We represent the case of conservative management of an abnormally invasive part of placenta. Patient 30 years old, 1st pregnancy after IVF. Childbirth at 40 weeks, without perinatal particularities. Manual and instrumental revisions of the uterine cavity were carried out due to the abnormal postpartum bleeding. An additional placental lobe did not separate and was left inside the uterus (1,2,3). The attempts of its removing were failed. An expectance conservative tactics was chosen. The patient had repeated moderate postpartum bleeding. In 10 days after delivery, uterine artery embolization (UAE) was performed. In 2 months after delivery, an attempt of a hysteroscopy was performed being accompanied by considerable difficulties and complicated with uterine wall perforation. The placental tissue slightly reduced was left inside the uterus further. Repeated US examinations were performed within 6 and 12 months after childbirth (4,5). The calculated volume of residual placental tissue in the uterine cavity had spontaneously decreased tenfold over 1 year of observation. **Conclusion:** with conservative tactics in patients with an abnormally invasive additional placental lobe in situ, the UAE promotes the spontaneous regression of the retained placental tissue volume and contributes to the clinical improvement. On the contrary, hysteroscopic interventions in such patients are accompanied by significant technical difficulties and the risk of complications.