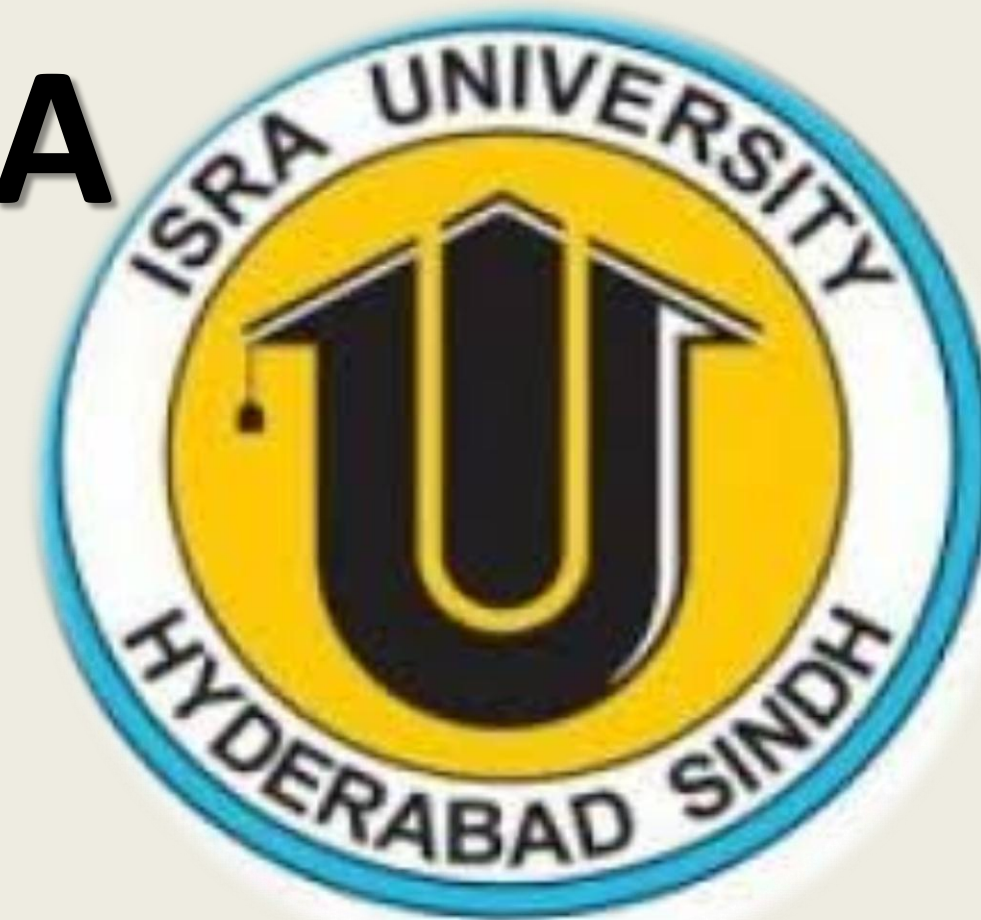




CESAREAN HYSTERECTOMY VERSUS MYOMETRIAL RESECTION FOR PLACENTA PREVIA ACCRETA: AN EXPERIENCE FROM TWO TERTIARY CARE HOSPITALS

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ABSTRACTC

Post-partum hemorrhage is common cause of maternal mortality in Pakistan. Because of rising cesarean section rate the number of patients with placenta accreta (abnormally adherent placenta) has increased. Majority of patients with placenta accreta are young and end up in hysterectomy due to uncontrolled postpartum hemorrhage. Myometrial resection is an alternative conservative surgical procedure to save the uterus in patients with placenta previa accreta, and is associated with less maternal morbidity and mortality. The main risk factor for MAP is placenta previa with previous cesarean section.

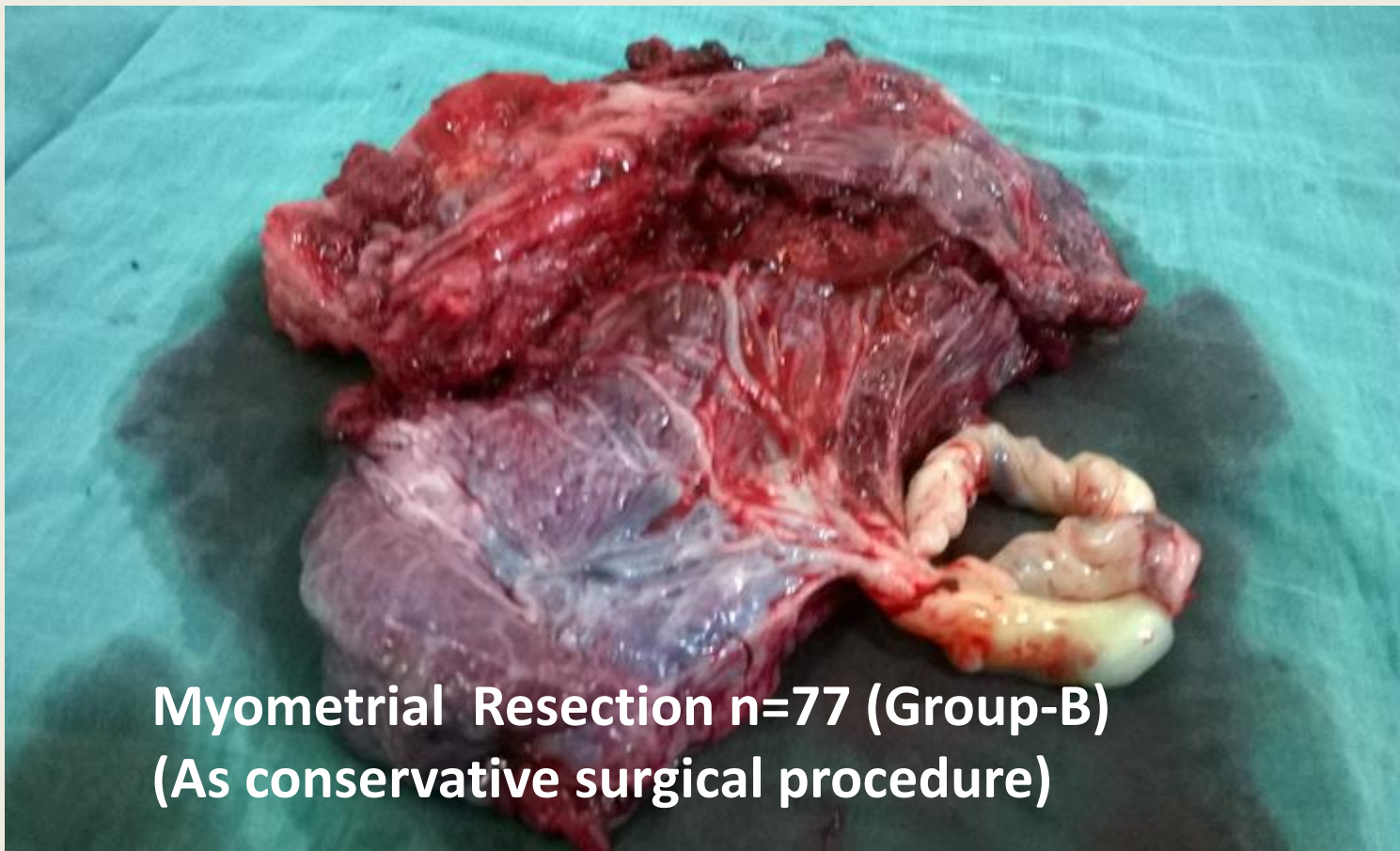
OBJECTIVE

To compare maternal morbidity and mortality of two surgical methods for control of postpartum hemorrhage due to placenta previa accreta.

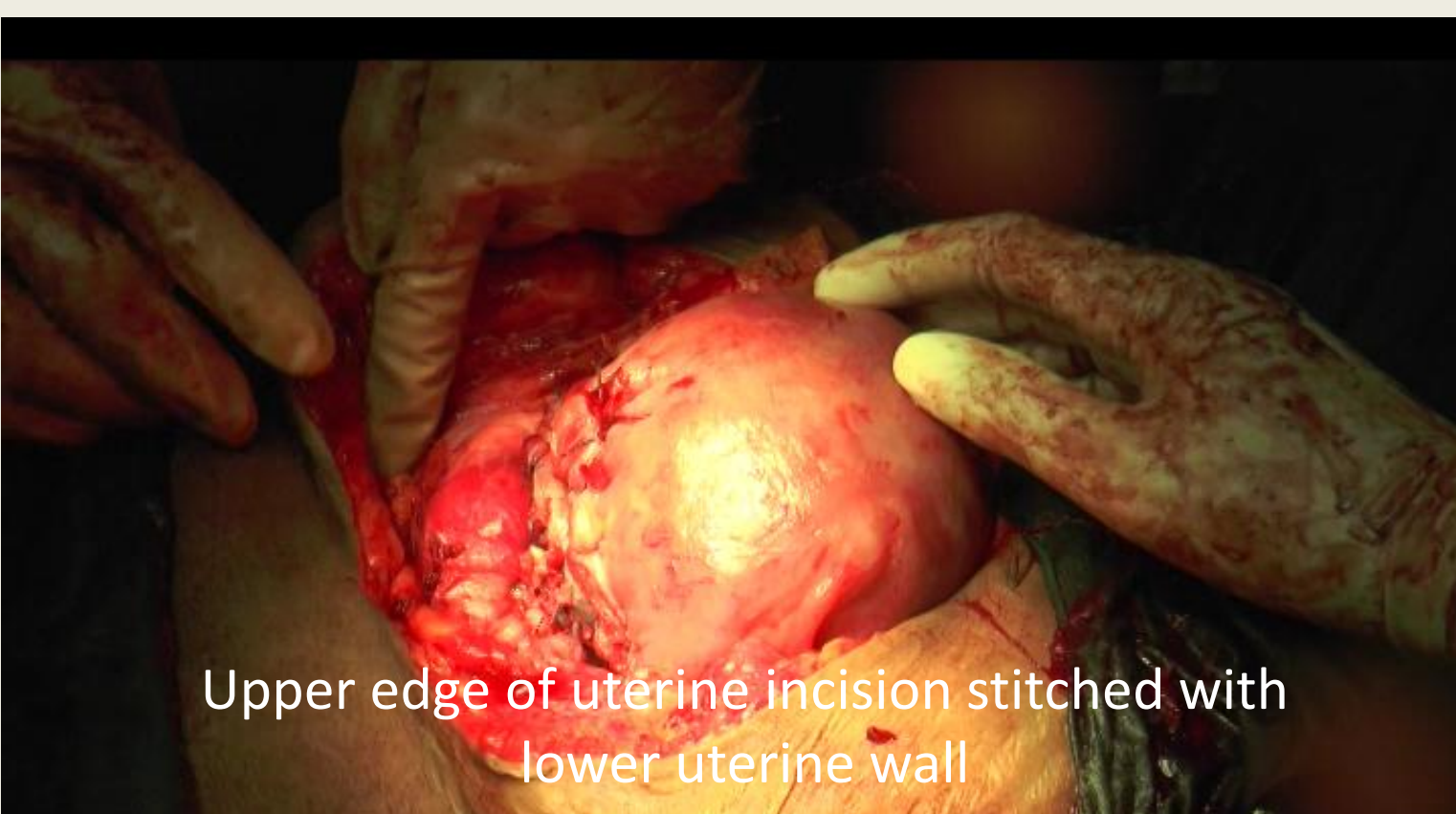
METHODOLOGY

A retrospective comparative cohort study was carried out at Liaquat University Hospital and Isra University Hospital Hyderabad Sindh, Pakistan; from 1st Dec 2007 to 15th Dec 2024. The medical records of all patients diagnosed with placenta previa and accreta were reviewed and patients were divided in two groups A and B. Patients in group A had Caesarean hysterectomy and patients in group B had myometrial resection. Maternal mortality and morbidity was compared among two groups. The demographic features of the groups were almost comparable. The data was collected from hospital records and analyzed by SPSS version -26, Chi-square test (χ^2) was applied, the P-value <0.05 was considered as significant.

TWO SURGICAL METHODS



STEPS OF MYOMETRIAL RESECTION



RESULTS

Total obstetric admissions -9956, Placenta previa -158(16%), MAP with scar uterus 110(70.3%), Cesarean hysterectomy-33(30%) Myometrial resection -77(70%).

MATERNAL MORBIDITY & MORTALITY

Morbidity/Mortality	Group A(Hysterectomy) n=33	Group B(Myometrial resection) n= 77	P-Value
Mean blood transfusion	3200ml	1515ml	<0.001
Intraperitoneal hemorrhage required relaparotomy	01(3%)	0	-0.30
Urinary tract injuries	04(12%)	0	-0.005
ICU admission	33(100%)	26(33%)	<0.001
Duration of ICU admission	5±1.2 days	3±1 days	<0.001
Maternal Death	01 (3%)	0	-0.30

DISCUSSION

Currently the recommended surgical management of placenta accreta, is cesarean hysterectomy and we are lacking the data on alternative surgical managements for women who are in a younger age group, who want to keep their uterus and preserve fertility. The conservative surgical management options are leaving the placenta in situ and partial resection of myometrium. If the area of abnormal placentation is focal, excision of the affected myometrium is an alternative method with less morbidity and mortality.^[1-2]

CONCLUSION

Conservative surgical technique of myometrial resection for placenta accreta (abnormally adherent focal placenta previa) is comparatively a safer procedure with less morbidity and mortality in comparison to Cesarean hysterectomy.

REFERENCE

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