



Conservative management of postpartum hemorrhage secondary to placenta previa-accreata

Melekoglu R, Celik E, Buyukkurt S
Inonu University Faculty of Medicine, Malatya, Turkey

Objective

In this presentation we aimed to demonstrate maternal and neonatal outcomes of conservative management of postpartum hemorrhage due to placenta previa accreta by prophylactic hypogastric artery ligation and endouterine hemostatic sutures to lower uterine segment.

Methods

Inonu University Faculty of Medicine Ethics Committee consent was obtained before the study. 38 patients records who were managed conservatively with prophylactic hypogastric artery ligation and endouterine hemostatic sutures to lower uterine segment to control postpartum hemorrhage secondary to placenta previa-accreata were reviewed retrospectively during the period between April 2014- August 2015 at Inonu University School of Medicine Department of Obstetrics and Gynecology. The diagnosis of placenta previa-accreata were diagnosed according to gray scale, color and/or three-dimensional power Doppler ultrasonography findings in addition to the intraoperative findings based on fragmentary or difficult separation of placenta. In cases where conservative treatment protocol failed cesarean hysterectomy was performed. Monitoring of hematologic parameters of patients was done 24 hour before the procedure, intraoperatively, second and sixth hour of postoperative period. While blood transfusion during the operation were done based on the patient's vital signs, estimated intraoperative blood loss and intraoperative hemoglobin value, in the postoperative period it was done when the hemoglobin level detected below the 7 g/dL value.

Results

Of these patients 55. 25% had 25-35 years old; 97. 5% had multiparous; 71, 2% had 2 or more previous cesarean section and 68, 5% had delivered preterm. Only 2 women had previous medical history of postpartum hemorrhage (5, 2%). Women with placenta accreta had a median estimated blood loss of 300 mL, 57, 8% of cases had blood transfusion with a mean intraoperative transfused units of packed RBCs were 2 (min 0- max 9). The median duration of operation was determined 112, 5 minutes (min 45- max 305) and 32 patients (84, 3%) with placenta accreta did not undergo cesarean hysterectomy procedure. There were experienced one vascular complication and four urinary complication. Consistent with the majority of deliveries occurred preterm, 26, 3% of neonates required neonatal intensive care. The mean cord blood pH was determined 7, 30 (min 7, 08-max 7, 49) and there were no neonatal death in these neonates. In the postoperative period the patients required less blood transfusion as median value of postoperative units of packed RBCs transfused were 0 (min 0- max 3) and there were no need for fresh frozen plasma and platelet transfusion. 47, 3% of patients were needed intensive care unit.

Conclusion

The result of this study demonstrated that conservative treatment of postpartum hemorrhage secondary to placenta previa-accreata with prophylactic hypogastric artery ligation and endouterine hemostatic suture to lower segment of uterus is associated with lower hysterectomy rates compared with the other conservative methods reported in the literature. Especially in patients with future pregnancy desire this conservative surgery technique could be performed with comprehensive patient counseling and adequate preoperative preparation.