Coordinated Multidisciplinary Management of Placenta Percreta With Cervical Invasion

Neveada Raventhiranathan MD, Vanathi Ganesan MD, Anna Kogan DO, Morgane Giordano Factor MD
Department of Anesthesiology, Stony Brook University Hospital

Stony Brook Medicine

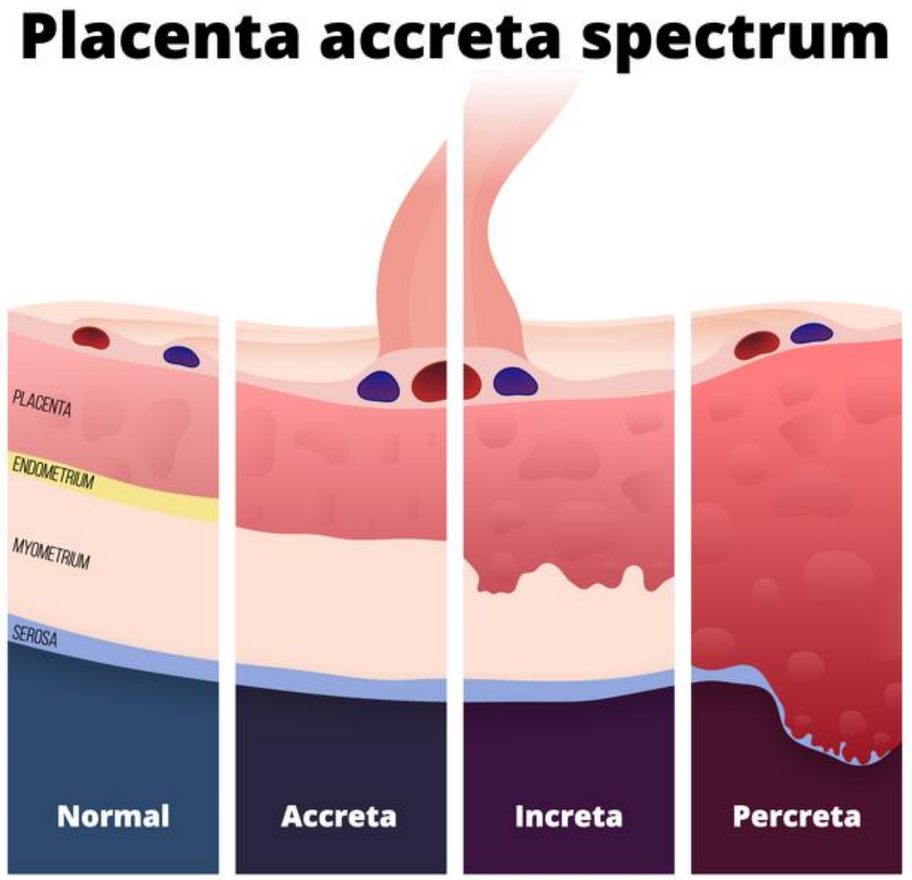
Background

- Placenta accreta spectrum (PAS) encompasses disorders characterized by abnormal placental adherence to, or invasion into, the uterine wall

- Severe forms (percreta) may extend into adjacent pelvic structures
  - ↑ maternal morbidity/mortality

- Advanced surgical and interventional strategies have been utilized to mitigate hemorrhage risk
  - Uterine artery ligation/embolization
  - Intrauterine balloon occlusion

- Close multidisciplinary coordination is required to improve maternal and fetal outcomes



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Case Presentation

- 37-year-old G2P1 at 22+6 weeks presented with painless vaginal bleeding due to known placenta previa
  - Past GYN history: prior term C-section for breech presentation
- Pelvic MRI demonstrated placenta percreta with suspected invasion into and through the anterior cervical stroma
  - Multidisciplinary planning conference held with MFM, obstetric anesthesiology, neonatology, gynecologic oncology, urology, and interventional radiology
  - Planned for delivery in hybrid OR with urology and interventional radiology teams present
- At 23+3 weeks, developed increasing bleeding → emergent cesarean delivery
  - Arterial line, large bore IV access, and central line placed under conscious sedation
  - Urologic and IR procedures (ureteral stents and common iliac artery balloons) then performed under conscious sedation
  - Followed by induction of anesthesia, intubation, and preparation for surgical delivery followed by immediate hysterectomy
- Close anesthetic monitoring and proactive hemorrhage management contributed to favorable outcomes

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Teaching Points

- Rising incidence of PAS necessitates optimal anesthetic and multidisciplinary management during the peripartum period
- Existing guidelines lack strong clinical evidence for hemorrhage management despite multiple available techniques
- Anticipatory planning for interventional radiology support and ongoing reassessment of bleeding contributed to effective hemorrhage control and favorable postoperative outcome for patient
- Highlights the importance of clear, continuous communication between obstetric anesthesia and surgical teams
  - Active anesthetic involvement in intraoperative monitoring enabled earlier identification of complications
  - Proactive communication and preparation for emergencies improved maternal management after delivery