

Conservative Management of Placenta Accreta Spectrum (PAS): A Case Series

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1. Introduction

- Current guidance around placenta accreta rests on MRI for those with previous C-section or low-lying placenta¹.
- There is no recommendation for those with neither, nor toward conservative management.
- We present three cases of undiagnosed and conservatively managed placenta accreta.

2. Cases

Case A: P1 (vaginal deliveries)

- Serial growth scans due to gestational diabetes: placenta right lateral and not low throughout.
- No risk factors identified.
- Admitted with spontaneous rupture of membranes at 37+5 weeks gestation and delivered without issue, however retained placenta.

- Placenta delivered piecemeal with forceps and manual removal under ultrasound.
- MRI performed: 100 by 80 by 100mm volume of placental tissue with invasion to myometrium (Image 1).
- Readmitted 4 weeks later with secondary haemorrhage, improved with conservative measures.
- Repeat ultrasound 2 weeks later: empty uterus with no evidence of placenta.

Case B: P2 (vaginal deliveries)

- No risk factors identified.
- 38+0 weeks ultrasound (?vasa praevia): placenta anterior and not low.
- Induction of labour for small for gestational age.
- Routine vaginal delivery, retained placenta removed in piecemeal, no further retained products noted.
- Histology sent: Suspicious appearance for morbidly adherent placenta.
- Ultrasound 4 weeks post-partum: 10 by 17mm area with mixed echogenicity and vascularity.
- Ultrasound 9 weeks post-partum: uterus empty.



Image 1: MRI Case A following manual removal of placenta.

Case C: P0

- Risk factors: myotonic dystrophy, myomectomy.
- US 36+4 weeks: Fundal placenta.
- Recurrent antepartum bleeding and breech, C-section at 37+5 weeks.
- Placenta adherent and removed piecemeal – remnants left as no active bleeding.
- Asymptomatic in post-partum period.

3. Discussion

- Successful conservative management of PAS can be achieved.
- In our cases, regular follow-up with serial ultrasounds was used to ensure resolution - however this required multiple visits.
- There is a lack of guidance and data informing conservative management protocols overall.
- There are limitations in diagnosis of PAS by antenatal ultrasound alone. Caution is advised for those with risk factors, including operations breaching the uterine cavity.

4. Conclusion

- Careful patient selection is required for conservative management of PAS: minimal lochia/bleeding, little or no co-morbidities and can attend regular follow-up.
- A defined protocol for placental site assessment in all pregnancies may improve detection of PAS. Machine learning using a prespecified ultrasound protocol could highlight those who require MRI imaging.