

EP14.47 : Ultrasonographic Screening of Placenta Accreta Spectrum in Women with Previous Cesarean Delivery

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Objectives

To evaluate the performance of ultrasonography for detecting placenta accreta spectrum in women with one or more previous cesarean deliveries at Service C, Tunis Maternity and Neonatology Center..

Methods

This retrospective study included women assessed between 2019 and 2024 who had at least one prior cesarean delivery and underwent standardized ultrasound evaluation during the second and third trimesters. Diagnosis at delivery was used as confirmation. Ultrasound markers assessed included placental lacunae, loss of retroplacental clear zone, reduced myometrial thickness, and bladder wall interruption.

Results

- **742 women** were included; **68 cases** of placenta accreta spectrum (PAS) were confirmed.
- **≥2 previous cesarean deliveries** was the most common risk factor.
- **Anterior placenta previa** was frequently observed.
- **High-grade placental lacunae** were the most predictive ultrasound marker.
- **Loss of the retroplacental clear zone** and **reduced myometrial thickness** were strongly associated with PAS.
- **Combining multiple ultrasound markers** significantly improved diagnostic accuracy.
- Ultrasound assessment enabled **earlier referral** and **multidisciplinary delivery planning**.

Conclusion

Structured ultrasonographic assessment in women at high risk provides reliable detection of placenta accreta spectrum. Emphasizing multiple markers improves screening, particularly in settings where magnetic resonance imaging is limited.