

PERIPARTUM ENDOVASCULAR OCCLUSION IN CESAREAN SECTION WITH ABNORMAL PLACENTA IMPLANTATION - A RETROSPECTIVE CROSS-SECTIONAL STUDY

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OBJECTIVE

To analyze the effectiveness of prophylactic endovascular temporary occlusion as an adjunctive procedure during cesarean section of abnormal placentation cases

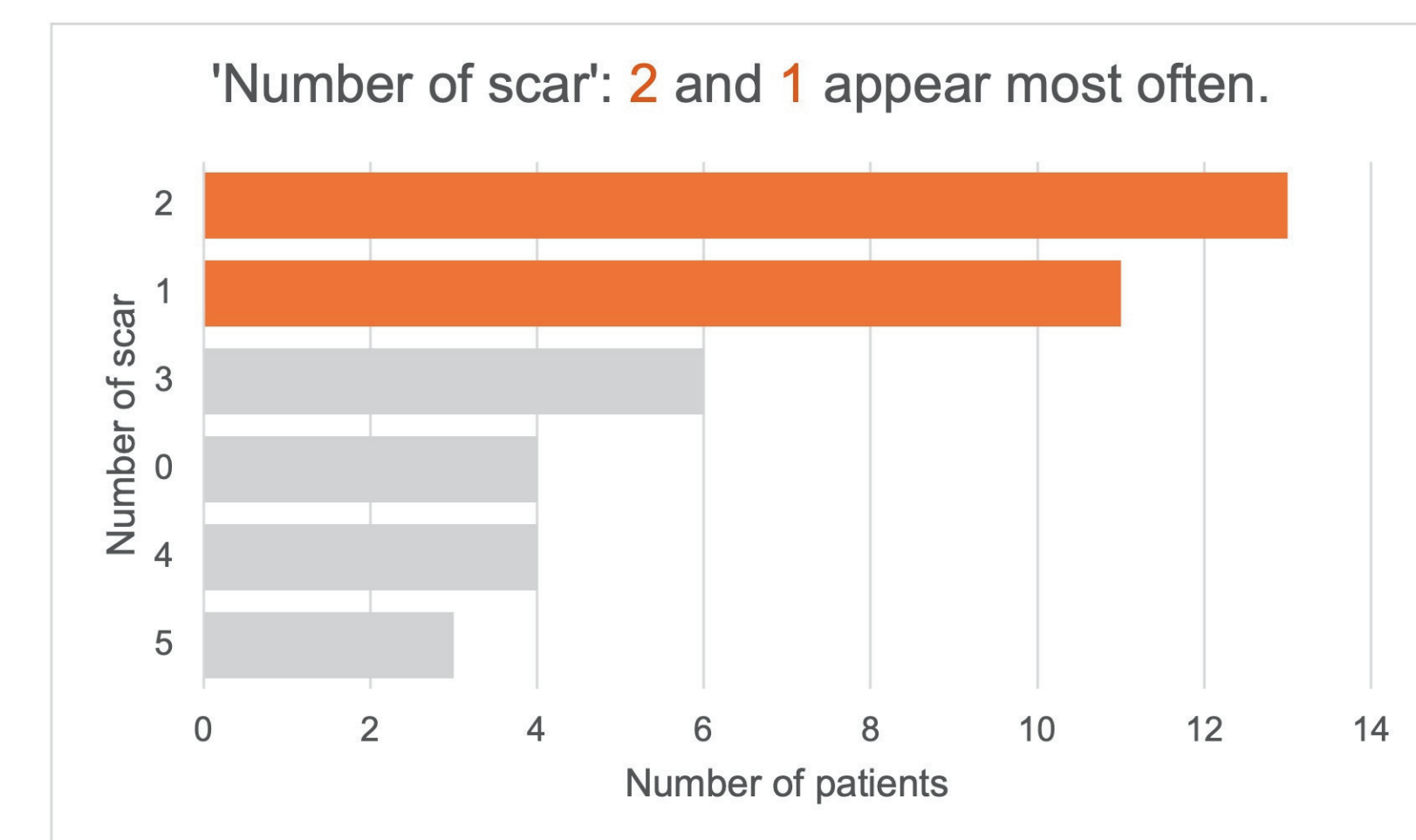
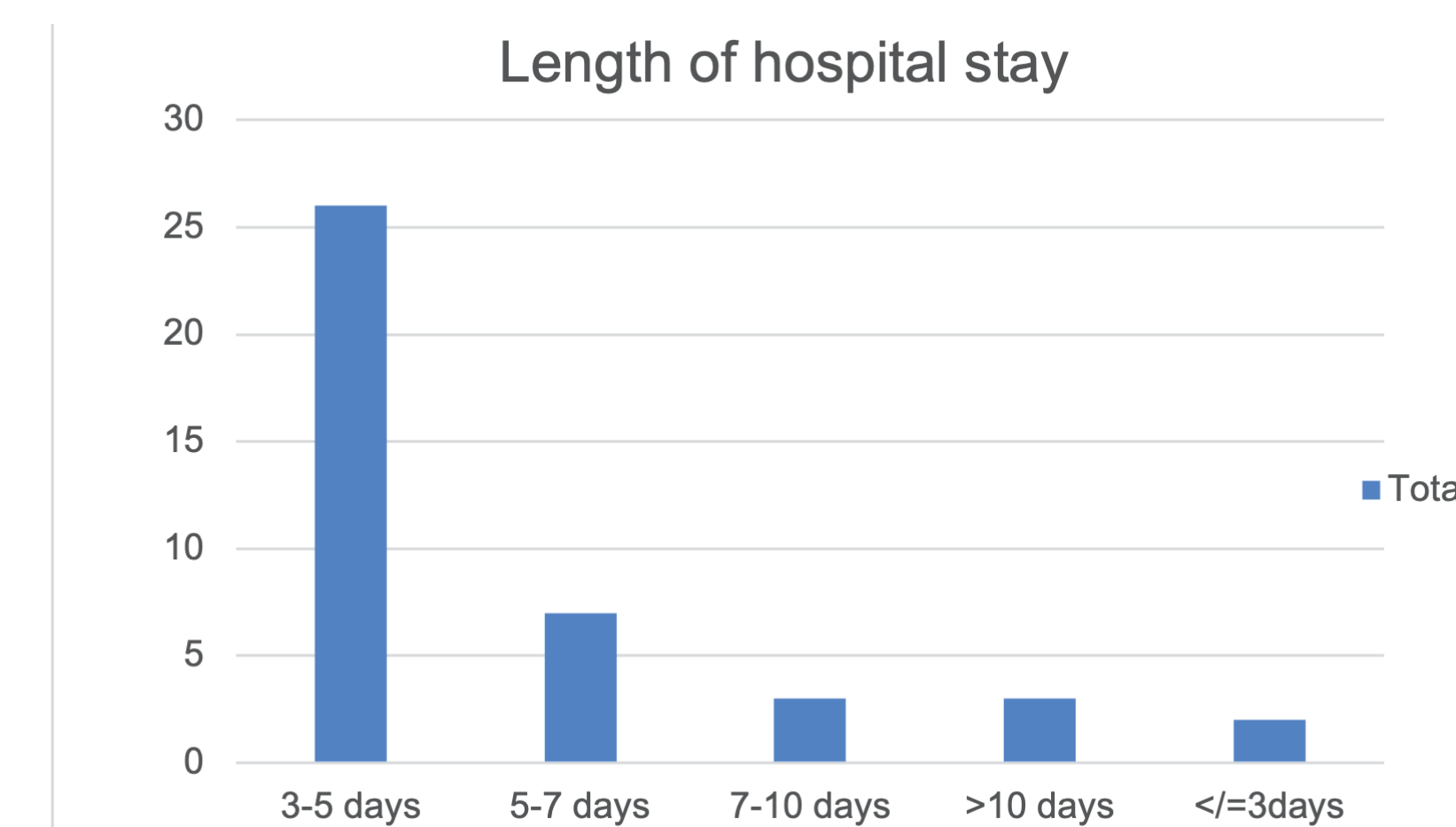
METHOD

Reviewed records of 41 patients with abnormal placentation who underwent prophylactic endovascular occlusion prior to cesarean section in Al Qassimi Women's and Children's Hospital, UAE during 2019-2023.

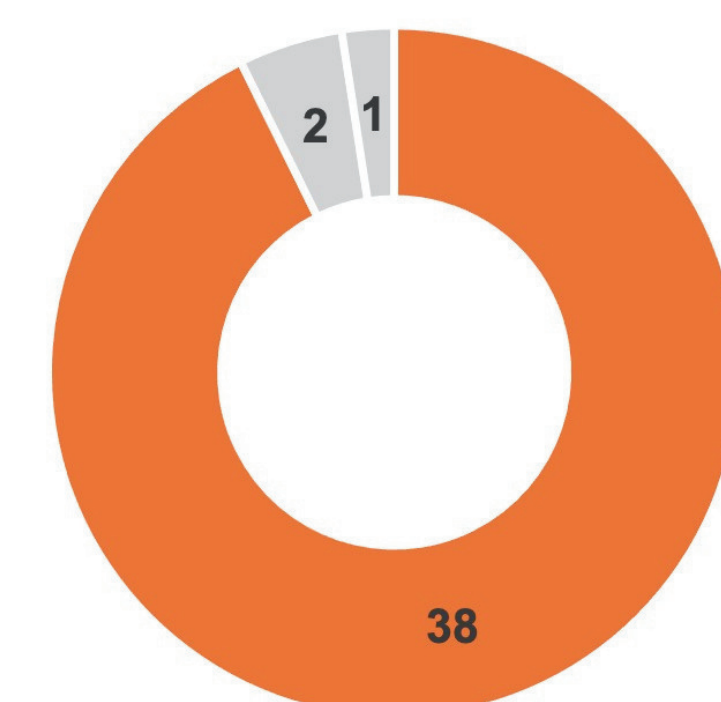
Data collected include maternal demographics, antenatal history leading to abnormal placentation, intraoperative details and intraoperative complications. Primary maternal outcomes analyzed such as the need of hysterectomy, bladder injury, requirement of massive blood transfusion, need of relaparotomy

RESULTS

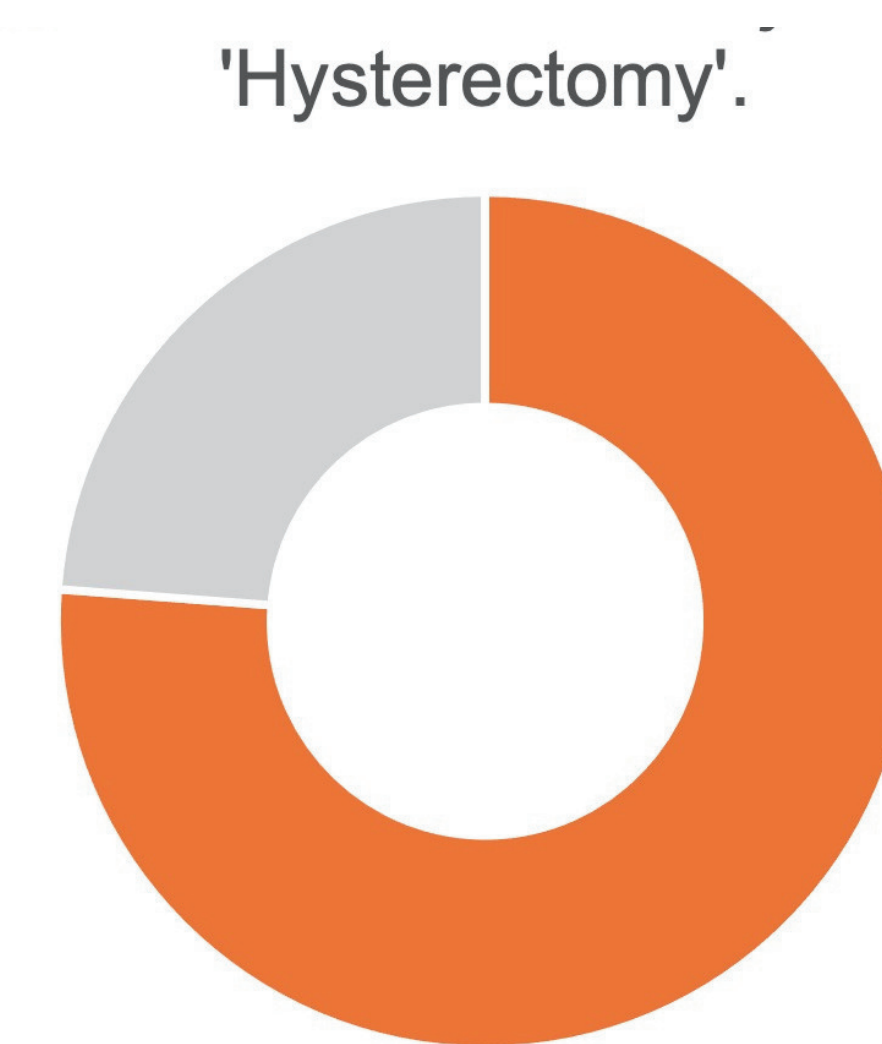
Among 41 cases, 16 (39%) complete placenta previa, 23 (56%) placenta accrete spectrum (Accreta-8, Percreta-8, Increta-2), 1 case of partial previa and 1 placenta reaching to scar area. 25 patients (60%) had antepartum hemorrhage including 30% from the placenta accreta spectrum



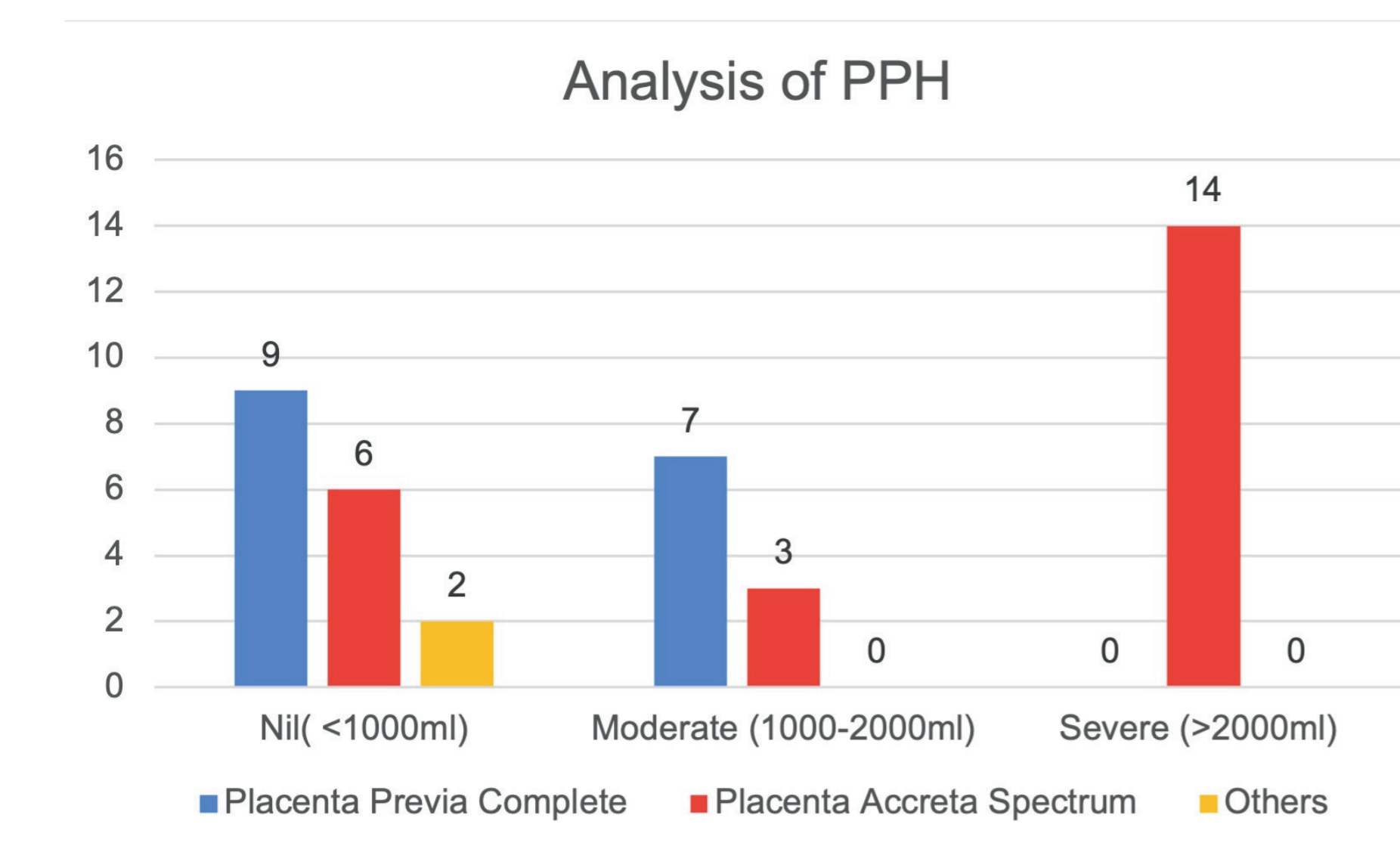
Late preterm accounts for the majority of 'Gestational age'.



95% were late preterm - Mean gestational age 35 weeks



10 out of 41 (24.3%) had lifesaving peripartum hysterectomy while 75% could manage without aggressive surgical management. Out of 10, 50% accreta and 40% Percreta and 10% increta. 70% of this group had blood loss of >3000 ml. Out of them, 3 patients had urinary tract injuries.



41% managed without postpartum hemorrhage, estimated blood loss less than 1000ml. Out of 24 cases who had Postpartum hemorrhage (PPH), 14 had severe PPH (>2000ml) all were placenta accrete spectrum. 68% required uterotonics intraoperatively while 39% (16 cases) required Bakri Balloon insertion addition to uterotonics and prophylactic vascular occlusion.

DESIGN

Retrospective Cross-Sectional Study

CONCLUSION

Prophylactic endovascular occlusion of internal iliac or common iliac arteries as an adjunct to cesarean sections in cases of abnormal placental implantation appears to be well tolerating without procedure related risks and a promising technique for reducing intraoperative blood loss, minimizing the need for hysterectomy and improving maternal outcomes.

Further research with larger sample sizes and comparative study with controls will be followed to highlight the importance and effect of the technique.