

A clinical case of a woman giving birth with Placenta accreta spectrum (PAS) - anesthesiologist's tactics

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Introduction. Placenta accreta spectrum (PAS) is a type of abnormal attachment of the placenta. This obstetric condition is a potentially serious complication during childbirth, which is closely related to massive bleeding. [1]. In patients with PAS, the average perioperative blood loss is about 2000 ml during delivery, and in 10% of cases it exceeded 10,000 ml [1]. In pregnancies with previous cesarean sections (CS), the risk of PAS is 3%, 11%, 40 %, 61%, and 67% for one, two, three, four, and five or more CS, respectively [1,2].

Clinical case. Patient K, 37 years old, was admitted to the "Leleka" maternity hospital with a diagnosis of Pregnancy 4, 26 weeks. Central placenta previa. Placenta percreta. Scar on the uterus (3 CS). CS in 2008, 2010 and 2013. At 30 weeks of pregnancy, ultrasound and MRI signs of placenta percreta were diagnosed (Class 3a according to the FIGO classification). From the 30th week, anemia, at the time of birth - 90 g/l. Childbirth in 33 weeks 6 days. Multidisciplinary team: urologists - stenting of ureters → angiosurgeons - placement of catheters in uterine arteries (access - femoral artery, radiological control) → obstetricians - corporal caesarean section (incision above the hernial protrusion), extraction of the fetus, suturing of the uterus and hemostasis → angiosurgeons – embolization of uterine arteries on both sides → obstetricians – excision of hernial protrusion, metroplasty. Anesthesiological tactics: division of roles before surgery, IV access peripheral + central, arterial line, anesthesia - epidural with sedation. Blood management: blood bank (erythrocytes, FFP, cryoprecipitate, prothrombin complex concentrate), tranexamic acid, uterine artery embolization, cell saver, non-invasive SpHb, thromboelastography. Dynamics of HB - 90→80→68→97 g/l, normal coagulation. Total blood loss – 3700 ml. Infusion: crystalloids 2000 ml, colloids 1000 ml, autoerythrocytes 949 ml, erythrocytes 680 ml, FFP 990 ml. Diuresis 1450 ml. Hemodynamics: BP 90/60 – 130/80 mmHg, pulse 75 – 115 bpm. The surgery volume: caesarean section, uterine artery embolization, metroplasty, bladder plastic surgery (PAS Class 3b). Postoperative period without special features. ICU hospitalization 2 days, total 12 days.

Conclusions: 1. The work of a multidisciplinary team is important at the stage of diagnosis, preparation for childbirth and operative intervention. 2. Properly planned blood management, even against the background of anemia, allows you to bypass critical indicators of anemia and carry out timely correction. 3. Possible ways to improve this patient management tactic, to reduce blood loss, may be the use of a balloon for aortic occlusion.

References: 1. Allen, L., Jauniaux, E., Hobson, S., Papillon-Smith, J., Belfort, M. A. et al. FIGO consensus guidelines on placenta accreta spectrum disorders: Nonconservative surgical management. Int J Gynecol Obstet 2018;140:281–290. 2. Diag, F. P. A., Jauniaux, E., Chantraine, F., Silver, R. M., Langhoff-Roos, J. et al. FIGO consensus guidelines on placenta accreta spectrum disorders: Epidemiology. Int J Gynecol Obstet 2018;140:265–273