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Placenta accreta: A case report presenting obstetric emergency

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Abstract

As the incidence of Caesarean have increased, Placenta accreta also has increased and considered as an important cause of maternal and fetal/neonatal morbidity and mortality.

In the present study, we report a case of placenta accreta presenting obstetric emergency. A 33-year-old woman, gravida 2 para 2 (G2P2), with previous caesarean section for acute fetal distress, for the second pregnancy, antenatal period was not followed until her presentation at 34 weeks of gestation in the obstetric emergency for bleeding per vaginum. Ultrasound showed low-lying anterior placenta type 2 of Bessis classification. The decision for caesarean section was made for suspicion of dehiscence, and was performed with corporeal incision. A healthy 2900g female newborn was delivered. Placenta increta was thought with intra- operative (figure1) So, it was not removed due to the possibility of bleeding and an Urgent decision of hysterectomy was taken (figure2).

The patient was discharged on the third postoperative day. The placental pathology was reported as a placenta accreta. Antenatal diagnosis of placenta accreta spectrum is critical because it provides an opportunity to optimize management and outcomes with obstetric ultrasonography and color flow Doppler imaging even RMI if it necessary, in our case, the patient present placenta previa and previous cesarean delivery, and should be evaluated by obstetrician gynecologists or other health care providers with experience and expertise in the diagnosis of placenta accreta spectrum, before obstetric emergency.

This case highlights need for further research into the prevention of abnormal placental development and to prevent their risk of massive hemorrhage.

Biography:

Dr Meriem NADI, doctor resident of 5th year of gynecology obstetric, service of gynecology obstetric, cancerology and high-risk pregnancy at Souissi Maternity CHU Rabat-Sale Morocco.

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