Management of the morbidly adherent placenta praevia with internal iliac arteries temporary balloon occlusion and cesarean hysterectomy.

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Introduction
• There is no doubt that the occurrence of Placenta Accreta Spectrum (PAS) has been sharply increasing with the raise of the cesarean deliveries. According to ACOG it is estimated at 0.2% pregnancies 1982-2002 contrary to previous reports from before 1980’s with 0.005% occurrence of this pathology. Evaluating the use of a temporary balloon occlusion of the internal iliac arteries during a cesarean section hysterectomy in this pathology was the aim of our study.

The study – retrospective, observational as described in fig. 1

Conclusion
Temporary embolization of the internal iliac arteries at the uterine artery level during a cesarean hysterectomy for PAS (and particularly for morbidly adherent placenta with praevia) improves the quality of the performed surgery and reduces the need for the transfusion of blood products, which translates to fewer patients being transferred to the intensive care unit.