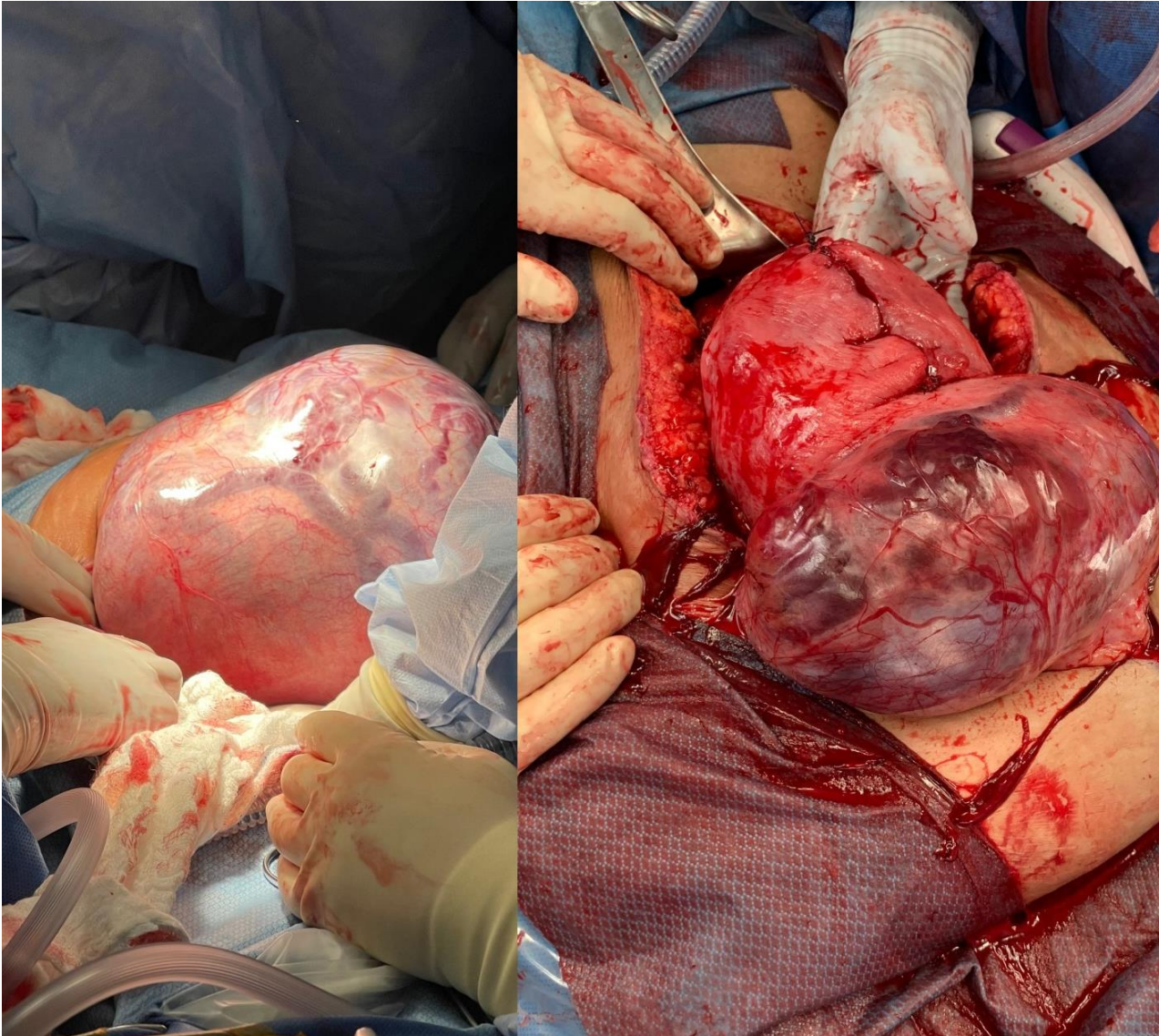


**Cesarean Section in a Parturient with Placenta Accreta
Complicated by Uterine Torsion and Incarceration**

Alexandra Latham, MD; Katherine Herbert, MD; David A. Gutman, MD, MBA; Michael Marotta, MD; Joel Sirianni, MD

- A 34 yo G4P2 woman at 34 weeks gestation was scheduled for cesarean delivery in the setting of placenta accreta, complicated by uterine torsion and incarceration.
- Past medical history was significant for morbid obesity, two prior C-Sections, and placenta previa.
- The case presented increased surgical complexity due to the torsion and incarceration of the uterus, necessitating MFM, Gyn-Onc, Trauma Surgery, Urology, and Vascular Surgery involvement
- The case was done under general anesthesia with an large bore IJ introducer, arterial line, Belmont transfuser, and REBOA

Cesarean Section in a Parturient with Placenta Accreta Complicated by Uterine Torsion and Incarceration



**Cesarean Section in a Parturient with Placenta Accreta
Complicated by Uterine Torsion and Incarceration**

- Initial plan was to do an interval hysterectomy following placental involution.
- The extensive torsion and surgical difficulty involving mobilizing the uterus rendered the profoundly dilated vessels very friable.
- The REBOA was activated and a massive transfusion was initiated while a hysterectomy was performed.
- Involving a multidisciplinary team of surgical specialists allowed for safe delivery of the baby and mother in an extremely technically challenging surgical procedure.