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## A STITCH IN TIME-

### SAVING LIVES WITH BILATERAL INTERNAL ILIAC ARTERY LIGATION



## Introduction

Placenta Accreta Spectrum is a rare disorder of placentation in which placental villi are directly anchored to myometrium partially or completely without any intervening decidua. The major complication is massive hemorrhage. Prompt diagnosis and surgical intervention are crucial for maternal safety.

## Aim & Objectives

To illustrate the management approach for such a case, highlighting the technique to achieve hemostasis and avoid hysterectomy, thereby preserving the reproductive potential and preventing associated complications.

# Local Examination

Umbilical cord seen coming through introitus

# **Case Report**

A 35-year-old female, P3L3 with previous normal vaginal deliveries, presented on PND-2 of home birth with retained placenta. At the time of admission, patient was vitally stable.

<u>P/A</u>	<u>P/S</u>	<u>P/V</u>
Soft Uterus- contracted	Umbilical cord seen coming through os	Uterus- Anteverted ~24 weeks size
Felt just above	Cervix and	Bilateral fornix free
the level of umbilicus	Vagina- Grossly healthy	Fornices movement non tender

The patient was taken to the Emergency OT after making proper arrangements for emergency laparotomy and a trial of Manual Removal of Placenta was given under general anesthesia. Due to severe hemorrhage, bilateral internal iliac artery ligation was performed to achieve the hemostasis. IV antibiotics, 3 units of Packed red blood cells, 4 units of FFP and 2 units of Platelets were transfused. ICU care was given for 5 days.



## Result

Immediate surgical intervention with bilateral internal iliac artery ligation proved life-saving for the patient. The patient was monitored with serial imaging which confirmed gradual placental tissue reduction suggesting autolysis of the placenta. The patient recovered without requiring hysterectomy, thus avoiding major postoperative complications.

## Conclusion

Bilateral internal iliac artery ligation is a life-saving surgical technique used in obstetrics to control severe postpartum hemorrhage. This procedure reduces uterine blood flow, achieving hemostasis while preserving fertility and avoiding hysterectomy. This approach offers a viable alternative in similar obstetric emergencies.

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