

USE OF TRANSVAGINAL ULTRASOUND AT 20 WEEKS GESTATION FOR PRENATAL SCREENING OF PLACENTA ACCRETA SPECTRUM IN PATIENTS WITH PREVIOUS CAESAREAN SECTION

VERONICA ETCHEGOIMBERRY , ELENA M SORIA, MARIA I. ALONZO

INTRODUCTION

Placenta accreta spectrum has a high maternal and fetal morbidity and mortality when not diagnosed prenatally; its incidence is increasing with a prevalence of 0.1-1.1% worldwide.

OBJECTIVE

To assess the usefulness of transvaginal ultrasound at 20 weeks gestation as a method of screening for sonographic signs of placenta accreta spectrum (PAS) in patients with a previous Caesarean section and low lying placenta

METHOD

We present two cases of placenta accreta spectrum (PAS). Both patients had a previous Caesarean section. A transvaginal ultrasound was performed at 20 weeks, along with routine second trimester scan with the objective to assess the height of the lower placental pole and search for sonographic signs of placental accreta spectrum.

RESULTS

Both cases had a completely occlusive anterior placenta at 20 weeks. In the transvaginal assessment, ultrasound signs of PAS were sought with a semi-distended bladder (Fig 1 and 2). Both cases presented placental lacunae, decreased retroplacental myometrial thickness, and suspected bridging vessels; signs that were not adequately assessed abdominally. In both cases, the pathology study confirmed the diagnosis of placental accreta at birth.

CONCLUSION

Given the history of a previous Caesarean section, transvaginal assessment of the height of the lower placental pole at 20 weeks gestation in the routine second trimester scan allowed us to correctly establish the diagnosis of placenta accreta spectrum which was confirmed after birth.

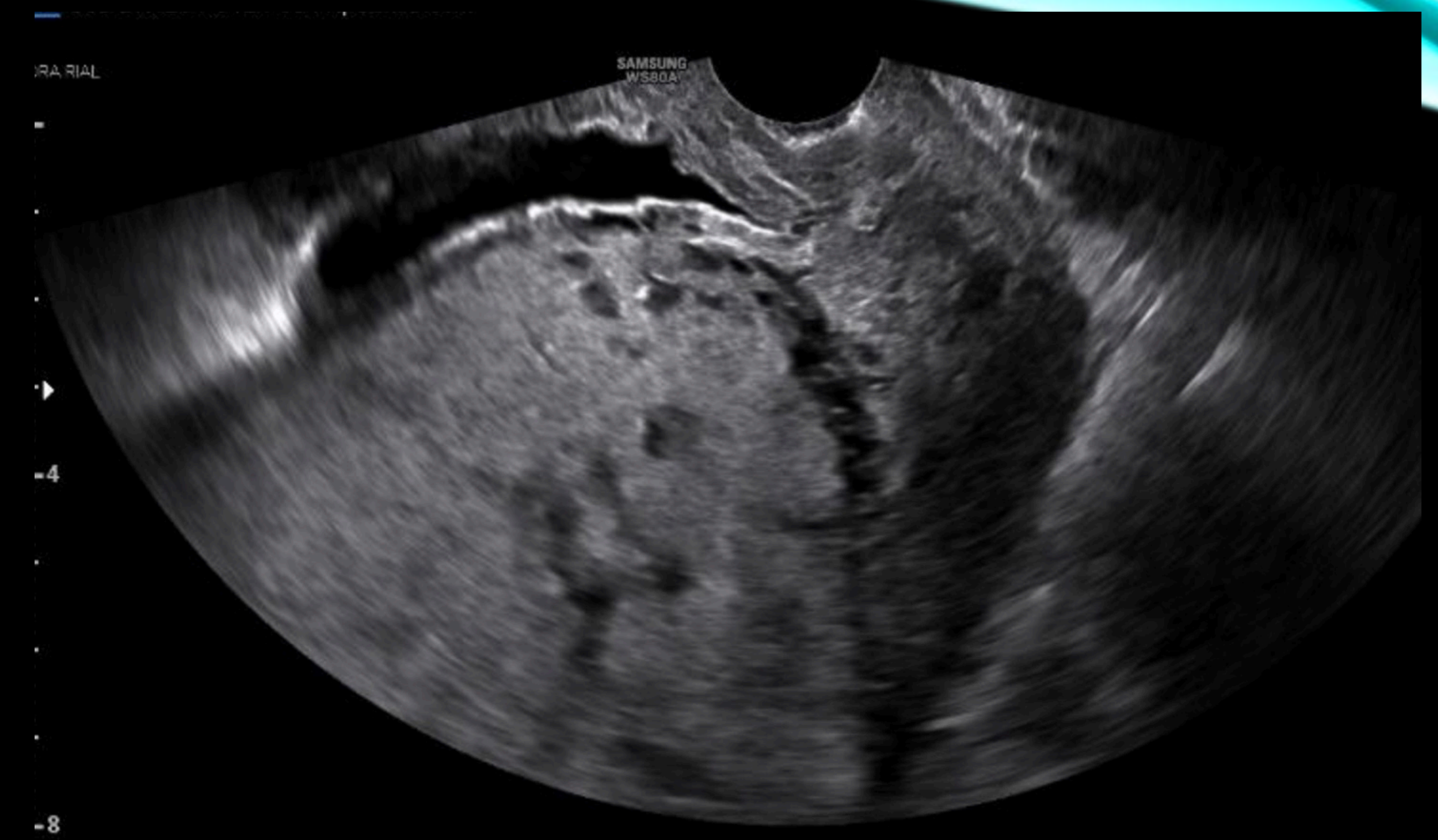


Figure 1. Transvaginal ultrasound at 20 weeks gestation; placental lacunae and decreased retroplacental myometrial thickness are seen.

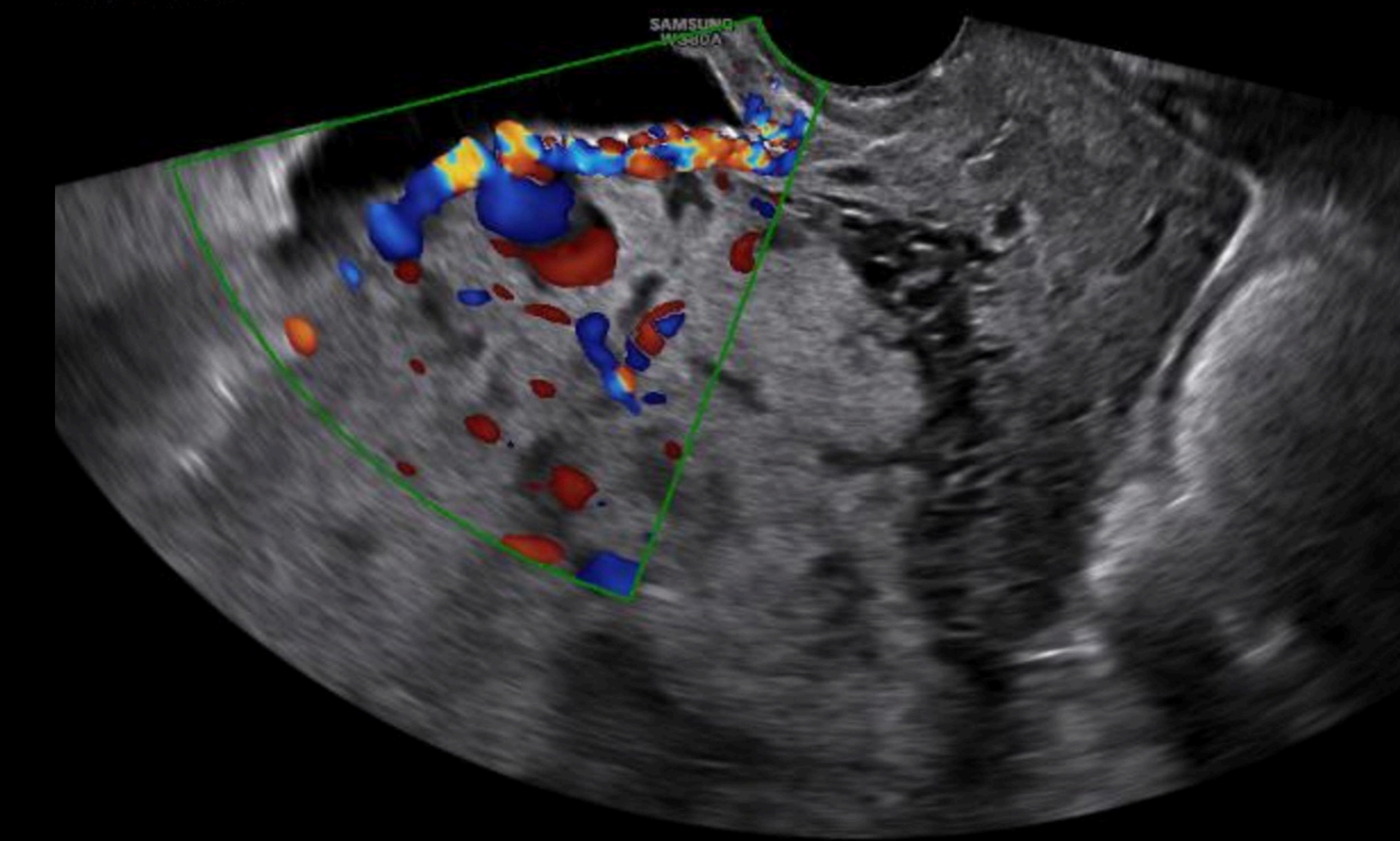


Figure 2. Color Doppler confirms the presence of bridging vessels between the placenta and bladder by transvaginal ultrasound