Doppler ultrasound in the diagnosis of placenta accreta: experience from a tertiary centre
Stojilkovic T, Jakovlic B, Haliti A
Clinical center of Vojvodina, Department of Obstetrics and Gynaecology, Novi Sad, Serbia

Objective
The aim of this study was to demonstrate the usefulness of colour Doppler in a prenatal diagnosis of invasive placentation in cases of placenta previa.

Methods
Women with persistent placenta previa underwent transabdominal, transvaginal and colour Doppler ultrasound evaluation because they had a high risk of invasive placentation. The sonographic signs were the ones most commonly reported to be associated with invasive placentation: vascular lacunae within the placenta, loss of normal hypoechoic retroplacental zone, interruption of the bladder line and/or focal exophytic masses extending into the bladder spaces and colour Doppler abnormalities such as abnormal blood vessels at the myometrium.

Results
A total of 78 cases of persistent placenta previa were identified and in 17 (21.8%) cases surgical findings confirmed invasive placentation. The morbidity of caesarean hysterectomy among these women was 47.06% (8/17) and there were no maternal death. The sensitivity, specificity, positive and negative predictive value of ultrasound and colour Doppler in diagnosis of morbidly adherent placenta previa were 82.3% (14/17), 96.7% (59/61), 87.5% (14/16), 95.2% (59/62), respectively.

Conclusion
Colour Doppler ultrasound is highly sensitive and specific in the antenatal diagnosis of placenta previa accreta. The identification of specific vascular patterns had a positive impact on the peripartum clinical management.