Placenta Accreta – Tomb of Womb: A Case Report

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Abstract

Obstetrical haemorrhage is a leading causes of maternal morbidity and mortality. PAS refers to adherence to placenta including Placenta accreta, Placenta increta and Placenta percreta. Incidence increased from 0.14 to 0.3% in last two decades due to an alarming increase in caesarean section rate in primipara. Our case is a 33-year-old G5P2L2A2 with history of previous one normal delivery followed by one LSCS, followed by missed abortion, and one D&C, presented with early 2nd trimester vaginal bleeding at 16 weeks, which was diagnosed as placenta previa. Patient had on and off vaginal bleeding. She was on conservative management since then. 20-week ultrasound report reported central placenta previa with PAS (increta), same finding. In all subsequent USG, we were able to prolong pregnancy with conservative management up to 32 weeks. Elective c/s performed i/v/o recurrent bleeding. Classical c/s with subtotal hysterectomy was done. Extensive neovascularization was seen at bladder base. It was decided not to dissect bladder off the cervix i/v/o possible percreta. Continuous bleeding seen after hysterectomy further supports diagnosis of percreta. B/L internal iliac artery ligation done due to continuous bleeding even after subtotal hysterectomy. Total blood loss >50% of blood volume. Transfusion, 10 PRBC, 12 FFP, 4 RDP. On ventilator for 24 hours. I/P drain for 48 hours.

Keywords

Placenta increta, placenta accreta spectrum, obstetrical haemorrhage, persistent vaginal bleeding.