

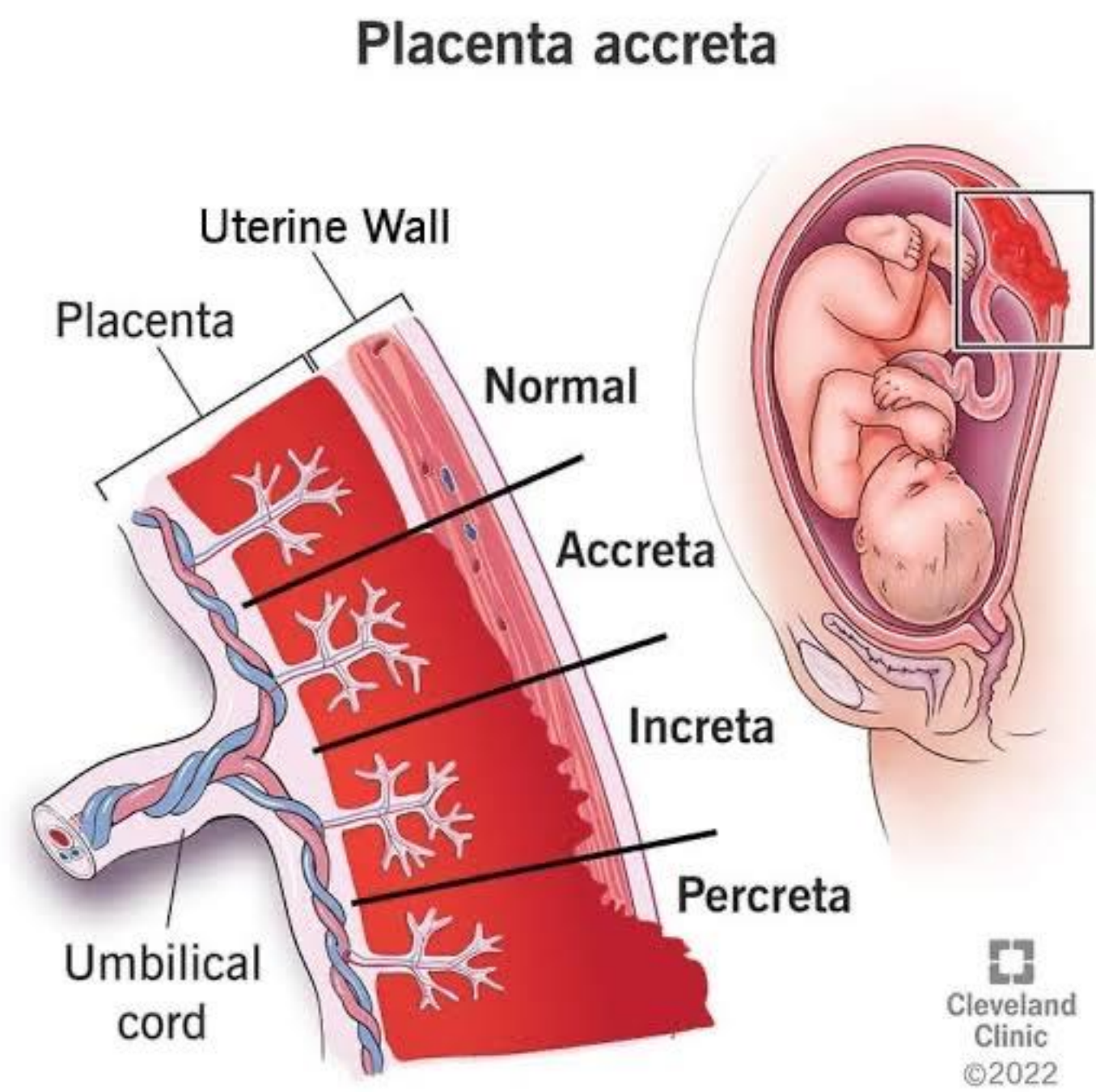
PLACENTA ACCRETA SPECTRUM : A CASE SERIES

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INTRODUCTION

- Placenta Accreta Spectrum (PAS) refers to range of pathologic adherence of placenta including placenta accreta, increta and percreta.
- Most favoured hypothesis regarding PAS is that a defect of endometrial- myometrial interface leads to failure of normal decidualization.
- Risk factors include previous CS, placenta previae.
- We would like to present a case series of placenta accreta spectrum that came across our clinical practice



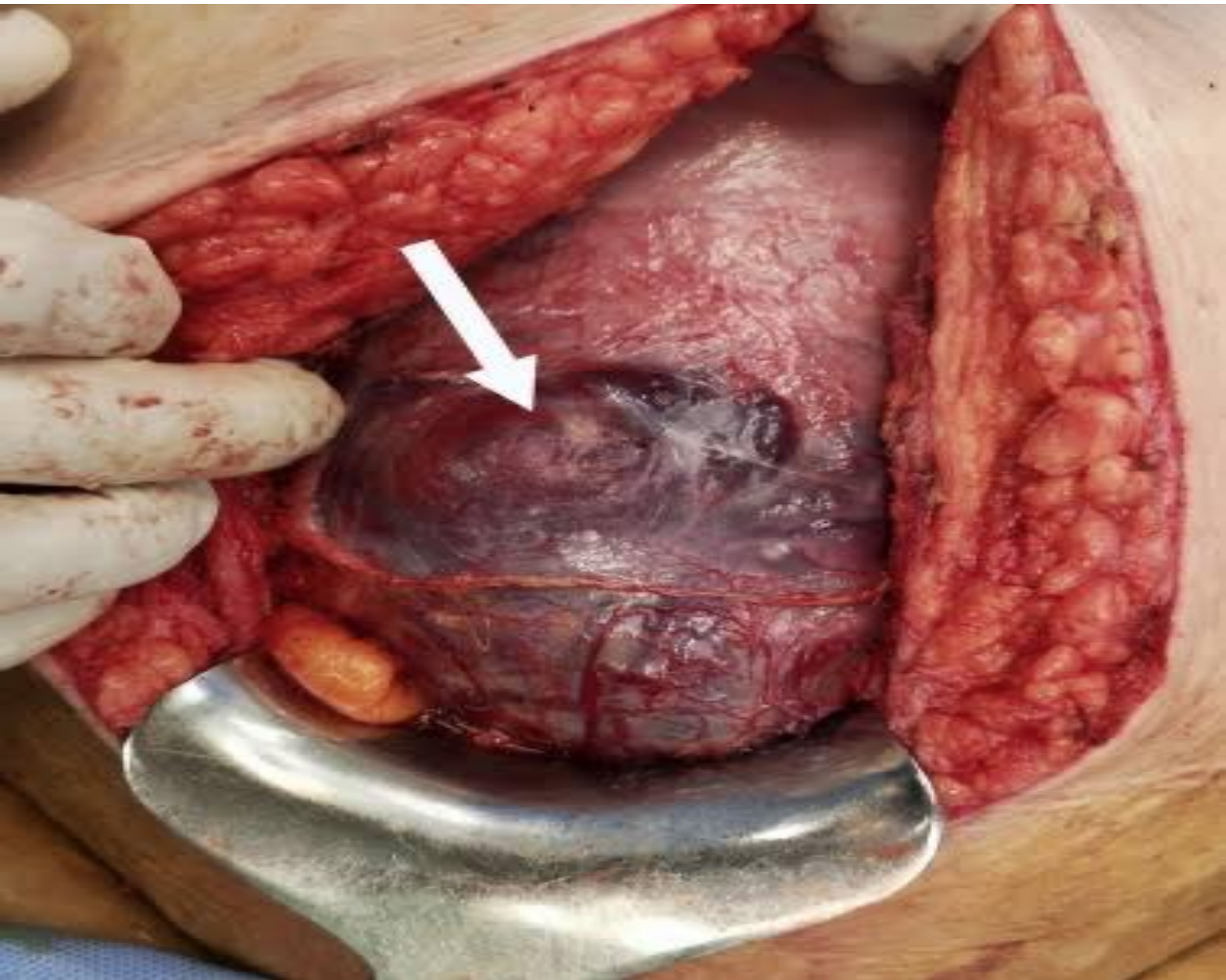
CASE REPORT 1

37 year old G2A1, IVF conceived triplets. Antenatal scans showed lower edge of placenta 1.9 cm from os. Patient was admitted and monitored, steroid coverage given and underwent Elective LSCS at 32 weeks. Intra op found to have placenta accreta. Placenta was removed as piecemeal and placental bits left in situ. Discharged on POD5. Patient readmitted on POD 24 as secondary PPH. USG showed retained placenta with proliferation and CT angiogram showed significant vascularization. Bilateral uterine artery embolization done

CASE REPORT 2

31 year old G2P1L1 at 22 weeks 5days of gestation with previous LSCS reported to hospital with scan showing IUFD. In hospital, scan done showed IUFD with placenta low lying close to internal os with prominent vascular channels noted. MRI showed complete placenta previae with placenta accreta.

Patient underwent Elective hysterotomy , intra op : complete placenta previae with placenta percreta, with prophylactic B/L ovarian artery ligation with segmental resection of placenta invaded into myometrium. Intra-op 2 pint PRBC and 2 pint FFP given. Discharged on POD 8.



CASE REPORT 3

30 year old G2P1L1 previous LSCS referred at 35 weeks as a case of placenta previae. US and MRI done here showed placenta accreta. Elective classical CS and segmental resection of uterus done at 36 weeks . Intra op : placenta accreta. Developed shock, 6 PRBC, 4 FFP, 8 Cryoprecipitate, 2 SDP given. Patient was on ventilator shifted to MDICU, discharged on POD 11.

DISCUSSION

Antenatal diagnosis of placenta accreta spectrum is critical. Along with US and MRI, clinical risk factors remain equally important as predictors of PAS. Maternal morbidity and mortality can occur because of severe/ life threatening hemorrhage requiring blood transfusion.

CONCLUSION

Optimal management involves standardized approach with multidisciplinary team approach due to various complications like intra-operative bleeding, injury to bowel, bladder, infection, coagulopathy. Delivery should be planned in highly experienced maternity centres with facilities for massive transfusion, Uterine artery embolization and HDU

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