

Title: A rare case report on Placenta accrete in an unscarred uterus.

Introduction

Placenta accreta syndrome is characterized by abnormal placental attachment or the placenta is firmly adherent to the uterine wall due to partial or total absence of decidua basalis and the fibrinoid layer, leading to significant maternal morbidity and mortality.

Objective

A rare case report on Placenta accrete in an unscarred uterus.

Case report

A 38 year old primigravid with history of IVF treatment with active married life of 10 year without any past surgical history presented to the labour ward with 9 months amenorrhea with pain abdomen. She had regular antenatal checkups and her antenatal scan showed low lying placenta. On admission she reported mild uterine contraction and was haemodynamically stable, the patient was in labour. The transabdominal Ultrasound was performed revealing a placenta previa with suspicious of placenta accreta due to abnormal placental location and presence of vascularity at the placental margin .

Operative procedure

The patients underwent an elective caesarean section with aseptic precaution under spinal anaesthesia with 2 unit of blood arranged, a single live baby of 2 kg was delivered, during the procedure there was difficulty in removal of Placenta even on the attempt of manual removal there was significant bleeding. Medical management to control post partum haemorrhage was done i.e uterine massage given, inj methergin, inj oxytocin infusion, IM carboprost or intramyometrium, rectally misoprostol given. Intrauterine packing are done to ensure good uterine tone and to manage severe post partum haemorrhage. Bilateral anterior division iliac artery ligation was done as it was Crucial in Controlling postpartum haemorrhage and preventing further Complication, as the uterus failed to contract even after medical management. Post operatively she made an uneventful recovery and was discharged post op day 5 with advice to follow up after 1 week.

Discussion

Risk factors for placenta accreta Spectrum are :-

- Non surgical intervention- manual removal of Placenta
- Uterine artery embolization
- IVF Procedure
- Endometritis / Iucd previously inserted
- Uterine factors- Bicornuate uterus, adenomyosis, submucous fibroid
- Grand multiparity .
- There are three grades of placenta accrete syndromes.

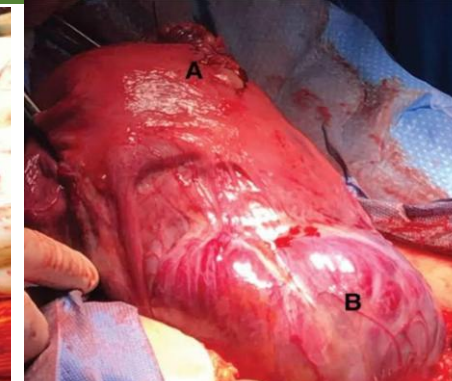
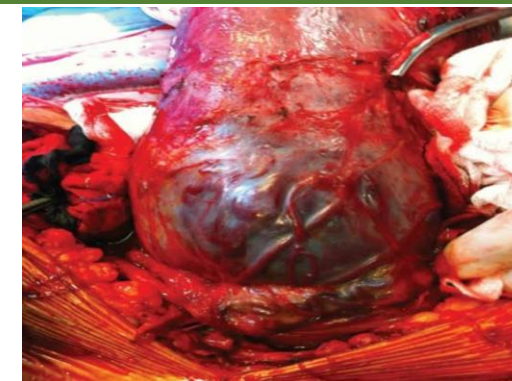
Grade I – Abnormally adherent placenta

Grade II – Abnormally invasive placenta.

Grade III - Abnormally invasive placenta-percreta. Invading broad ligament and bladder.

Conclusion

Patient with prior history of IVF Procedure, Elderly primigravida are at increased risk of Complications like uterine inversion ,haemorrhagic and neurogenic shock ,sepsis . So timely intervention and well co-ordinated management are essential to improve maternal outcomes in such high risk pregnancies



References

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2. Anh Dinh Bao Vuong Xuan Trang Nguyen Phuc Nhon Nguve. Placenta accreta spectrum on an unscarred uterus in the third-trimester pregnancy National Library of Medicine 2022 Oct:99:10760.