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Title: A CASE REPORT OF UNDIAGNOSED PLACENTA PERCRETA NECESSITATING EMERGENCY OBSTETRICS HYSTERECTOMY

➢ INTRODUCTION

Placenta accreta spectrum disorders is a collective term used for pathological, abnormal adherence and invasion of the placenta into the myometrium.The grading of placenta accreta spectrum is on the basis of histopathology. There are three types as follows:
•Accreta •Increta •Percreta

➢ OBJECTIVE

The purpose of this report is to highlight the importance of accurate antenatal diagnosis, appropriate treatment strategies, and adequate postnatal monitoring in cases of morbidly adherent placenta.

➢ CASE REPORT

A 38-year-old woman, G5P3L3A1, with previous three caesarean sections of gestational age 37 weeks from LMP, presented to the emergency with pain abdomen, which was dull aching in nature and not radiating in character and not accompanied with leaking or bleeding per vaginum.

On examination, her vitals were stable. She perceived fetal movements well. The uterine height was around 36 weeks and foetal heart rate was in the normal range. All routine investigations were sent, her haemoglobin was 6gm%. On abdominal ultrasonography examination revealed an anterior placenta previa in the lower segment. She was advised an MRI for which she had refused.

➢ CASE OPERATION PROCEDURE

An elective caesarean section was done. Midline vertical incision was made. After opening the abdomen, placenta was directly visualised with large area of dilated vessels, which were visible in the lower uterine segment (Fig no-1). A vertical incision was made on the upper segment of uterus, away from the placental site. A male foetus was delivered by breech extraction, alive and well. An inspection of the placental site revealed a densely adherent placenta, extending till the posterior wall of the urinary bladder (Fig no-2). Abdominal hysterectomy with preservation of ovaries was done. The intra-peritoneal drain and catheter was removed on 3rd post-operative day. She was discharged on her 10th post-operative day after complete suture removal and revealed a normal course in follow up after one week.

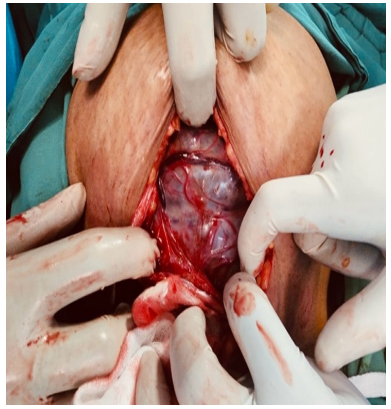

FIG NO:1

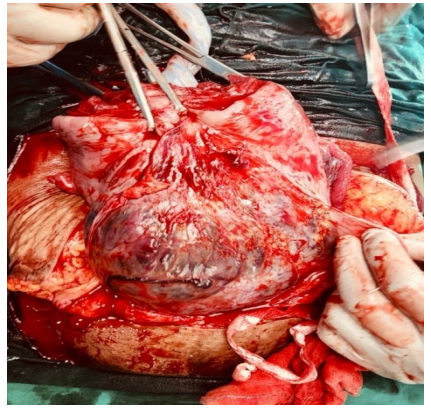

FIG NO:2

➢ DISCUSSION

The increasing rate of cesarean deliveries has increased the incidence of placenta accreta spectrum in past two decades. Placenta previa possess for 2% to 5% increased risk. The aetiology of placenta accreta spectrum is favoured by the hypothesis is endometrial-myometrium interface leads to a failure of decidualization of the uterine scar, which allows deep placental infiltration . Antenatal diagnosis of placenta accreta syndrome is highly essential. Any patient with previous history of Caesarean section, irrespective of placental position the suspicion for placenta accreta spectrum should be kept in mind.

➢ CONCLUSION

This case report underscores the gravity of placenta accreta and often necessitating decisive interventions such as total abdominal hysterectomy.
A multidisciplinary approach, thorough antenatal imaging, and prompt decision-making are crucial in managing these complex cases and ensuring optimal outcomes for maternal health.

❑ ***REFERENCES***

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