Diagnostic terminology in Placenta Accreta Spectrum: a scoping review

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Background

Optimal anaesthetic management in Placenta Accreta Spectrum (PAS) remains unclear, and literature interpretation is complicated by a range of terminology. The International Federation for Gynaecology and Obstetrics (FIGO) published guidance in 2018 to standardise definitions and improve diagnosis and management of PAS.[1] We aimed to map the range, clarity and consistency of terminology used in literature, pertaining to both PAS and anaesthesia, and to determine whether this changed following FIGO guidance.

Methods

A literature search of four medical databases (MEDLINE, Embase, Cochrane Database of Systematic Reviews, Trials and Editorials, Web of Science, [December 2020]) was performed. Papers included, had PAS (or any 'synonym') in the title, and mode of anaesthesia in title or abstract. Narrative reviews and papers not containing original data, were excluded. Diagnostic terms, and evidence supporting their use, were described.

62 papers

30 'synonymous' PAS terms used

Terms clearly defined in < 50% papers

Terms consistently used in < 50% papers

Pathology confirmed diagnosis in 31%

	Modality for diagnosis	No. of papers (%)
Papers reporting evidence for antenatal diagnosis	Ultrasound only	23 (37)
	Specified criteria	5 (8)
	Unspecified criteria	18 (29)
	MRI only	2 (3)
	Ultrasound & MRI	19 (31)
	Specified criteria	4 (6)
	Unspecified criteria	15 (24)
	Unclear	3 (5)
Papers reporting confirmation of diagnosis	Intraoperative findings only	20 (32)
	Histopathology	19 (31)

Results

Of 680 abstracts, 62 papers were included. Thirty different terms were used to describe PAS and subtypes. Terminology was clearly defined 46% of the time, and used consistently within a paper 47% of the time. Nine papers (15%) provided no diagnostic evidence to support terminology used. In 14 (23%) papers published after FIGO guidelines, 14 terms were used to describe PAS. Two papers (14%) specified the diagnostic criteria used. Six (43%), confirmed diagnoses using pathology. Four (29%) were consistent in use of terminology throughout the paper.

Conclusions

Despite international consensus criteria for reporting PAS, language remains heterogeneous, inconsistent and variably defined. Mapping the full extent of the issue, highlights an important problem; the need to adopt clear, standardised criteria, before consensus on optimal mode of anaesthesia (or other aspects of management) for women with a diagnosis of PAS can be drawn. Reporting should adhere to FIGO criteria to allow unambiguous interpretation of work, and generation of evidence that is transferrable into clinical practice.

1. Jauniaux, E., et al FIGO classification for the clinical diagnosis of placenta accreta spectrum disorders. Int J Gynaecol Obstet. 2019;146(1):20-4