Macroscopic hematuria in a patient with placenta percreta treated with leaving placenta in situ

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Here we report a case with placenta percreta treated with leaving placenta in situ. A 36-year-old patient (gravida 2, para 1) was referred to our hospital due to placenta previa at 26 weeks of gestation. The patient’s obstetric history revealed that she had one live birth via cesarean section. Transabdominal ultrasound revealed a singleton pregnancy appropriate for gestational age and placenta previa with suspicious of morbidly adherent placenta (MAP). She was followed until 37 weeks of gestation without any symptoms. The patient opted for conservative treatment and a written informed consent obtained. Cesarean section was performed via midline periumbilical abdominal, and classical uterine incision. Umbilical cord was tied with absorbable sutures and cut at the placental insertion site after delivery. One month after operation the patient presented with macroscopic hematuria. The patient admitted to hospital for 21 days and required a Foley catheter in order to control hematuria. One month later she was readmitted to the hospital due to urinary infection and responded well to the IV ertapenem treatment. Urine sample showed K. pneumoniae (5000 cfu). The follow-up course was complicated two more urinary infection episodes responded oral antibiotics. After three months her Beta HCG levels dropped to less than 5 mIU/ml, uterus regressed to normal size and a few echogenic foci were seen in the anterior myometrium. The patient had regular mensuration after eight months.

Conclusion As highlighted in the case presented, conservative management of MAP may be highly challenging.