Presentation Title: EP01.07 - Diagnostics of placenta percreta in the first trimester.

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Abstract Body: to demonstrate the necessity of thorough examination of placenta in cases of placenta previa in combination with cesarean section scar in order to exclude morbidly adherent placenta and to work out an appropriate tactics of prenatal care and childbearing. The true adherent placenta is a serious complication of pregnancy, it occurs as a result of partial or full absence of spongiosa of decidual membrane. It may be full or partial and occurs with a frequency of one out of ten thousand deliveries.

1 - placenta accreta
2 - placenta increta
3 - placenta percreta occurs more seldom than other forms of adherence.

Pregnant D., 43 y.o., 16th pregnancy, 2 deliveries, in 2009 - operative delivery, one late miscarriage on the 20th week and 12 medical abortions without complications. Medical conclusion about full or partial adherent of placenta has been done in the 1st trimester, at 12/1 weeks, and it was confirmed by all US, the growth of features of vein bulge in pelvis, uterus and cervix. CS has been performed at the 37th-38th weeks of gestation, and the new born delivered with weight of 3.030 grams and height of 55 cm. During the operation, placenta percreta was identified: a part of chorionic villi was embedded into myometrium, CS scar and the back wall of a bladder. A radical operation was performed - hysterectomy without adnexas as well as a plastic surgery of the bladder.

The usage of two-dimensional ultrasound in combination with different variations of color Doppler allows to assume the adherent placenta in the 1st trimester of pregnancy and it also contributes to prevention of serious complications in pregnancy and maternal mortality.