Recurrence of placenta accreta/increta after conservative medical treatment for clinical placenta accreta at previous pregnancy
Shoko Jitsumori, Michihisa Shiro, Department of Obstetrics and Gynecology, Wakayama Medical University, Wakayama, Japan

Introduction
A new management approach for placenta accreta/ increta, which involves conservative management until the placenta spontaneously disappears without hysterectomy, has been reported. Women can avoid severe bleeding due to hysterectomy; however, the incidence of recurrent placenta accreta /increta at the time of the next pregnancy remains unclear. We experienced a case of recurrence of placenta accreta/increta after conservative treatment for clinical placenta accreta at a previous pregnancy.

Case
A 30-year-old pregnant woman who had undergone two prior Caesarean sections, was admitted to our hospital. At the previous pregnancy, she had induced abortion at 15 weeks’ gestation with placenta accreta (Fig 1-a). She had selected conservative management and the placenta disappeared after 9 months. During the present pregnancy, she was clinically suspected of placenta accreta or increta by ultrasonography (Fig 1-b, c) and magnetic resonance imaging (MRI) (Fig 2). She underwent Caesarean hysterectomy at 35 + 2 weeks’ gestations. Pathological findings demonstrated that trophoblasts invaded into the myometrium (Fig 3).

Discussion
In this case, we revealed that conservative clinical management for placenta accreta/increta has possibility of risks for recurrent placental accreta/increta at the next pregnancy. The mechanism of recurrent placenta accreta/increta is unknown. We speculate that the past history of placenta accreta might facilitate trophoblast invasion in to the myometrium.

Conclusion
Conservative management for clinical placenta accreta is safer than hysterectomy, although it may carry a risk of recurrence of placenta accreta/increta at the next pregnancy.