

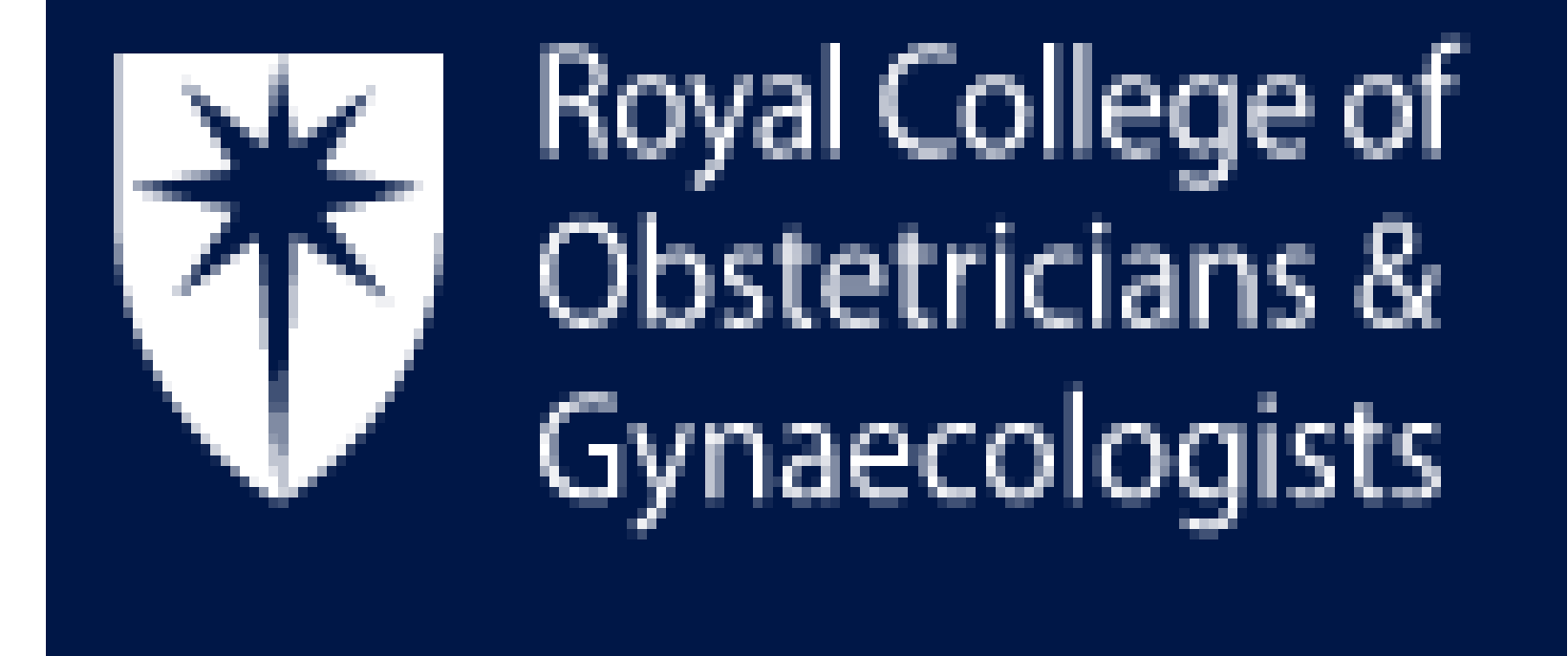


Management of placenta accreta in a Tunisian Maternity

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Poster n: 607

Introduction :

Placenta accreta is a severe pathology because of its high maternal morbidity and mortality. Its frequency is clearly on the rise as the number of caesarean sections is increasing. The aim of our study is to determine the appropriate surgical procedure for the management of placenta accreta and the possible complications of this procedure

Methods :

We conducted a single-center retrospective study over a period of six years (between January 2016 and January 2022) in the gynecology and obstetrics department "D" of the maternity and neonatology center of Tunis

Results :

We included 26 cases of placenta accreta. The mean age was 36 years with extremes ranging from 26 to 43 years. The average gestity and parity were 4.3 and 3.2 respectively. The mean term of delivery was 36 gestational weeks.

The diagnosis was suspected before delivery in 20 cases. The timing of the delivery is indicated in the first figure. Delivery was by caesarean section in 21 cases. The second figure show the type of the treatment received by the patient, Intraoperatively, we reported two cases of bladder injury and one case of intestinal injury.

Figure 1: The timing of the delivery

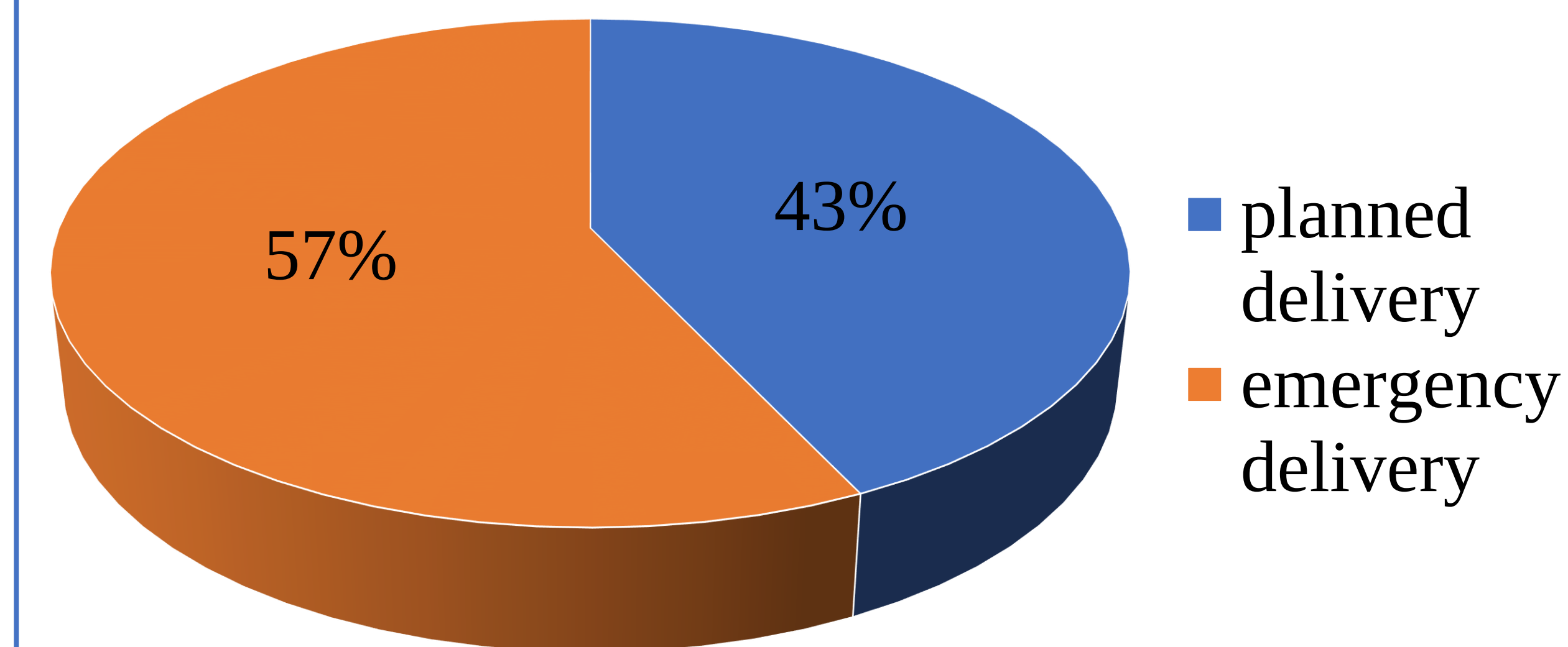
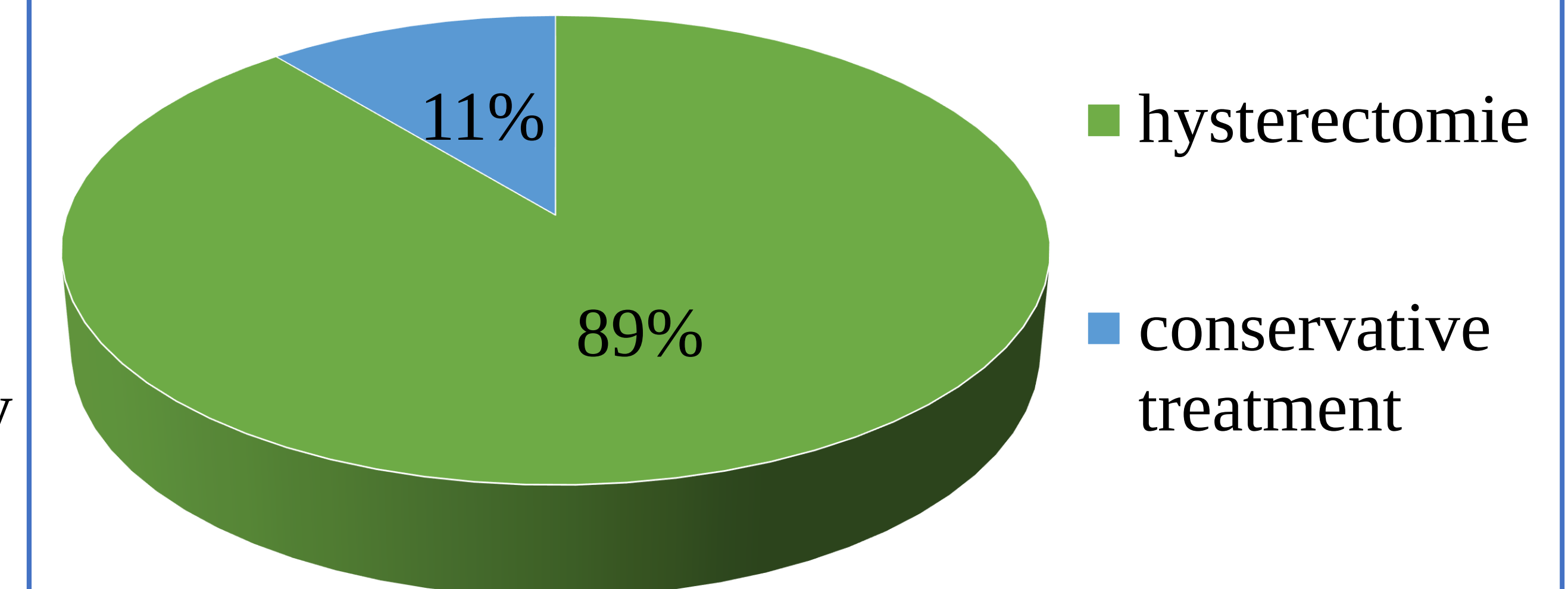


Figure 2 : type of treatment



Discussion :

In the cases of placenta accreta, maternal morbidity and mortality can occur because of severe and sometimes life-threatening hemorrhage, which often requires blood transfusion.

Although ultrasound evaluation is important, the absence of ultrasound findings does not preclude a diagnosis of placenta accreta spectrum. Antenatal diagnosis of placenta accreta spectrum is highly desirable because outcomes are optimized when delivery occurs at a level III or IV maternal care facility.

The most generally accepted approach to placenta accreta spectrum is cesarean hysterectomy with the placenta left in situ after delivery of the fetus

Conclusion :

Placenta accreta is a serious pathology that can be life-threatening for the mother. In this case, the delivery must be scheduled to reduce its morbidity.