

Placenta accreta vera: A challenge in maternal fetal medicine

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Objective

Placenta accrete vera is an abnormality of placentation where the villi are simply attached to the myometrium but does not penetrate the uterine wall. Imaging and management may pose challenges. We report our experiences with two cases seen in our department.

Methods

Case 1: A 35 year-old Chinese female with a history of one previous caesarean section. Antenatal ultrasound noted a localised area at the inferior base of placenta where the retroplacental hypoechoic zone was not demonstrated, and placenta appeared to have invaded myometrium. A suggestion of placenta accreta was made. Patient also underwent MRI which showed a focal area of abnormal signal in the placenta, suggesting a focal area of placenta accreta. Patient subsequently underwent caesarean section with transfundal classical uterine incision. Placenta was gently separated from uterine cavity with no evidence of adherence. Peripartum hysterectomy was later performed for postpartum haemorrhage (PPH) not responding to conservative management. Case 2: A 39 year-old Chinese female with history of one caesarean section and no significant past medical history. The index pregnancy is a dichorionic-diamniotic IVF twins. No fetal anomaly was detected on antenatal ultrasound and placentae were located on upper anterior and upper posterior wall respectively. Patient subsequently underwent LSCS. Placentae were separated with no evidence of adherence. However active bleeding was seen at placental bed at posterior wall of uterus and vagina. Hysterectomy was performed in view of PPH.

Results

Case 1: Histopathology revealed partial loss of decidual basillis at lower uterine segment with chorionic villi appeared attached to myometrium in keeping with placenta accreta. Case 2: Histopathology revealed implantation of chorionic villi directly onto myometrium without intervening decidua.

Conclusion

Ultrasound evaluation of abnormal placentation may pose difficulties especially when the placenta is located on posterior wall.