Abstract # 137

Placenta Percreta, Unusual Presentation

Abstract Type: Case Report/Case Series
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Background: Placenta percreta represents invasion of the uterine serosa or other pelvic organs with placenta. The incidence of various degrees of abnormally adherent placenta is increasing, making it one of the common causes of obstetrical hemorrhage and it might account for up to 50% of all caesarean hysterectomies. Some of the common risk factors include placenta previa with or without previous uterine surgery, previous Cesarean section (CS), previous myomectomy and maternal age more than 35 years.

Implications: In this case report we are describing the management of a 38 years old pregnant lady, G3 L2 T2 A0, with previous two Cesarean sections who was diagnosed antenatally to have complete placenta previa and placenta percreta with placental invasion into the urinary bladder and suspicion of invasion into the bowel. She was presented with hematuria during her 29th week of gestation for which she was hospitalized and underwent an extensive work up. A multidisciplinary team was involved in her management plan, and the patient was counseled about the possibility of massive hemorrhage and blood transfusion, likelihood of hysterectomy and other surgical interventions including cystectomy and bowel resection, the need for preoperative internal iliac artery balloon placement. She was also assessed by anesthesiologist and the planned anesthesia technique was explained to her (Epidural catheter placement followed by general anesthesia) and the possible need for postoperative ICU admission where further resuscitation and ventilation measures can be done was explained also, and it was decided to do the surgery in the main operating rooms rather than the birthing unit OR rooms to be able to access adequate surgical personnel and equipment. The patient refused to have the intravascular balloon preoperatively due to her needle phobia and also her fear of the complications. The surgery was started after the planned epidural catheter insertion and the following general anesthesia and the patient had a massive hemorrhage after delivery which exceeded 10 liters of blood and she required a massive fluids and blood resuscitation with the need to five platelets, fresh frozen plasma, cryoprecipitate and activated factor VII and it was associated with complicated surgery.