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Comparison of Four Surgical Strategies for Placenta Accreta Spectrum: A Retrospective Study of 315 Cases in a Tertiary Referral Center

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Introduction

- Cesarean hysterectomy performed in the same surgical procedure is recognized by FIGO as the treatment of choice for placenta accreta spectrum (PAS).¹
- It continues to be associated with significant maternal complications.²

Objective

- To determine whether the surgical approach influences:
 - Severe obstetric hemorrhage (≥ 4 PRBC units transfused)
 - Maternal ICU admission

in patients with confirmed PAS at a tertiary referral center.

Methods

- Retrospective cohort study of patients with pathology-confirmed PAS (2017–2025).
- Patients classified into 4 surgical management strategies (Figure 1).
- Effects adjusted for age, BMI, prior cesareans, placenta previa, pre-delivery hematocrit, emergency surgery, gestational age at delivery, and prenatal ultrasound-based PAS risk.

Figure 1. Surgical Strategies

Surgery 1: Cesarean hysterectomy (HT) 49.2% (n=155)	Surgery 2: Cesarea delivery + placental methotrexate + embolization + staged HT 16.2 % (n=51)	Surgery 3: Cesarean delivery + placental methotrexate + staged HT 27.9% (n=88)	Surgery 4: cesarean delivery with HT in two stages 6.7% % (n=21)
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Results

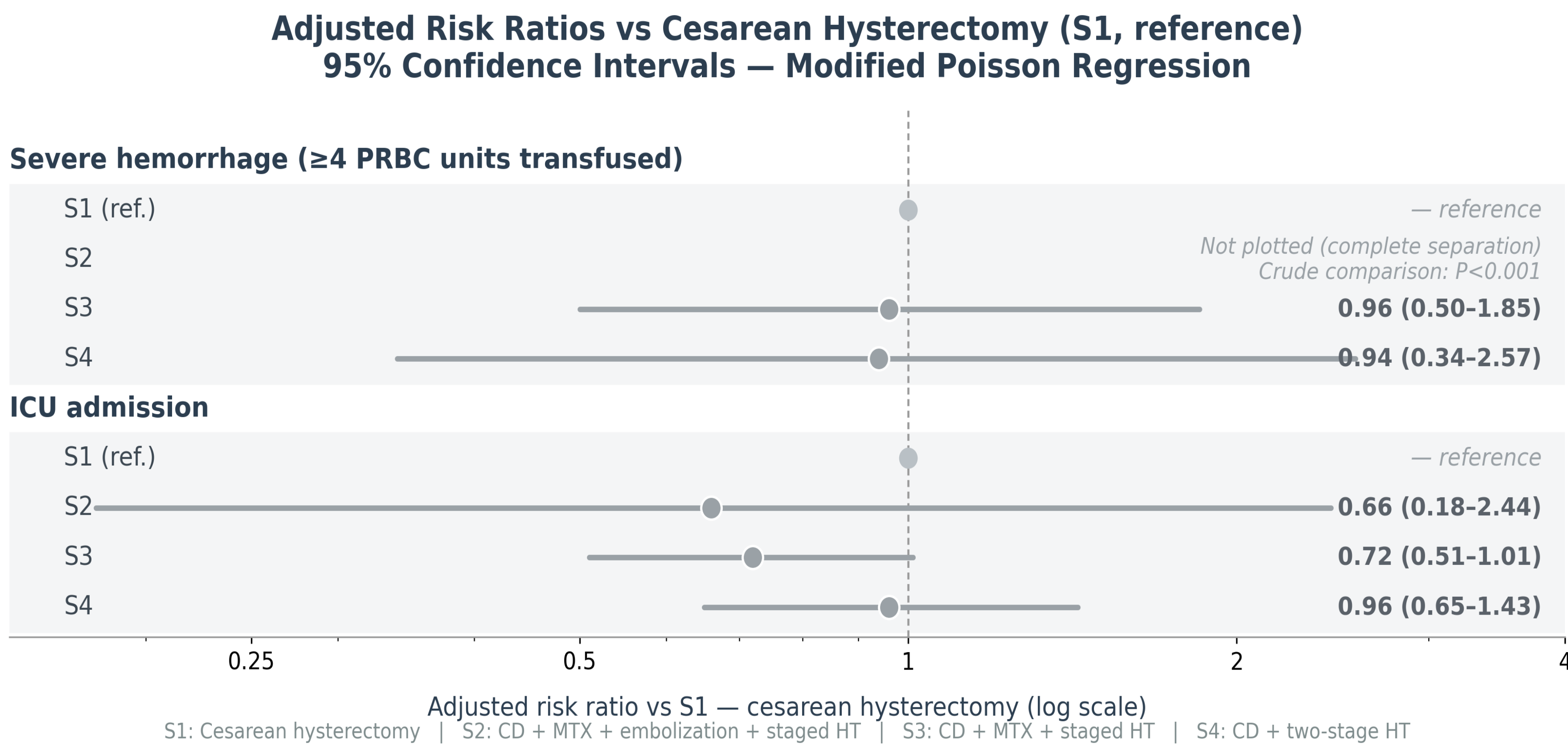


Figure 2. Adjusted relative risks of maternal outcomes according to surgical strategy in patients with placenta accreta spectrum (n=315).

Table 1. Outcomes frequency by surgical strategy.

Strategy	% of cohort	Severe hemorrhage	ICU admission
S1 (i)	49.2%	23.2%	61.0%
S2: (ii)	16.2%	2.0%	14.3%
S3: (iii)	27.9%	23.9%	39.5%
S4: (iv)	6.7%	23.8%	57.1%

CONCLUSION

- The strategy that included embolization was associated with a lower frequency of severe hemorrhage, but not ICU admission.
- In similar settings, these findings may help inform multidisciplinary surgical planning and risk stratification.

References

¹Jauniaux E, Ayres-de-Campos D, Langhoff-Roos J, Fox KA, Collins S; FIGO Placenta Accreta Diagnosis and Management Expert Consensus Panel. FIGO classification for the clinical diagnosis of placenta accreta spectrum disorders. Int J Gynaecol Obstet 2019;146:20–24.
² American College of Obstetricians and Gynecologists; Society for Maternal-Fetal Medicine. Obstetric Care Consensus No. 7: Placenta accreta spectrum. Obstet Gynecol 2018;132:e259–e275.