing multidisciplinary planning. While traditional imaging methods aid in evaluation, 3D high-frequency endovaginal ultrasound (3D EVUS) offers superior resolution for assessment.

Case Report

A 27-year-old female with one prior Caesarean section was referred at 31 weeks for suspected PAS with anterior invasion. She presented with painless hematuria, prompting referral for further assessment. High-frequency endovaginal ultrasound revealed multiple PAS markers, including myometrial thinning, hypervascularity, and a 32×28 mm percreta lesion invading the bladder near the right side. A multidisciplinary team planned the delivery.

A classical c-section was performed via a vertical incision. The placenta was left in situ to reduce bleeding. The bladder was mobilized using LigaSure, followed by bilateral hypogastric artery ligation. A segmental bladder resection confirmed percreta, sparing the trigone and ureters. The bladder defect was repaired with a T-shaped closure, and hemostasis was secured before placental excision. A Bakri balloon was placed for additional support.

The patient remained stable, with no urinary complaints at three-month follow-up.

Conclusion

3D EVUS provides precise PAS assessment, aiding early diagnosis and surgical planning. As imaging advances, conservative management may reduce the need for hysterectomy in select cases.

