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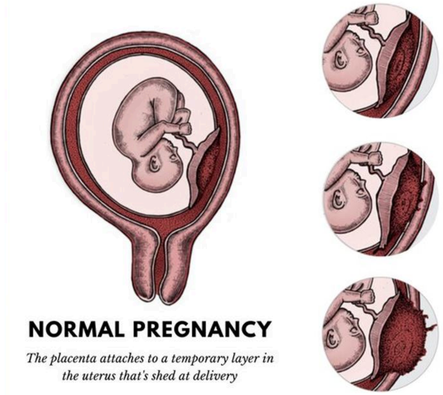
Title: A RARE OF COMPLICATION FOLLOWING INTERNAL ILIAC ARTERY BALLOON OCCLUSION PRIOR TO CAESAREAN HYSTERECTOMY IN PLACENTA PERCRETA



FOR PREGNANT WOMEN DIAGNOSED WITH PLACENTA PREVIA WITH ACCRETA PERCRETA COMPLEX,A PLANNED CEASAREAN DELIVERY AND HYSTERECTOMY,IF REQUIRED, IS THE MOST COMMONLY RECOMMENDED MANAGEMENT.

Case Report

A 27 years old **G3P2L1IUFD1** female with previous 2 **caesarean** section with complete **placenta previa** with **placenta accreta** complex with history of uterine rupture in previous pregnancy ,registered at LTMGH was admitted at 34 weeks of gestation for safe confinement.

Strict **TPR,BP,FHS,DFKC** monitoring was done, injection **betamethasone** was given, blood and blood products were kept ready

OBSTETRIC HISTORY

•G1- male, delivered by caesarean section ivo MSAF 9 yrs back.

•G2-female,IUFD at 36 wks gestational age due to uterine rupture 5 yrs back.

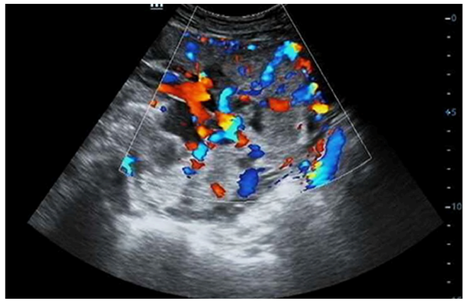
•G3- present pregnancy.

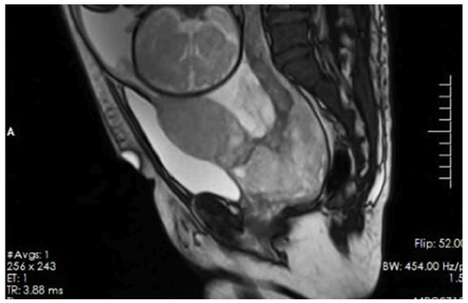
INVESTIGATIONS

Patients **hemoglobin** on admission was ***10.7.***

Anomaly scan was ***normal***

Rest of the ANC profile was within ***normal*** limits





Elective caesarean section with obstetric hysterectomy was planned at 35 weeks of gestation.

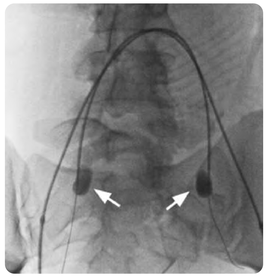
Pre procedure ,bilateral internal iliac artery cannulation was done

Under **fluoroguidance** bilateral common femoral artery access was taken using **5F sheath** and later dilated to **8Fsheath.**

Using **4F cobra** and **0.035 terumo** guide wire crossing was done

7F swan ganz catheter was advanced over terumo wire with balloon placed in proximal part

Inj **heparin 500 IU** in each flush @ 1 drop/sec started through bilateral **8F sheath** and swan ganz proximal port



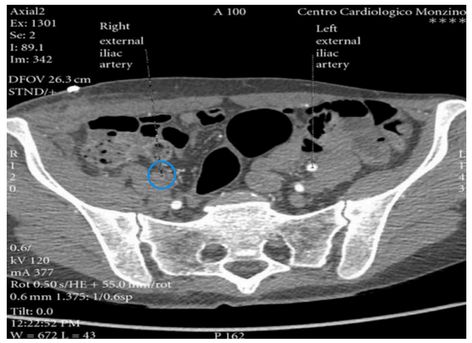
Common and internal iliac artery balloon occlusion

Uterine incision was taken higher up above the insertion of placenta.

Patient delivered a female child weighing 2 kgs, baby cried immediately after birth and was handed over to neonatologist.

Post procedure right dorsalis pedis artery was not palpated even after reversal of anaesthesia and removal of internal iliac artery balloon and catheter

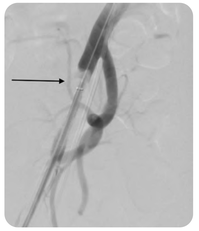
Bilateral lower limb scan revealed **6 cm thrombus** in right external iliac artery

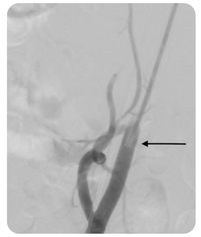


around 6 cm thrombus was aspirated from right external iliac artery.

Post procedure there was sudden drop of hb from 10 to 7gm/dl . 2 pint prc's were transfused.

Thrombus in the external iliac artery





Thrombus removed, and flow restored after thromboaspiration

On examination dorsalis pedis artery was palpable,right lower limb was warm and oxygen saturation in all the lower limb toes was around **97-98%**

Patient was discharged on day 22 and was given tablet rivaroxaban 2.5 mg BD for next 3 months and was advised follow up once in 3 months.

Patient was vitally stable on post operative follow up and repeat bilateral lower limb doppler revealed good flow in bilateral lower limb vessels.

Discussion

Placenta accreta and its variants, increta or percreta, represent one of the most challenging situations

Conservative management options with the placenta remaining in situ, carry a risk of sepsis and delayed hemorrhage.

Other effective approaches such as open arterial ligation, arterial balloon occlusion by interventional radiology have attracted great interest these days.

Overall advantages of arterial balloon occlusion prior to cesarean hysterectomy in placenta previa-accrete spectrum outweigh its disadvantages. And hence should be increasingly performed.

Take Home Message

As incidental palpation of dorsalis pedis artery after internal iliac artery balloon occlusion in this case could help for early detection and management of its rare complication of thrombosis, this should be routinely performed in all the cases for early detection and management of complications