Successful Conservative Management of Suspected Focal Placenta Accreta: a Case Study

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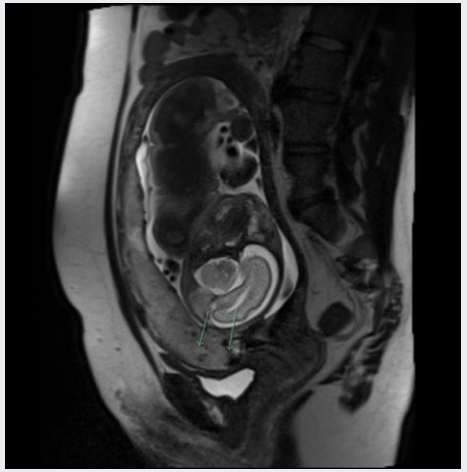
BACKGROUND

Placenta accreta spectrum disorder (PAS) is defined as abnormal invasion of placental trophoblasts into the uterine myometrium. It is associated with significant maternal morbidity and mortality. Many cases typically result in hysterectomy. As per the recommendations from RANZCOG, all women should have a review and management plan by a multidisciplinary team (MDT) with expertise in diagnosis and management, including complex pelvic surgery.

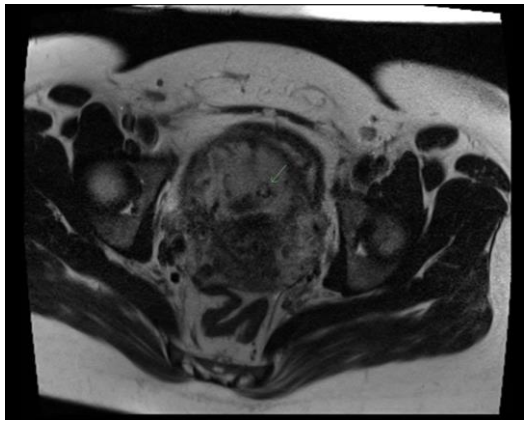
AIM

We present a case of suspected focal PAS with a prior history of uterine septum resection, successfully managed with uterine-preserving surgery.



CASE

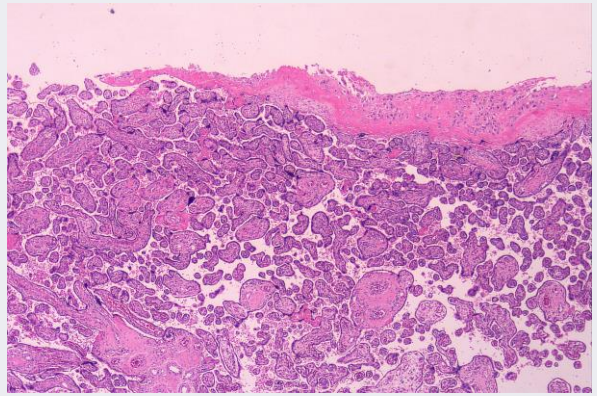
A 26-year-old nulliparous female presented to a tertiary maternity hospital with unprovoked antepartum haemorrhage (APH) at 23 weeks' gestation, on a background of hysteroscopic uterine septum resection four years prior. Ultrasound and MRI confirmed an anterior low-lying placenta, strongly suspicious for focal PAS in the lower anterior uterine segment. After discussion at the local PAS MDT, elective Caesarean section was planned for 35 weeks' gestation with an aim to preserve the uterus if feasible. Future fertility was a priority for the patient.



Placenta is heterogeneous in signal with a few small placental bands present inferiorly and lacuna present at the inferior edge of the placenta. There is attenuation of the myometrium anteriorly overlying the placenta although no nodularity over the bladder, no definite percreta spectrum is detected.

RESULTS

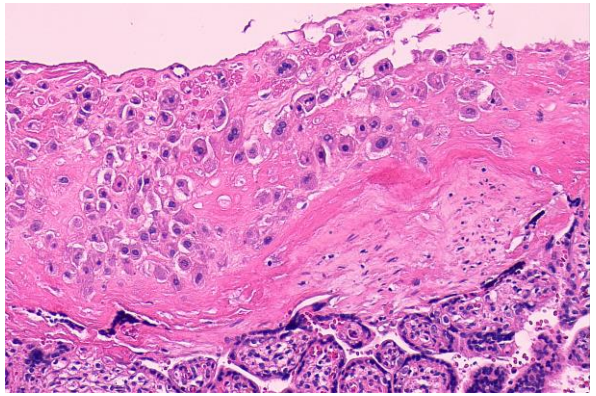
A massive APH of 1.5L at 34+1 weeks' gestation necessitated an emergency Caesarean section, with a general anaesthetic, vertical midline skin incision, high classical uterine incision, and careful manual removal of the placenta. Bakri and uterotonics were utilised to reduce blood loss which amounted to 4L total, with 2.6L returned via Cell-saver. Placenta histopathology later revealed no significant features that were consistent with PAS.



Low power view of placental disc with normal decidua at basal plate.

DISCUSSION

Uterine-preserving surgery in managing this case of suspected focal PAS was successful. The patient has retained future fertility potential. Although planned as an elective procedure, due to discussion and thorough pre-operative planning via MDT, the team were able to proceed with uterine-preserving surgery at the time of massive APH and emergency delivery. This is particularly beneficial considering the histopathological findings were inconsistent with a diagnosis of true PAS post-operatively and the patient wished to retain future fertility.



Higher power view of normal decidua. No adherent myometrial fibres are seen.