FERTILITY SPARING SURGICAL TERMINATION OF PREGNANCY IN THE SETTING OF SUSPECTED PLACENTA ACCRETA SPECTRUM AT 17 WEEKS GESTATION: A CASE REPORT

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BACKGROUND

Placenta accreta spectrum (PAS) is associated with significant maternal morbidity including major haemorrhage, blood transfusion and hysterectomy. Management of PAS in the context of second trimester termination is challenging and with limited evidence, particularly in patients requesting fertility preservation.

AIM

To describe a surgical termination of pregnancy (sTOP) at 17 weeks gestation with suspected PAS.

CASE DESCRIPTION

A 28-year-old G2P1 woman presented requesting a termination of pregnancy at 16+3 weeks gestation, with one previous lower segment caesarean section. Ultrasound demonstrated a major anterior placenta praevia and concern for PAS. The patient was managed at a tertiary centre with multidisciplinary discussion and the decision was made to trial a fertility sparing approach.

ULTRASOUND FINDINGS

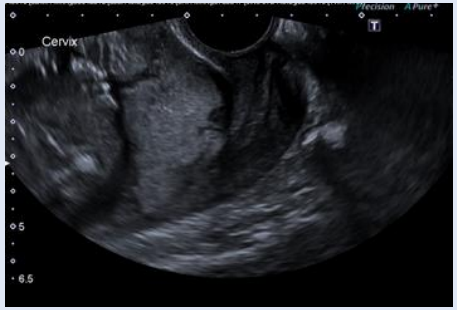


Figure 1: Ultrasound images showing the anterior placenta with leading edge extending down to cover the internal os and posterior uterine wall for 39mm and thinned myometrium of the anterior lower uterine segment, with some areas of placental tissue directly adjacent to the serosal surface of the bladder

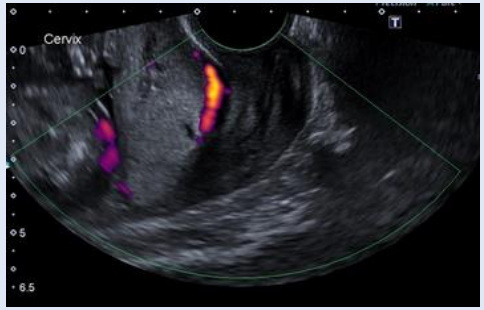
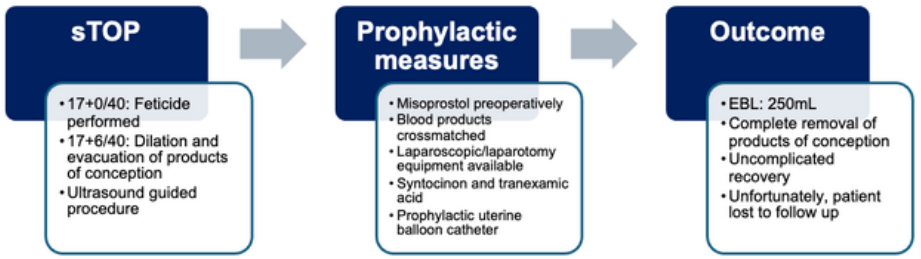


Figure 2: Doppler ultrasound showing prominent blood vessels at the placental myometrial interface on doppler assessment, with indistinct interface in the area of the anterior uterine segment and presumed region of the scar from previous caesarean section.

RESULTS



DISCUSSION

Management of PAS in the setting of second trimester termination requires balancing haemorrhage risk and uterine preservation. This case demonstrates that with careful patient selection, preoperative imaging and multidisciplinary planning, fertility sparing termination may be safely performed while minimising morbidity. Preparation for haemorrhage and postoperative surveillance remain essential given the risk of retained placental tissue, bleeding and infection.

REFERENCES

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2: Fox, K. A., Shamshirsaz, A. A., Carusi, D., Secord, A. A., Lee, P., Turan, O. M., & Belfort, M. A. (2015).Conservative management of morbidly adherent placenta: Expert review. American Journal of Obstetrics and Gynecology, 213(6), 755–760. https://doi.org/10.1016/j.ajog.2015.08.031