

INTRODUCTION

Placenta accreta spectrum is a morbid pregnancy condition where the placenta abnormally implants and invades the uterus. Its incidence is rising due to increased cesarean sections. This condition distorts the uterus, creates a high-flow vascular state in the pelvis, and can lead to life-threatening bleeding if the placenta fails to detach after delivery. Early screening through ultrasound is crucial for diagnosis. The definitive treatment involves a cesarean hysterectomy, leaving the placenta in situ.

OBJECTIVES

Our objective is we report a case of 20-year-old primigravida with 36 weeks period of gestation referred from peripheral hospital, delivered vaginally was found to have placenta accreta spectrum (placenta increta) was diagnosed by ultrasound and intraoperative findings.

CASE OPERATION PROCEDURE

A 20-year-old primigravida with 36 weeks period of gestation referred from periphery in view of PROM . labour progressed and delivered a single live male child with birth weight 1.9 kgs. and apgar 8-10 with 2 loops cord round neck .AMTSL performed, and placenta was not delivered even after 30 mins following delivery . Immediate usg was done which showed features suggestive of placenta increta . High risk consent regarding manual removal of placenta and if required peripartum hysterectomy was explained to the patient and patient attenders .

She again had a history of bout of bleed and was shifted to OT for manual removal of placenta and failed to remove the complete placenta and the bleeding continued and proceeded for peripartum hysterectomy under general anaesthesia.

Usg findings :



Intraoperative findings:

Uterus 24 weeks size ,5*5 cm bulge noted in right cornua with high vascularity, 10*10 cm placenta insitu densely adhered to uterine wall.



DISCUSSION

Etiology of PAS: It is due to partial or complete absence of decidua basalis, imperfect development of nitabuch membrane

Risk Factors:

- Placenta previa in the current pregnancy
- Previous surgeries (caesarean section, myomectomy, curettage, endometrial ablation)
- Previous history of PAS

Management: It involves careful timing and selection of ideal facility for delivery, elective caesarean section is planned between 34 and 35 weeks. Post-delivery, the extent of placental invasion is assessed, and hysterectomy with the placenta left in situ is recommended for cases with severe bleeding.

CONCLUSION

Even though placenta accreta spectrum is rare in primigravida we should also suspect placenta accreta spectrum if there is failure in spontaneous placental separation.

REFERENCES

Williams 26th edition, Sally Collins, Morlando M, Sarno L, Allen L.