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A Six Years Review of Placenta Accreta Spectrum Disorder in a Tertiary Referral Hospital

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INTRODUCTION

Placenta Accreta Spectrum Disorder (PAS) is a global maternal health issues resulting from the rising rates of caesarean delivery, imposing great challenges to managing obstetrician due to the life threatening hemorrhage. The incidence of PAS has risen to 1:250 pregnancies worldwide according to National Accreta Foundation 2016. Maternal morbidity has been reported to be 60%, and mortality can be up to 7%.

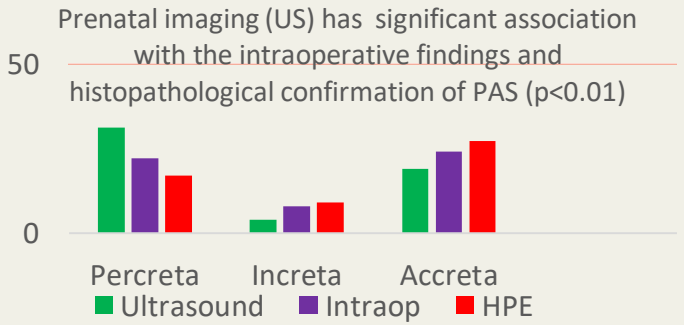
METHODOLOGY

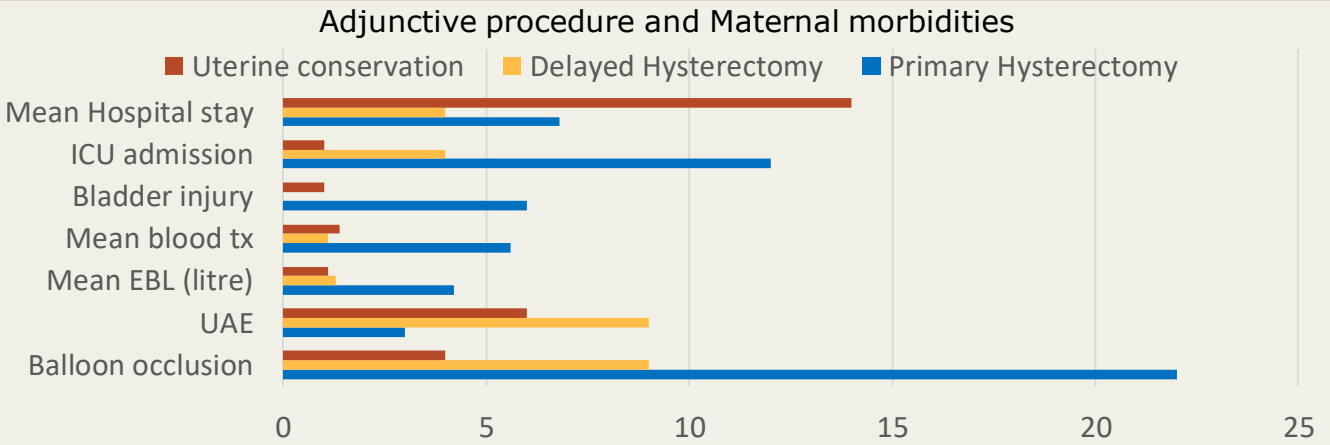
Analysis from patients' medical record from January 2015 til December 2020 are obtained where demographic data, prenatal imaging, peri-operative events, and related morbidities evaluated.

Risk factors for PAS	Total (N=61) (4 missing data)
Parity (mean+/-SD(median)	3.5+/-1.0 (4)
Previous Caesarean Nil 1 2 3 4	 2 (3.28%) 21 (34.43%) 27 (42.62%) 10 (16.39%) 1 (1.64%)
Previous miscarriage	22 (36.07%)
Previous D&C	16 (26.23%)
Placenta Praevia	54(88.52%)

RESULTS

Incidence of PAS in this study is 1 per 1000 deliveries(65 cases /67563 deliveries).Four cases were excluded due to missing records. Mean age of women affected with PAS is 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 primary hysterectomy and, 23 had uterine conservation surgery however 14 women (23%)required delayed hysterectomy





Adjunct procedure (internal iliac artery balloon occlusion, uterine artery embolization showed no significant effect on the blood loss from each group (p=0.64.).Primary hysterectomy were associated with higher blood loss, blood transfusions and bladder injury (p<0.05).Although uterine conservation surgery resulted in prolong hospital stay,surgical morbidity is shown to be less severe.

DISCUSSION & CONCLUSION

Primary caesarean hysterectomy is associated with massive haemorrhage and urinary tract injury.Uterine conservation surgery is possible in highly selected cases at well established centre but it carries 23% risk of delayed hysterectomy which can be up to 160 days interval.Ultrasound imaging is the mainstay of diagnosis and correlate well with intraoperative and histopathological finding. Adjunct procedures ie; Balloon occlusion and Uterine artery embolization is not routine but can beneficial to reduce hemorrhage.Careful strategy planning involving multidisciplinary team is fundamental.

REFERENCES

1) Jauniaux E,Langhoff-Roos J. Prevalence and main outcomes of placenta accreta spectrum: a systematic review and metaanalysis. Am J Obstet Gynecol. 2019;221:208–18.
2) Allen L, Jauniaux E, Hobson S, Papillon-Smith J, Belfort MA, Placenta Accreta FIGO. Diagnosis and Management Expert Consensus Panel. *FIGO Consensus Guidelines on Placenta Accreta Spectrum Disorders*. 2018;140(3):281–290
3) Loïc Sentilhes, Gilles Kayem, Aurélien Mattuizzi,Conservative approach: Intentional retention of the placenta,Best Practice & Research Clinical Obstetrics & Gynaecology,2021,https://doi.org/10.1016/j.bpobgyn.2020.07.010.