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Title: MANAGEMENT OF ADHERENT PLACENTAL TISSUE POST VAGINAL





### **INTRODUCTION**

**DELIVERY** 

- Placenta accreta spectrum (PAS) can lead to severe life threatening complication in pregnancy
- Defined as when placenta fails to detach from the uterine wall due to abnormal implantation at basal plate
- PAS varies widely , ranging from 0.01 to 1.1%
- Dilation and curettage can increase the risk of placenta accreta spectrum
- Common symptoms- vaginal bleeding, lower abdominal pain

## CASE REPORT

A 37 yrs old Female P1L0A3 with prev.1 PTVD and 3 D\$C came with complains of bleeding pv since 1 month associated with clots.

On examination -: GC –poor pallor +++
Pulse -100/min

Blood pressure-100/60mmHg Spo2-96%on RA

P/A-ut 18- 20 weeks size P/S – os open ,bleeding (+) .

P/V – os admitting 1 finger
Cervix soft

usg revealed the diagnosis of retained placenta (7.8cm\*4.4cm)and thinning of posterior myometrium (0.4-11cm)

MRI confirmed diagnosis of placenta accreta-increta .

### **HOSPITAL COURSE**

- Patient came to pcms with h/o pain in abdomen & bleeding p/v .usg with Doppler was done s/o retained placenta.
  - MRI cofirmed Retained placenta with placenta accreta increta.
- As methotrexate is not prefered so trial for usg guided suction & curettage was decided.
- Pre op investigation was done .pt is severe anemic(4.2 gms) so 3unit PRBC was transfused & pt was taken for suction & evacuation .tissue obtained approx. 100cc and sent for HPE
- Which was successful with no surgical complications
   Followed by tab mifepristone 200mg for 3 consecutive day f/b tab misoprostol 400 microg OD for 3 days

## USG CRITERIA OF ADHERENT PLACENTA

- 1) Multiple vascular lacunae(spaces) within the placenta (Swiss cheese appearance)
- 2) Turbulent flow (psv>15cm/s).
- 3) Retroplacental myometrial thickness of <1mm .4)loss of normal retroplacental hypoechogenic zone

# Urinary bladder Thinned out myometrium indicating the placental invasion Heterogenous placenta with abnormal placental lakes

# **FOLLOW UP**

After 1 month follow up usg was done ,there was no retained placental tissue noted with no complain of bleeding p/v or pain in abdomen HPE S\O placental tisue

### CONCLUSION

- ✓ The present case reports that reproductive outcomes are not influenced negatively in adherent placental cases following the S&C procedure.
- ✓ We recommend that the S&C method be considered as the treatment in patients with adherent placenta because it can be easily performed and is a successful, cheap and minimally invasive method requiring a short hospital stay