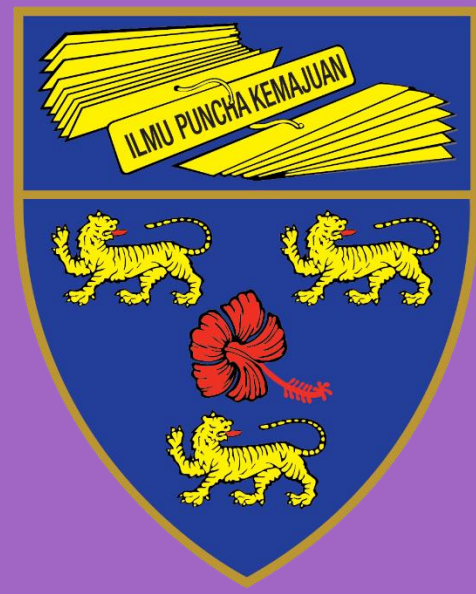


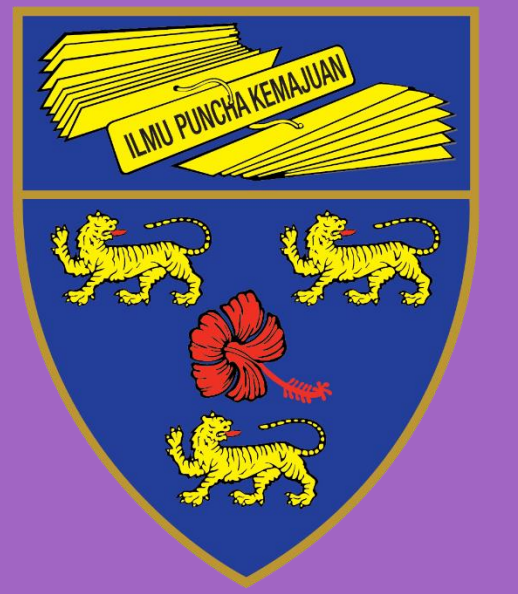


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MASSIVE HEMORRHAGE IN SECOND TRIMESTER; A RARE PRESENTATION OF PLACENTA PERCRETA.

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INTRODUCTION

- The rising rates of caesarean delivery has been associated with rapid surge of worldwide incidence of placenta accreta spectrum such as placenta percreta.
- Furthermore, the increasing number of previous caesarean section in a woman increases her risk to have placenta percreta.
- Therefore, it is imperative for obstetricians to diagnose placenta accreta spectrum.
- Reduction of maternal morbidity and mortality has been shown with proper antenatal care and management.
- However, if it remains undiagnosed placenta accreta spectrum could be life-threatening, resulting from catastrophic obstetric haemorrhage.

CASE REPORT

- We report here a case of massive hemorrhage in a second trimester miscarriage secondary to placenta percreta which required life-saving hysterectomy.
- Madam X is a 26-year-old, rhesus negative Malay lady in her third pregnancy with previous two caesarean deliveries.

- She presented to casualty at 17 weeks of gestation with complains of abdominal pain and pervaginal bleeding.
- Ultrasound revealed low lying placenta with suspicion of placenta accreta.
- Regrettably, she went into hemorrhagic shock, was resuscitated and taken to the operation theatre for emergency laparotomy, requiring life-saving hysterectomy.
- Histology confirmed placenta percreta.
- Fortunately, Madam X recovered well post-surgery.



Picture 1 : Ultrasound Revealed Low Lying Placenta with Suspicion of Accreta.

DISCUSSION

- Previous caesarean delivery is a known risk factor for placenta accreta spectrum and the numbers are increasingly common. [1]
- It is not surprising to discover Madam X with abnormalities suggestive of placenta accreta spectrum as she has had two previous caesarean deliveries. A study published in 2018 has reported that the risk of abnormal placentation among women who have undergone previous cesarean increases with the numbers of caesarean deliveries. The risks were 11%, 40% and 61% after one, two and three caesarean deliveries respectively. [1,2]
- However, diagnosis of placenta percreta is commonly made from late second trimester to third trimester scan and it rarely presents with massive haemorrhage in early or mid second trimester as per Madam X. [3]
- Obstetrical sonography in the second or third trimester of pregnancy is the mainstay of antenatal diagnosis, and abnormalities suggestive of placenta accreta spectrum are well described in multiple publications. [3,4]
- Antepartum hemorrhage from placenta percreta is reported to occur primarily during the late second and the third trimester of pregnancy. [3] There have been isolated case reports in the first and early second trimester, but their occurrence is rare.
- Hysterectomy has become the mainstay treatment for placenta percreta and has reduced maternal mortality to <2%. [5] However, conservative management of placenta percreta is advocated in highly selected cases such as primigravida women, or those with poor obstetric histories. [5]

CONCLUSION

- Prompt assessment and risk identification is vital in early pregnancy for women at high risk of placenta accreta spectrum which can be catastrophic if it is undetected.
- These women may need screening to rule out placenta accreta spectrum at earlier gestation, perhaps from the first trimester itself.

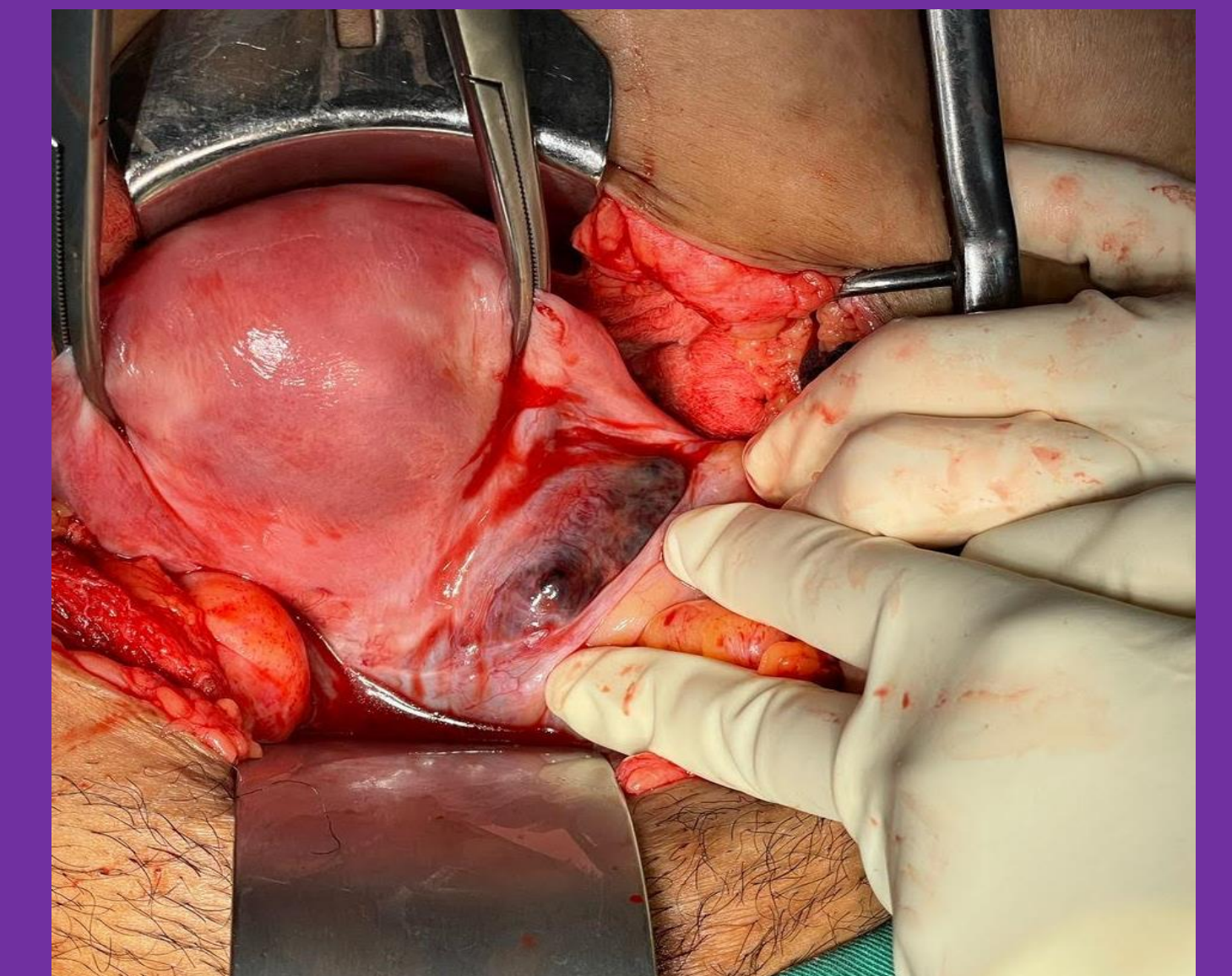


Figure 2 : Uterus with Placenta Percreta Visible at Time of Laparotomy.

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