

Placenta Accreta Spectrum vs uterine dehiscence:

comparison of haemorrhage markers & management

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Introduction

- Uterine scar dehiscence is a high-risk condition for major haemorrhage and caesarean hysterectomy.
- Dehiscence can be difficult to differentiate from Placenta Accreta Spectrum (PAS), antenatally.
- Our tertiary hospital manages large suspected dehiscence similarly to PAS deliveries; including common iliac arterial balloon placement.
- We wished to **compare and major PAS vs dehiscence deliveries** for blood loss, transfusion requirements, and common iliac balloon use.

Methods

Caldicott approval was obtained to retrospectively review routinely collected data for major PAS and dehiscence caesarean deliveries at Glasgow Royal Infirmary from 2019 to 2025. Operation notes and pathology were used to confirm diagnoses, ensuring an accurate comparison between groups.

Results

A total of 48 patients were identified. Diagnoses were; PAS n = 33 (69%) and dehiscence n = 15 (31%). Data are summarised in **Table 1**.

Table 1: summary data	PAS	Dehiscence
Median (IQR) blood loss (mls)	2500 (1700–5000)	2600 (1500–3500)
Patients transfused (%)	60%	47%
Median (IQR) packed red cells (units)	3 (2–5)	5 (1.5–5.5)
Average cell salvaged blood returned (mls)	667	673
IR used (%)	82%	87%
Common iliac balloons inflated (%)	56%	77%
Length of balloon inflation time (minutes)	29	34
Hysterectomy (%)	100%	47%

Discussion

- Accurate antenatal differentiation between PAS and uterine dehiscence can be challenging.
- Both groups risk major haemorrhage.
- A consistent management approach is justified.

Summary

For practical purposes, major uterine dehiscence may be managed similarly to PAS.