

Conservative Management of Placenta Accreta Spectrum
Dr Vidyalekshmy R, *Dr Girija Gurudas, Dr Abina A A*
KIMS Health Trivandrum

Introduction

- ❖ Worldwide incidence of placenta accreta spectrum (PAS) is rapidly increasing, following the trend of rising cesarean delivery.
- ❖ PAS -heterogeneous condition associated with high maternal morbidity and mortality, presenting unique challenges in its diagnosis and management.

Case Description

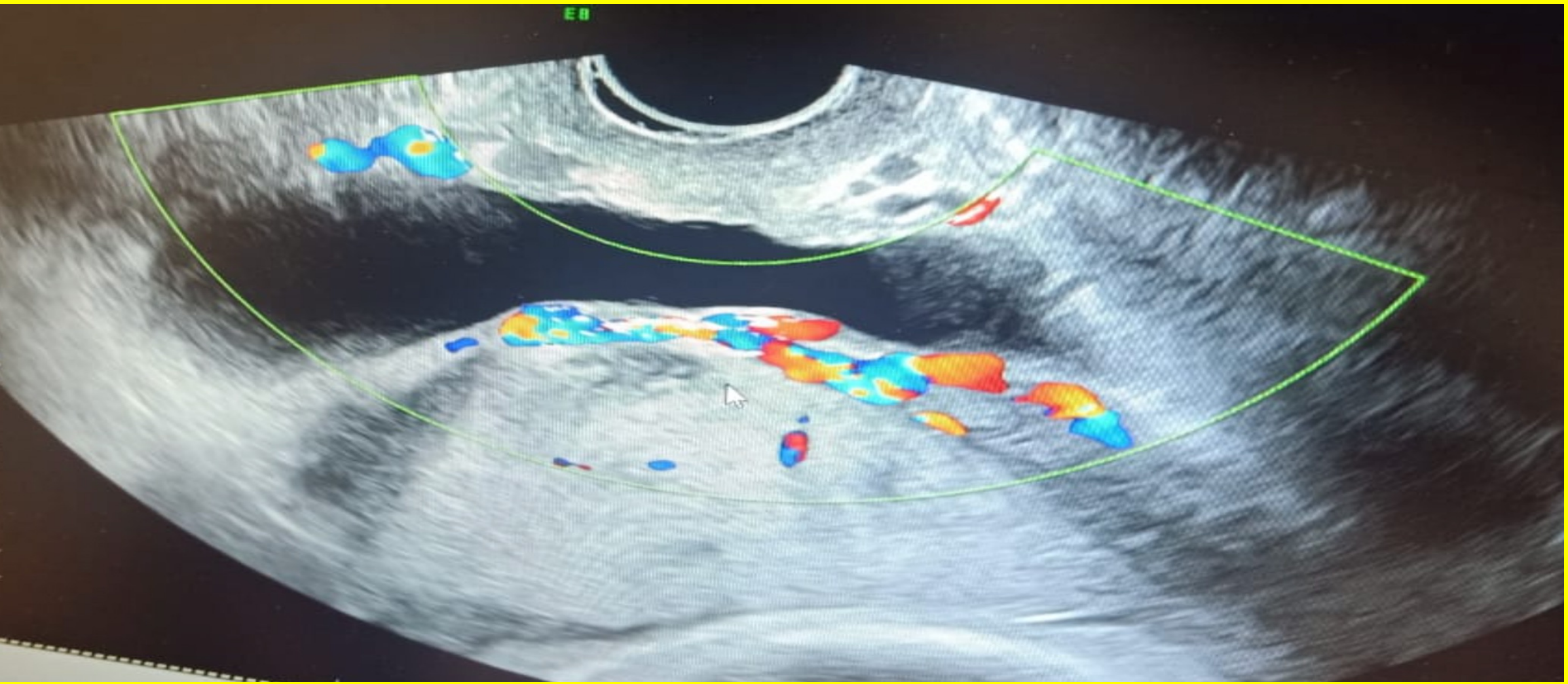
- ❖ 31 year G2 P1 L1 previous LSCS for breech presentation referred at 22 weeks gestation as Placenta previa with IUFD.
- ❖ USS- Placenta anterior, heteroechoic & close to internal os with prominent vascular channels showing colour Doppler flow in retroplacental zone & over internal os .
- ❖ MRI Pelvis- Placenta seen along anterior wall, low lying, covering internal os extending posteriorly. Diffuse thinning of myometrium in region of placenta with prominent & tortuous hypointensities likely increased vascularity, extending into region of posterior wall of urinary bladder. Increased subplacental tortuous vessels between uterus & urinary bladder in the region of placenta suggestive of Complete placenta previa with high probability of placenta accreta (PASS Score 7)
- ❖ Multidisciplinary team approach involving senior obstetrician, urologist, interventional radiologist, HDU team, high risk obstetrics team and transfusion specialist.
- ❖ Proceeded with bilateral uterine artery embolization followed by elective hysterotomy with prophylactic bilateral ovarian artery ligation & segmental resection of placenta invading myometrium.
- ❖ Intraoperative finding : complete placenta previa with percreta FIGO 3A Segmental resection of placenta along with myometrium at 3 areas.
- ❖ 2 units PRBC transfused intraoperatively
- ❖ Post operative period was uneventful.

Conclusion

- ❖ Management of PAS is usually hysterectomy but fertility conservative procedure can be tried with embolisation / segmental resection and devascularisation involving multidisciplinary team approach at tertiary care centre.

Discussion

- ❖ clinical and Histologic Grading System to Assess and Categorize Placental Adherence or Invasion at Delivery According to FIGO Guidelines Abnormally adherent placenta (accreta)- 1, Abnormally invasive placenta (Increta) -2, Abnormally invasive placenta (Percreta)- 3. [3 a Limited to the uterine serosa --3 b With urinary bladder invasion--3 c With invasion of other pelvic tissue or organs]
- ❖ PAS - disease resulting from combination of many factors such as defective decidua, abnormal trophoblastic attachment, abnormal angiogenesis and vascular remodelling, and progressive uterine scar dehiscence.
- ❖ Cesarean hysterectomy is gold standard for the treatment of invasive placentation which is associated with high rates (40–50%) of severe maternal morbidity, mostly related to hemorrhage and insult to surrounding organs during surgery.
- ❖ Mortality rates as high as 7% due to massive untreatable haemorrhage.
- ❖ IUFD usually decrease vascularity but here a planned approach helped for conservative management of PAS FIGO 3A & could save the mother as PAS was approached after uterine artery embolisation.



References

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- ❖ Jauniaux E, Ayres-de-Campos D, Langhoff-Roos J, Fox KA, Collins S; FIGO Placenta Accreta Diagnosis and Management Expert Consensus Panel. FIGO classification for the clinical diagnosis of placenta accreta spectrum disorders. Int J Gynaecol Obstet. 2019 Jul;146(1):20-24. doi: 10.1002/ijgo.12761. PMID: 31173360