A case of placenta praevia totalis increta
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Objective
Placenta praevia is a condition in which the internal cervical os is covered by the placenta. The incidence is 1 in 300 deliveries. Usually, this condition is diagnosed in cases with advanced maternal age, multiparas, prior cesarean delivery, and women who smoked cigarettes. The clinical finding is painless hemorrhage. Placenta praevia may be associated with placenta accreta, increta or percreta. The objective was to present a case of placenta previa.

Methods
This is a case report.

Results
The patient was 29.3 gestational weeks. She had 2 previous CS resulting in one live birth and one stillbirth of a macrosomic fetus because of gestational diabetes treated with insulin. Ultrasound at 29.3 weeks showed situs transversus, BPD=75mm;HC=259mmAC=251mm;FL=57mm/30,1 g.n. SA+, deepest vertical pocket of amniotic fluid 45mm and EFW of 1465g. Umbilical and MCA Doppler were normal. The placenta covered the internal os and there were signs of placenta accreta. Subsequently a MRI examination of the pelvis was performed which showed clear signs of placenta increta. We performed a caesarean section and adhesiolysis. We could not remove the placenta and the hemorrhage was severe, therefore an abdominal hysterectomy without adnexectomy was preferred. A female premature newborn weighing 1520g was delivered, with Apgar scores 8/9. Intraoperative 1 transfusion with entrocytes, 2 FF plasma, 1g tranexamic acid was given. Postoperatively 1 transfusion with erytrocites was administered, as well as thromboprophylactic therapy. The placenta histology confirmed placenta increta. The patient was discharged in good condition on the 8th postoperative day.

Conclusion
Placenta praevia increta is very serious obstetric condition. Adequate preparation and experienced doctors should form a team in order to perform the operation quickly and safely for the patients, to substitute blood loss and avoid serious complications.