

**INTRODUCTION :** Placenta accreta spectrum disorder is a pregnancy related disorder responsible for postpartum morbidity and mortality ,associated with intractable or massive hemorrhage ,leading to uterine loss in upto 64% of women .The main goal of placenta spectrum management is to enable delivery in an expert centre in the presence of an experienced team at an appropriate time .

**OBJECTIVES :** To evocatively manage patients with retained placenta and to prevent maternal morbidity and mortality .

**CASE REPORT :** A 37 year old woman who is P3L2D1A2 status post classical cesarean section with uterine artery embolization with retained placenta in view of PAS disorder came to our hospital with complaints of bleeding per vaginum ,fever and foul smelling discharge on **post operative day 64** .On examination diffuse abdominal tenderness and bleeding and profuse purulent discharge through os was noted in per speculum examination,same sent for culture sensitivity .An urgent MRI Abdomen and pelvis was done showed bulky uterus with large amount of T2 heterogenous residual placental tissue with few focal areas of nodular enhancement suggestive of partial involution and retained products of conception .Patient was worked up for sepsis panel .After effective counselling patient was taken up for total abdominal hysterectomy .Intraoperatively dense adhesions was noted between the posterior surface of bladder and anterior wall of uterus .Intraoperative urologist assistance was obtained ,uterus was separated from posterior wall of bladder ,multiple rents noted in the bladder same repaired by watertight anastomosis .Proceeded with Hysterectomy .Postoperative period were uneventful .Culture reports revealed Enterococcus Fecalis .Patient was discharged on POD 4.

**DISCUSSION :** A few decades ago placenta accreta was an obstetric rarity ,however at present it contributes to a significant percentage of morbidity and mortality along with its other types.With advacned imagings like MRI complete anatomical details and precise topography can be obtained .Despite latest techniques hysterectomy remains the most common surgical procedure to avoid PPH

**CONCLUSION :** Management of complex PAS cases require multidisciplinary expertise in detection ,patient counselling and surgical skill to manage safely .

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**CONFLICTS OF INTEREST :** The authors report no conflict of interests .

