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TITLE : Rare case of unsuspected morbidly adherent placenta, in a nulliparous, diagnosed after one month of spontaneous abortion and its successful management with methotrexate.

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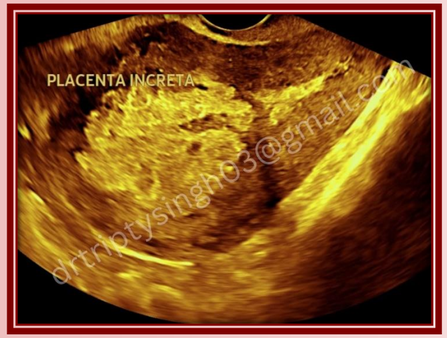
INTRODUCTION

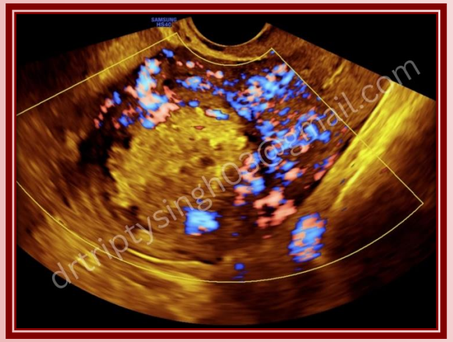
Placenta accrete occurs when all or part of the placenta attaches abnormally to the myometrium.

OBJECTIVE

To present a very rare case of successful medical management of second trimester placenta increta.There are few cases reported of this rare occurrence.

CASE OPERATING PROCEDURE

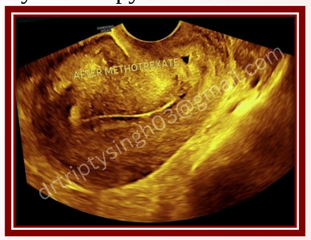




1. HISTORY : P0L0A2, nulliparous 31 years female with catastrophic episode of bleeding per vaginum with history of dilation and curettage, elsewhere for RPOC, after spontaneous abortion one month back, at 20 weeks of gestation.
2. DIAGNOSIS: TVS with color Doppler followed by MRI revealed retained invasive placenta (increrta) 6.1x4.6x3.5 cm. breaking the junctional zone with serpiginous vascular enhancement.
3. PREDISPOSING FACTOR: Only one episode of dilatation and curettage before current abortion.
4. MANAGEMENT: 2 alternate day doses of 50 mg Injection Methotrexate intra muscular was given with tablet Leucovoroine calcium on alternate days.
5. RESULT: Episode of acute lower abdominal pain and simultaneous spontaneous expulsion of the whole placental tissue as a cast in OPD after 24 hours of last dose of Methotrexate. Only slight blood mixed discharge was noted after expulsion.
Pt. remained hemodynamically stable through out.TVS after expulsion was showing excellent triple line endometrium without any remnant tissue was closely followed, she is keeping fine and advised to planned pregnancy after at least 3 month of Methotrexate injection.

DISCUSSION

The incidence of abnormal placentation is relatively low, and demographic data about it is limited to small series and case reports **[1]**
The average incidence is estimated at 1 in 7000 deliveries.**[2]**
Even though rare and difficult to diagnose, it remains very important because of its possible fatal outcome. The diagnosis is even more difficult when this occurs in the second trimester as was the case in our patient. She had just one episode of curettage previously, that is why placenta accrete remained unsuspected till late. The primary diagnostic method for adherent placenta is ultrasonography.**[3]**
The conservative options include uterine artery embolization and uterine tamponade. Methotrexate, and hysteroscopy resection.



UTERUS AFTER EXPULSION OF ADHERENT PLACENTA

THE ADHERENT PLACENTA AFTER EXPULSION

CONCLUSION

Placenta accrete spectrum disorder remains a very serious clinical problem due to its life and fertility threatening consequences. Its antepartum diagnosis can be suspected based on even minimal risk factors and the clinical presentation of the patient. Its management remains difficult, but total abdominal hysterectomy with loss of fertility remains the treatment of choice especially in our environment. However, conservative management may be used for minor forms of the disease (placenta accrete and increta). Methotrexate is a wonderful option, when given with close follow up in some patients giving excellent result where fertility preservation is critical.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

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