

Obstetrical challenges beyond the pelvis- A glimpse into a true nightmare

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Objective: To demonstrate the importance of antenatal diagnosis of Placenta Accreta Spectrum by Obstetric Ultrasound scan and the clinical implications.

Case report: A 35-year-old African woman, Gravida 2, Para 1, Living 1 with a previous cesarean section, was taken for elective lower segment cesarean section at a secondary care hospital without an in house blood bank, at 38 weeks of gestation because of an ultrasound scan finding of breech presentation and normal placental location. Her antenatal period was uneventful. The routine mid-trimester ultrasound and growth scans at 27,33,37 weeks done by the same radiologist and the placenta was reported as a posterior left lateral location well above the OS and no placenta Previa. Intraoperatively PLACENTA PERCRETA was identified while separating the rectus muscle, parietal peritoneum the protruding placental tissue with bleeding seen. Immediately alive baby was delivered as breech. Edges of the uterine opening sutured. Uterotonics given. Uterine and Ovarian artery ligated, B Lynch, Hemostatic sutures applied. A multidisciplinary team was involved. Placental tissue was seen adherent to the serosa of the urinary bladder. Blood and blood products are arranged. The abdomen closed with an intraperitoneal drain, after achieving hemostasis. Postoperatively, the patient deteriorated hemodynamically and ventilator support was given and shifted to the tertiary care hospital with adequate resources for a massive blood transfusion. The patient had hemoperitoneum, taken for laparotomy, bleeding from adherent placenta over bladder serosa seen and removed, hysterectomy, bilateral internal iliac artery ligation and massive blood transfusion done. The postoperative period was complicated with multiple organ damage and was managed meticulously by the multidisciplinary team. The patient recovered and was discharged after 3 weeks in good condition.

Discussion: Such a critical case was missed in antenatal ultrasound scans by the Radiologist. Had it been diagnosed preoperatively, MRI evaluation for the placental margin demarcation should have been done and should have been managed in a higher Centre by a dedicated multidisciplinary team with adequate resources to manage the critical complications.

Conclusion: Early diagnosis by routine mid-trimester ultrasound examination is important. Equipping Obstetricians in performing and interpreting ultrasound, managing complications, continuous education and simulation training, and keeping up with advances. AI-powered technologies should be incorporated to detect abnormal placentation. It helps in a comprehensive management plan incorporating a multidisciplinary approach, blood product availability, and informed counselling. This highlights the need for a standardized approach in imaging and clinical and histopathological description for the Placenta Accreta Spectrum.