

MYOMETRIUM RESTORATION IN PLACENTA ACCRETA SPECTRUM; A NEW CONSERVATIVE TECHNIQUE

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Objectives

- ▶ The study describes a new technique in which myometrial defects arising after complete placental separation are closed without resection of the myometrium. The study evaluates the success of myometrial defect closure in different degrees of the placenta accreta spectrum (PAS) and explores its value in cases of lateral and posterior uterine wall invasion.

Methods

Study Design

- A prospective interventional study.
- ▶ 120 patients admitted to El-Shatby University Hospital and diagnosed with any of the three degrees of the PAS were enrolled in this study. They included 36, 54, and 32 patients diagnosed with placenta accreta, increta, and percreta, respectively. Conservative surgery was attempted in all patients by complete placental separation followed by repair of the resulting myometrial defects.

- ▶ Foetal membranes were peeled from the posterior uterine wall to identify a plane of cleavage then the placenta was separated from the posterior uterine wall followed by lateral and anterior walls. This was followed by closure of the myometrium defects via continuous absorbable sutures, transversely or longitudinally. Similar sutures were used to completely obliterate paracervical pouch(es) previously occupied by the placenta from the bottom upwards. Demographic data, operative details, operative findings, and complications were reported and compared.

Results

- ▶ The uterus was spared in 95% of patients. Hysterectomy was done in 12.5% of the percreta group and in 3.8% of the increta group ($p=0.059$). The mean ($\pm$ SD) repair time from complete placental separation to complete closure of the first layer of the uterus was 11.6 ($\pm$ 6.8) minutes.

- ▶ The mean ($\pm$ SD) estimated blood loss was 2169 ($\pm$ 999) ml with significant differences between the three groups ($p<0.001$) which was increased from 1573.9 ($\pm$ 724.2) ml in accreta to 2074.6 ($\pm$ 823.5) ml in increta to 2990.9 ($\pm$ 1000.6) ml in percreta. The mean ($\pm$ SD) packed red blood cell of 2.68 ($\pm$ 1.99) units was transfused with significant difference between the groups ($p<0.001$). Fresh frozen plasma was transfused with a mean ($\pm$ SD) of 2.8 ($\pm$ 1.6) units. The mean ($\pm$ SD) hemoglobin loss was 1.7 ($\pm$ 1.3) gm/dl. Internal iliac artery ligation was done in 9.2%, while the bladder was injured in 10% of the cases with significant difference between the three groups ($p<0.001$). A paracervical pouch occupied by placenta was found in 74.2% which was more commonly found in the percreta compared to the increta and accreta groups ($p<0.001$).

Conclusion

- ▶ This technique makes conservative management of all variants of PAS possible in 95% of cases including posterior and lateral wall invasions.