

Uterine-sparing surgical excision of unexpected focal placenta accreta using an ultrasonic device: a case series **EP14.16**

E. Bertucci¹, N. Del Villano², M. Benuzzi³, C. Selleri², C. Alboni², A. La Marca²

¹Prenatal Medicine Center, Obstetrics and Gynecology Unit and ²Obstetrics and Gynecology Unit, Department of Medical and Surgical Sciences for Children and Adults, University of Modena and Reggio Emilia, Modena, Italy; ³Unit of Obstetrics and Gynecology, Azienda USL-IRCCS di Reggio Emilia, Italy

Background

- The incidence of placenta accreta spectrum (PAS) is rising, and focal forms often remain undetected until delivery.
- Severe postpartum haemorrhage may then occur rapidly and unexpectedly.
- Conservative management is desirable to preserve fertility, but emergency conditions limit established techniques.

Cases

- Two cases of unexpected focal placenta accreta, diagnosed intraoperatively.
- Both pregnancies achieved through in vitro fertilization with oocyte donation.
- Both women underwent caesarean delivery and developed massive haemorrhage.
- Standard measures to control bleeding failed.

Disclosure: a commercial device (HARMONIC FOCUS+ Long Shears) is referenced; the authors declare no financial interest.

Surgical technique

- Excision of the invaded myometrial area using HARMONIC FOCUS+ Long Shears.
- The device enables simultaneous cutting and coagulation with minimal thermal spread.

Outcomes

- Both patients required transfusion and a short ICU admission.
- Both recovered fully and the uterus was preserved.
- No retained products of conception on postoperative ultrasound.

Conclusion

- Ultrasonic energy may allow rapid bleeding control with uterine preservation.
- A conservative option in emergencies where prenatal diagnosis is lacking.
- Larger prospective series are needed before wider adoption.



Figure 1. Imaging of the uterus one month after C-section