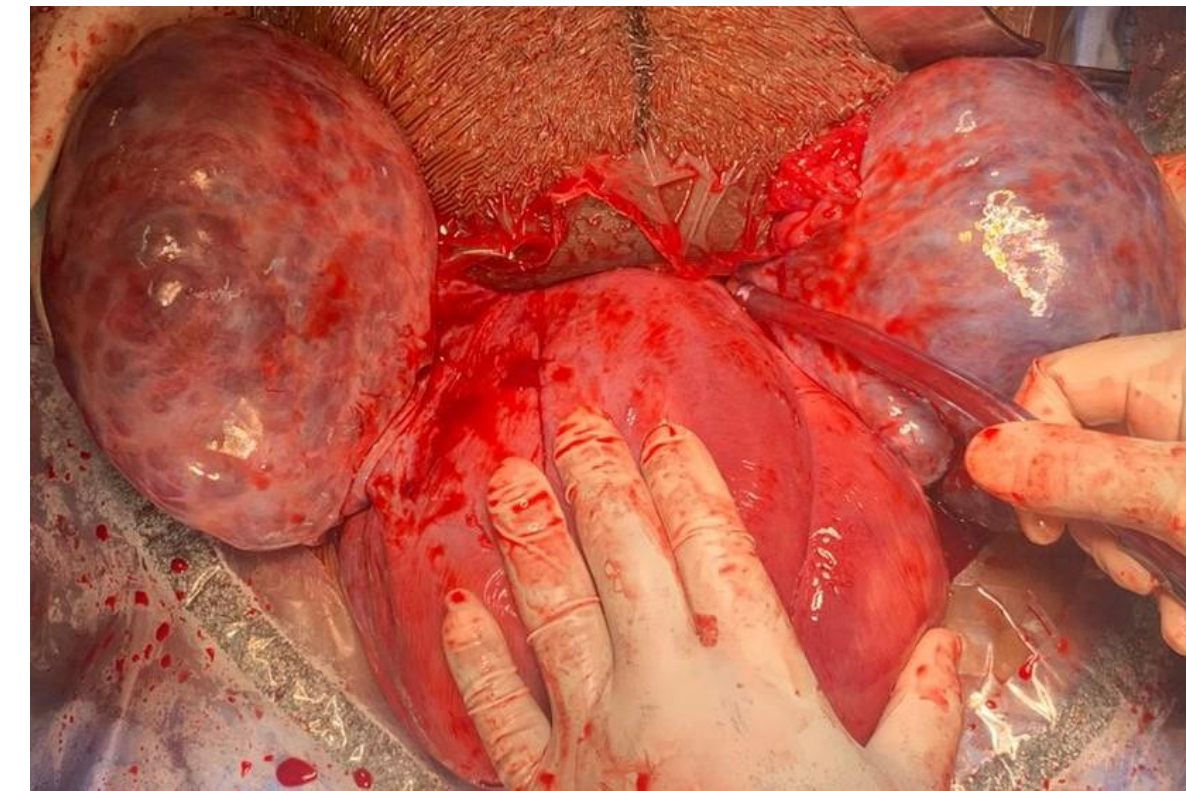


THE
NORTH
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Introduction

Images



Case Report

Discussion

Recovery was generally uneventful and subsequent sonographic evaluation 8 weeks postpartum, revealed resolution of the multicystic ovary (Image 2) with the dimensions measuring 3.20(L) x 3.39(W) x 9.01cm(H).

Discussion continued

This pregnancy was relatively uncomplicated, with spontaneous onset of labour. Literature has found no contraindication to vaginal delivery, however there is a risk of obstruction of fetal descent due to the position of the enlarged ovaries within the abdomino-pelvic cavity⁵. This may have contributed to the labour dystocia in this pregnancy which resulted in surgical delivery and the incidental finding of bilateral HL.

The main complication in the management of this delivery was major obstetric haemorrhage (MOH) resulting in a Caesarean hysterectomy (CH) which was attributed thereafter to the unexpected histological finding of placenta accreta. Placenta accreta syndrome (PAS) in the absence of risk factors is rare and increases the risk of major obstetric haemorrhage, as in this case, CH, morbidity, and mortality. Placenta accreta is the most common in PAS⁶. Raised levels of free β -HCG have been associated with PAS and may be a common factor for the incidental findings of HL with placenta accreta.

Notably, neither HL nor PAS were identified antenatally. Although this may be attributed to underqualified ultrasound operators providing a service in an under-resourced high-volume centre, literature demonstrates that up to two-thirds of cases remain undiagnosed. The need for awareness of placental and adnexal pathology in pregnancy is highlighted. Prior counselling and preparation for a MOH, including a CH, may have reduced the impact of the events.

Conclusion

This case highlighted the need for awareness of rarely encountered obstetric pathology. HL is benign, self-limiting and generally favours conservative management unless there is a surgical emergency. However adnexal pathology necessitates exclusion of malignancy.

Continued development of methods to improve the antenatal diagnosis of PAS, including biomarkers and ultrasound, particularly in the first trimester would be essential to reduce maternal morbidity and mortality.

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