Happy Gynecon 2019



Contribution ID: 19 Type: Paper

ASYMPTOMATIC PLACENTA PERCRETA: A CASE REPORT

Placenta accreta syndrome is a spectrum of abnormal placental implantation and firm adherence which are classified according to the depth of invasion into the uterus. A 28 years primigravida presented to AIIMS OPD at 13+2 weeks of gestation with complaints of brownish discharge per vaginum. She had history of myomectomy 2 years ago. Ultrasonography showed subchorionic hemorrhage with placenta being fundoanterior. TIFFA at 19 weeks of gestation showed multiple fibroids, mostly on the anterior wall of uterus. Growth scan at 30+2 weeks of gestation was suggestive of placenta accreta. Also multiple fibroids were visualised. MRI was done which further confirmed the possibility of placenta percreta. Patient was admitted in labour room at 36+6 weeks of gestation with complaint of leaking per vaginum. Emergency caesarean section was done and after delivery of baby, placenta was found to be adhering to the fundal region. Atonic PPH developed. Manual removal, uterotonics administration, internal iliac artery ligation tried but failed. Thus, subtotal hysterectomy was done. Placental tissue was seen invading uterine myometrium at fundus and visible on the surface of uterus. Diagnosis of placenta percreta was confirmed on histopathology.

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