A 30-year-old nulliparous woman received high-intensity focused ultrasound (HIFU) ablation for her type-one uterine myoma due to chronic menorrhagia and dysmenorrhea. MR imaging revealed lesion size of 3.5 cm x 5.1 cm x 5.4 cm myoma (M) with its pedicle (*) identified at the right lateral wall of the uterus (Figure 1).

Eight months later, she became pregnant. At 16 weeks of gestation, placenta (P) was found to implant at the same myoma, then with central necrosis and decreased size (Figure 2).

Subsequent sonography at 20 weeks of gestation revealed progressed placentation, with vessel invasion (Figure 3). At 32 weeks of gestation, ultrasonography suggested placenta increta, which was confirmed with MRI study at 34 weeks of gestation (Figure 4; arrow heads).

Prophylactic bilateral internal iliac artery occlusion by balloons was performed prior to Cesarean delivery of a health boy at 35+5 weeks. The final blood loss including amniotic fluid was estimated to be 950 cc. Gross examination of the placenta showed lobulation defects (Figure 5, arrow).

Conclusion
Abnormal placentation may occurred following by any kind of uterine trauma. Accurate identification during pregnancy allowed optimal management and decreased complications.