

VIRTUAL MEDICAL RESEARCH SYMPOSIUM



MEDICAL RESEARCH
DURING PANDEMIC:
ADAPTING & INNOVATING
IN ADVERSITY

14TH DECEMBER 2021

ABSTRACT BOOK





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ABSTRACTS

POSTER PRESENTATIONS



PC126

A SIX YEAR REVIEW OF PLACENTA ACCRETA SPECTRUM DISORDER IN A TERTIARY REFERRAL HOSPITAL

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Introduction: Placenta Accreta Spectrum results from the rising caesarean sections, hence impacting maternal morbidity and mortality. This research is a review of women with PAS at a single tertiary center from 2015 till 2020. **Materials and Methods:** Data from medical records were collected in which women with PAS were categorized according to their primary surgical approach. SPSS version 25.0 was used for descriptive analysis. **Results:** There were 65 PAS cases with an overall incidence of 1 per 1000 deliveries. Four cases were excluded due to missing records. PAS affected women of age 35.8+/-4.8(36), 85% were multiparous, 96% of the women had previous caesarean delivery in whom 88% had placenta praevia. Thirty-eight had a primary caesarean hysterectomy, 23 had uterine conserving surgery. Fourteen women required delayed hysterectomy due to complications. Prenatal imaging (US/MRI) had a significant association with the intraoperative findings and histopathological confirmation of PAS ($p<0.01$). Adjunct procedure (internal iliac artery balloon occlusion, uterine artery embolization, uterine artery ligation) on both groups showed no significant effect on the blood loss ($p=0.64$). Caesarean hysterectomy was associated with higher blood loss, blood transfusions and bladder injury ($p<0.05$). There was no maternal death in this study. No pregnancy reported in the uterine conserved group. **Conclusion:** Previous caesarean delivery is the leading risk factor for PAS. Primary caesarean hysterectomy carries higher morbidity. Conservative approach is possible in selected cases through perioperative planning in an established well-equipped center.





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