



Placenta percreta presenting as life-threatening hemorrhage in first trimester



OBJECTIVE

Placenta percreta is a rare diagnosis presenting in 1 in 2500 pregnancies and comprising 5% cases of placenta accreta spectrum (PAS). The incidence has recently increased greatly in our patients due to rising cesarean section rates and it is usually encountered in third trimester. Only a few cases have been reported worldwide. This patient has posed great diagnostic challenge to obstetrician/ gynecologist and radiologist. Our patient sustained life-threatening hemorrhage in first trimester which may have led to her death if appropriate diagnosis and treatment has not been done.

CASE REPORT

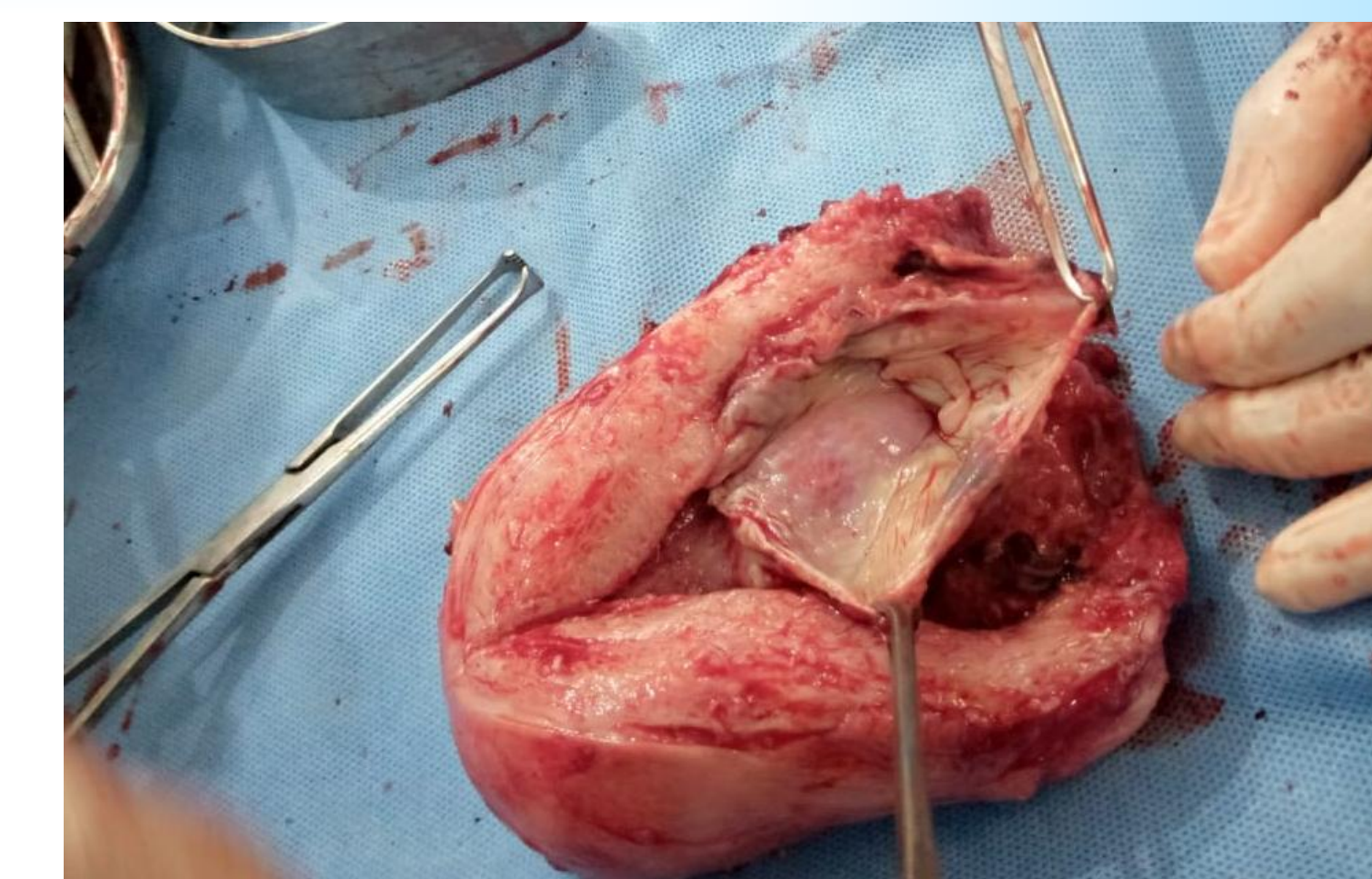
26 years old patient with three previous cesareans referred with history of spontaneous miscarriage of 12 weeks pregnancy. After expulsion of fetus at home she experienced heavy bleeding for which she visited a nearby primary care where basic supportive care was given and then was referred for tertiary care management. She was in a state of shock when received in obs/ gyn emergency of DRKMP Civil Hospital Karachi. She was severely anemic with hemoglobin of 4.1 gm% and β -hCG was 47682 mIU/ ml. Ultrasound revealed enlarged uterus with a suspicious uterine mass in lower uterus invading the myometrium and serosa. Doppler studies further confirmed diagnosis of placenta percreta. She underwent laparotomy and hysterectomy with blood loss of 2- 2.5 lt. Post-operative recovery was smooth and got discharged after six days. Histopathology later revealed chorionic villi invading the full thickness of myometrium confirming the diagnosis.

DISCUSSION

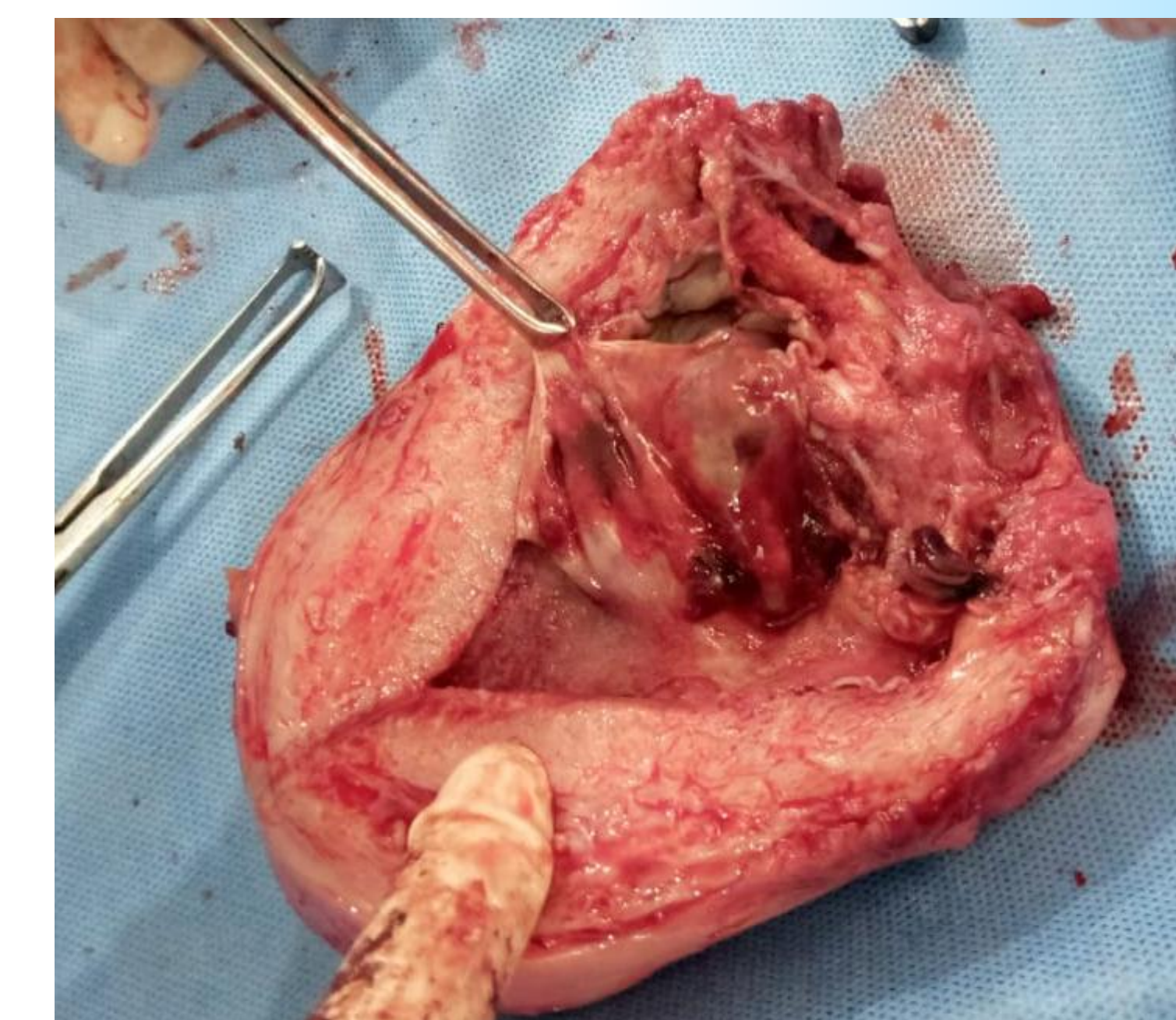
Early gestational age placenta percreta is difficult to recognize and may lead to inappropriate treatment due to misdiagnosis. Prompt identification of such cases is crucial to prevent fatal hemorrhage and maternal morbidity and mortality. If morbid adhesion of placenta is suspected in first trimester of pregnancy such patients should be referred to a tertiary care for repeat ultrasound examination preferably trans-vaginal, by expert sonologist.



Picture 1. Placenta is visible on anterior surface of uterus projecting through previous scar.



Picture 2. Gestational sac attached to myometrium.



Picture 3. Placental tissue beneath sac.

CONCLUSION

A high index of suspicion of this condition must be raised when women with previous cesareans present with gestational sac/ placenta situated in lower uterus on ultrasound examination. There is need to develop guideline for diagnosis and management of PAS presenting in first trimester.

KEY WORDS

Placenta accreta spectrum, first trimester hemorrhage, placenta percreta

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