

Undiagnosed Focal Accreta: Postpartum Hemorrhage Surprises

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Introduction

- Placenta accreta spectrum (PAS) has emerged as a leading cause of postpartum hemorrhage (PPH) & maternal morbidity/mortality over the last 4 decades
- PAS is defined as a range of disorders involving variable trophoblastic placental invasion into uterine myometrium
- This range spans from focal accreta, where placental uterine adherence is small/localized, to percreta, with placenta extending into nearby abdominal structures requiring hysterectomy and reconstruction
- PAS's incidence rise is attributed to a risk factor prevalence rise (e.g., history of cesarean delivery & co-diagnosis of placenta previa)
- Risk factors should prompt further PAS evaluation with ultrasound which has reached high diagnostic accuracy but cannot always be relied on for extent of placental invasion or identifying focal accreta



Case 1

- Patient was a 30 year old G3P1011 at 36w2d with history of asthma & placenta previa who presented for primary cesarian delivery
- Given the patient's risk factors for PPH, 2 large bore IVs were placed prior to skin incision, and delivery was performed under combined spinal epidural (CSE)
- Despite prior ultrasound negative for PAS, the obstetric team noted focally adherent placenta with ongoing bleeding after delivery, and arterial line was placed
- Patient received 1 unit packed red blood cells (for hemoglobin 7.7), oxytocin, methylergonovine, misoprostol, and tranexamic acid (TXA) intra-operatively, and a Bakri balloon was placed prior to hysterotomy closure to control bleeding
- Final calculated blood loss was 1768 mL



Case 2

- Patient was a 38 year old G3P1011 at 36w5d with history of prior cesarian delivery complicated by PAS who presented for repeat cesarian delivery
- Given the patient's risk factors for PPH, 2 large bore IVs and arterial line were placed prior to skin incision, and delivery was performed under CSE
- Despite prior ultrasound negative for PAS, focally adherent placenta complicated by bleeding after delivery was noted
- Patient received oxytocin, methylergonovine, and carboprost intra-operatively, and a Bakri balloon was placed prior to hysterotomy closure to control bleeding
- Final calculated blood loss was 489 mL

Discussion

- Both mothers experienced protracted bleeding secondary to undiagnosed focal accreta seen both clinically and on follow up placental pathology
- Fortunately, both also delivered healthy neonates, had their Bakri balloons and epidurals removed postoperative day 1, and were discharged after a 2 day hospital stay
- Preparation for these patients' increased odds of PAS and PPH given risk factors in addition to timely uterotonic agent administration was key in managing PPH
- Recognizing risk factors even in the setting of a negative prior ultrasound can be essential in reducing maternal morbidity/mortality from PAS



Thank You!



References

1. BD Einerson: Int J Obstet Anesth 2021. PMID: 33784573.