AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years – Diamond Jubliee

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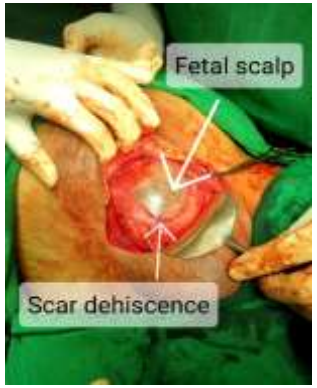
Title: POSTERIOR PLACENTA PERCRETA, A RARE CASE.

Introduction: The placenta accreta spectrum (PAS) disorders are characterized by an abnormal adhesion or invasion of the trophoblastic tissue through the myometrium and uterine serosa. PAS is associated with high maternal surgical morbidity, which increases in undiagnosed cases. PAS is frequently associated with an anterior placenta invasion in the CS scar area. PAS in other locations, posterior or lateral uterine walls, involves diagnostic and surgical challenge.

Case Report: A 30-year-old female, Gravida 2 Para 1 Living 1 with previous LSCS with 37.4 weeks gestation, with diagnosed case of fetal growth restriction presented with an ultrasonography suggestive of severe oligohydramnios with AFI of 2cm, with posterior placenta. The patient had undergone an LSCS 7 years ago..Emergency LSCS was performed. Dense adhesions were present between the rectus abdominis muscle and anterior surface of the uterus. There was evidence of uterine scar dehiscence. After baby delivery injection carbitocin was given. Placenta was found to be morbidity adherent to posterior surface of uterus, reaching up to the lower uterine segment and causing a bulge of 5*5cm on the posterio-lateral surface with plenty of vascularity and hemorrhagic areas suggestive of myometrial invasion. Placenta was partly separated which resulted in a bout of bleeding from the placental bed. Decision to do obstetric hysterectomy was taken after explaining and taking consent from relatives. Intra operatively approximate blood loss was approximately 2 liters. 2-pints of Packed Cells and 4 Fresh Frozen Plasma were transfused intraoperatively. Post-operative stay was uneventful. Histopathology report showed adherent placenta with trophoblastic infiltration up to perimetrium suggestive of placenta percreta.



Discussion: Most of the current literature and cases are related to anterior placenta accreta. There is not much information available for posterior placenta accreta spectrum specially placenta percreta, owing to its rarity. However, a recent systematic review focused exclusively on posterior PAS reported that posterior placenta previa, prior uterine surgery like curettage, myomectomy, were the main risk factors associated with posterior PAS[1]. A recent systematic review exploring prenatal imaging's diagnostic performance in detecting posterior PAS reported a detection rate of about 52.4% with ultrasound and 73.5% with MRI, significantly lower than those reported for anterior PAS[2].

Conclusion: Accurate risk stratification is crucial to identify those at higher risk of posterior PAS. Management of posterior PAS disorders depends on several factors, including maternal hemodynamic status, available resources, clinical presentation, and invasion severity.

References:

1. Ali H, Chandraharan E. Etiopathogenesis and risk factors for placental accreta spectrum disorders. Best Pract Res Clin Obstet Gynaecol 2021;72:4-12. doi:https://doi.org/10.1016/j.bpobgyn.2020.07.006
2.Tinari S, Buca D, Cali G, et al. Risk factors, histopathology and diagnostic accuracy in posterior placenta accreta spectrum disorders: systematic review and meta-analysis.Ultrasound Obstet Gynecol 2021;57(6):903-909. doi:https://doi.org/10.1002/uog.22183.