

Introduction

Placenta accreta syndrome Includes placenta accreta, increta and percreta. Characterized by a total or partial absence of decidua and placental adherence to or invasion of the myometrium. Cesarean hysterectomy- gold standard¹

Case summary

16 weeks

30 years, G2P1001 with previous LSCS (1.5 year back) with a beta thalassemia trait

18

Had excessive bleeding PV and developed severe anemia with a Hb of 5.8g%. USG – A single intrauterine fetus of 16 weeks and a large subchorionic hematoma of 9x8cm. 1 unit B positive PRBC was transfused after which she had incompatibility to all blood products which were cross matched.

20

24

Developed immune mediated hemolytic anemia. Iron infusion, Vit B12 and erythropoietin injections were given. Hb improved to 7.8g% and hematoma was getting resolved. Steroid cover given at 27th week.

27

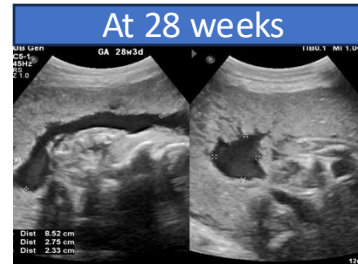
28

She went into preterm labour. USG showed anterior, low lying placenta and features of placenta accreta. No blood products were available. Hb- 7g%

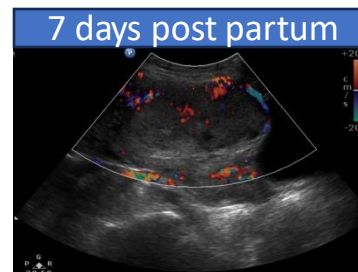
Vaginal delivery was done. Live born/ baby girl/1kg. Partial placenta was expelled. Uterotonics given. Bakri balloon catheter was inserted and tamponade given. Oxytocin infusion-24 hours

B positive
 TIFFA scan - Normal
Retic count- 8%
DCT-neg, ICT-positive
 LDH- 575 IU/L
 HPLC- Beta thal trait
 Antibody screening
Duffy antibody (anti -Fya) and Anti c positive

At 28 weeks



7 days post partum



References :
 1. Obstetric care consensus, *Obstet Gynecol.* 2018 Jun;107(6):1226-32

Post delivery- 2 units O neg PRBC transfused (least incompatible)

- Bakri balloon gradually deflated and removed after 24 hours
- IV antibiotics administered for 10 days
- Inotropes stopped after 2 days
- Patient and attenders explained about all alarming symptoms.- fever, lower abdominal pain, foul smelling discharge PV
- Follow up- every week for 1 month, every month for 6 months, every 3 months till 1 year
- Periods resumed after 7 months, complete resorption of placenta at 15 months

3 months post partum



15 months post partum



DISCUSSION AND CONCLUSION

¹ Risk factors: Previous caesarean delivery, Placenta previa- 3% risk of PAS, Placenta previa plus one or more CDs –risk is 3%, 11%, 40%, 61% and 67% respectively, Advanced maternal age, Multiparity, Prior uterine surgeries/curettage

- **¹Conservative management** - considered for carefully selected cases after detailed counselling and under close supervision.
- **¹Uterus preserving techniques** should be attempted with appropriate expertise.
- **¹Methotrexate adjuvant therapy** is of unproven benefit with significant adverse effects and should not be used.