

Placenta previa percreta – Medical management of densely adherent placenta

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INTRODUCTION

Placenta precreta (PA) is a condition in which there is abnormal implantation of the placenta to the uterine wall and surrounding tissues. The incidence of placenta percreta is one in 7000 pregnancies (1). It is a major Obstetric emergency and can lead to life threatening bleeding and emergency hysterectomy. This condition is associated with increased maternal morbidity and mortality.

OBJECTIVE

The objective of the case report is to highlight the role of medical management for Placenta percreta. Also the case report signifies the appropriate use of Methotrexate and Folinic acid could help avoid high risk surgical intervention in such cases.

CASE REPORT

We present a case of a 28 years old woman gravida 4, para 2 with Asian ethnicity. Her diagnosis of placenta percreta was confirmed at 34 weeks scan. She was managed by an alternative approach- at the time of delivery, the placenta was left in situ, methotrexate and folinic acid were administered for 7 days against a set protocol and at 6 weeks post partum, complete placental involution took place without the need for any further intervention.

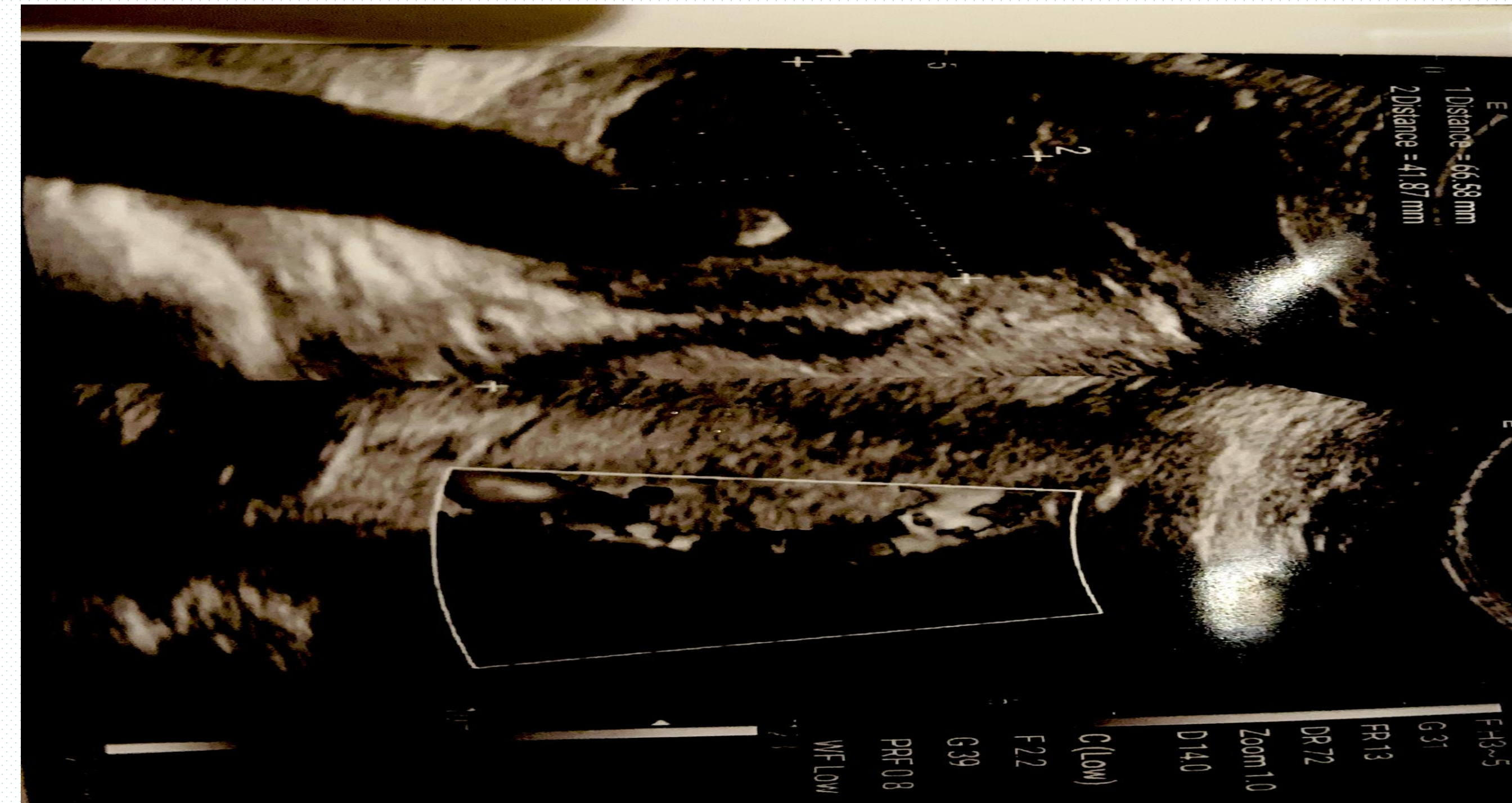


Figure 1: Day 7 postop scan showing placental volume equal to 800 cubic centimetre.



Figure 2: Day 28 postop scan showing placental volume equal to 50 cubic centimetre.

CONCLUSION

Medical management of placenta percreta with methotrexate and folinic acid injections after leaving the placenta in situ at the time of surgery is a safe option in selected cohort of patients. However more studies are needed to formulate effective management plan for such high risk cases.

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