Objectives

Agreement in identifying "jellyfish sign" between USS and MRI; correlation between JS and maternal morbidity in women with PP.

Methods

retrospective analysis of women with PP evaluated with USS (2014-2018) in our hospital. They had also an MRI in case of high/intermediate risk for abnormally invasive placenta (AIP).

JS is characterized by the loss of the demarcation line between placenta and cervix, which looks hyperechogenic and hyper-vascularized in 2D grey scale and Power Doppler

Results

we included 94 women: 21 had MRI, 4 with JS refused. JS was found in 10/21 (47.6%) women by USS and 12/21 (57.1%) by MRI with an agreement of 90.5% (k=0.81).

General characteristics and obstetric outcomes according to JS are showed in table1. JS was significantly associated with blood loss at Caesarean section (CS), transfusions, hysterectomy, intensive care unit (ICU) admission, hospitalization length, AIP, uterine artery catheterization.

Conclusion

JS is highly reproducible in MRI; it is a marker of increased morbidity in women with PP. Prospective studies need to confirm JS utility in clinical practice for maternal morbidity.