Objective
Placenta percreta is a potentially life-threatening obstetric condition that requires a multidisciplinary approach. When bladder invasion occurs, potential complications can result as massive hemorrhage and DIC.

Methods
Female 37 years old. Pregnancy 21w+5d, two prior cesarean deliveries. Due to Von Willebrand disease and V Leiden Factor heterozygosity she had increased risk for thrombotic disease and life threatening bleeding respectively. First trimester screening test: low risk for trisomies, 20-22 weeks scan: with no obvious abnormalities. Anterior placenta previa with bladder invasion was diagnosed by ultrasound and color flow Doppler.

Results
The patient remained bedridden for 75 days without LMWHs due to vWF. C-section at 32 weeks. The fetus in cephalic presentation weight 1950gr (appropriate for gestational age). The placenta was visibly invaded through the lower uterine segment causing a dangerous blood loss. Cesarean hysterectomy was performed immediately after a CS. The placenta left in situ. Bladder laceration occurred and repaired via three-layered closure. Pigtail ureteral stent was placed up the left ureter. The patient transferred to ICU for observation. The patient received 12 units of packed red blood cells intraoperatively and a course of Tranexamic acid.

Conclusion
Advances in ultrasonography and Doppler imaging have allowed the obstetrician to accurately diagnose the high risk patients during the antenatal period. The size and site of the placenta must be taken into account and each case must be treated individually, since women at greatest risk are those who have myometrial damage caused by a previous cesarean delivery with either anterior or posterior placenta previa overlying the uterine scar. Generally, the recommended management of suspected placenta accreta is planned preterm cesarean hysterectomy with the placenta left in situ because removal of the placenta is associated with significant hemorrhagic morbidity. However, the decision should be taken intraoperatively considering the woman's desire for future fertility and the complications that may arise during the procedure. Therefore, surgical management of placenta percreta may be individualized.