EP22.18 Conservative management of placenta percreta to preserve fertility: a photo series and subsequent pregnancy outcomes.

Shirley Chen¹, Alan Adno¹,², Brian Hollis², Farhad Rahimpanah¹
1. Obstetrics & Gynaecology, Liverpool Hospital, Liverpool, NSW, Australia. 2. Feto-Maternal Unit, Liverpool Hospital, Liverpool, NSW, Australia.

Introduction
Placenta percreta (PP) is associated with significant maternal morbidity. The incidence of placenta accreta spectrum disorder (PASD) is rising with the increasing frequency of Caesarean sections (CS). We will describe a case of placenta percreta treated conservatively.

Case Report
A 32 year old G9P4 was seen in the Feto-Maternal Unit to assess abnormal placentation at 23 weeks. Her obstetric history included a vaginal delivery followed by 3 CS and 4 terminations of pregnancy. Ultrasound and MRI confirmed an anterior placenta praevia with full thickness myometrial involvement and suspected bladder invasion (Figure 1). The patient was managed in a multi-disciplinary team within a tertiary hospital and counselled regarding peripartum hysterectomy (PH) and possible cystotomy, however she expressed desire for future fertility.

Management
An elective classical CS was performed at 37 weeks with the intention of conservative management. Following delivery of a live infant and PP confirmed, the umbilical cord was ligated and placenta left in situ. Total estimated blood loss was 100mL. Common iliac arterial balloons were utilized intra-operatively and the patient underwent bilateral uterine artery embolization post-operatively. She was closely followed up with resolution of majority of the placental bed observed by 21 weeks (Video 1). Postpartum complications included mild bleeding and discharge managed with antibiotics. She conceived 4 years later and this pregnancy (Figure 2) progressed to an elective CS and tubal ligation at 36 weeks.

Discussion
PP is the rarest and most severe form of PASD and management is typically by PH. Conservative management is considered in PASD, though evidence is limited to case series and observational studies. PH has been avoided in 60-75% of conservatively managed cases.¹² A study observed that the placenta spontaneously resolved in 75% of cases with a median of 13.5 (4-60) weeks.³ Conservative management appears to have minimal effect on subsequent fertility, but does carry a 28.6% chance of recurrence of PASD.⁴ In the largest follow up study of PP (n=98), 8 women were amenorrhoeic from uterine synchieae, while 24 women progressed to 34 pregnancies, of which 21 delivered at >34 weeks. The mean time to conception was 17.3 (2-48) months.⁴

Conclusion
Prenatal diagnosis of PASD with ultrasound is essential to decreasing blood loss and intra-operative complications. Conservative management is a recognized treatment option for women desiring future pregnancies.

References