A symptomatically placenta percreta at 20 weeks of gestation: a case-report

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Introduction
We report a rare case of a woman with placenta percreta (PP) presenting symptomatically with acute bleeding into the abdominal wall.

Case report
A 37-year-old woman, G5P2, GA of 19+6 weeks and a history of one c-(aesarean) section, complained of acute, movement-dependent pain in the right lower abdomen. A MRI was negative for appendicitis. Our anomaly scan showed no fetal anomalies, however the placenta covered the internal ostium and the scar of the c-section. There was loss of clear zone, myometrial thinning, irregular appearance of the interface with the bladder (see Figure 2), numerous irregular placental lacunae and uterovesical hypervascularity. Also, a hypo-echogenic lesion with fibrin was seen at the site of maximum tenderness. The patient was admitted, antenatal corticosteroids were given and every alternating week both MRI and ultrasound scans were planned.

During her 15 weeks admission, the lesion decreased to 2 centimeters, nonetheless the symptoms of pain remained. At 35+5 weeks a c-section was performed and uterine artery catheters and ureteric stends were prophylactically placed. A healthy daughter was born and a hysterectomy was performed with a total blood loss of 3,5 liters. PP with a large old hemorrhage, no signs of infection and normal villous maturation was confirmed during postpartum analysis.

Conclusion
This rare case of placenta percreta was clinically admitted for over 15 weeks. Management of PP is not generalizable, however conservative management including follow-up of the invasive placenta should be considered.