



SUCCESSFUL MANAGEMENT OF A CASE OF PLACENTA PERCRETA WITH BLADDER INVASION

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ABSTRACT

These days incidence of placenta previa and accrete is increasing because of increased rate of caesarean section. MRI and Color Doppler play important role in the diagnosis of placenta percreta . After proper diagnosis we can avoid lethal complications.It is not very common to see a case of placenta percreta with bladder invasion. In this case G4P3+0 at 34 weeks gestation there was placenta percreta with bladder invasion which was diagnosed with MRI. Patient was initially managed conservatively . Then elective surgery planned. It was managed by a team of obstetrician, paediatrician, anaesthetist and urologist. Baby was delivered by LSCS but hysterectomy and partial cystectomy was done. There was massive blood loss and blood transfusion was done. In postop period patient developed jaundice which was managed and patient was discharged .

Key Words: Placenta percreta, Bladder invasion, Hysterectomy

INTRODUCTION

In placenta percreta placenta invades the myometrium and sometime it also invades bladder. Incidence of placenta percreta is 0.008%¹. This condition is very serious because maternal mortality and morbidity increases. Sometime there is massive haemorrhage and landed up in caesarean hysterectomy and partial cystectomy. It need a team approach in which a obstetrician, anaesthetist, urologist, paediatrician are needed. There are so many techniques to reduce complications are reported but even then not much is achieved.

We are presenting a case with placenta percreta with bladder invasion which was successfully managed.

CASE REPORT

28 year old female G4P3+0 with two living issues with previous 2 LSCS at 30 weeks gestation presented with complain of spotting and low back ache for one week. Her previous menstrual cycles were regular. She has received two doses of tetanus toxoid .she has been diagnosed a case of placenta previa by USG at peripheral centre.

On examination her pulse rate was 88/minute and blood pressure was 120/80 mm of Hg. Mild to moderate pallor present. On abdominal examination uterus was 32 week size , breech presentation and FHS 128/min regular. On doing per speculum examination there was mild blood stained discharge present.

Patient was admitted in hospital for observation and further treatment. MRI was done and the report shows complete placenta previa with myometrial and bladder wall invasion as shown in Figure 1. Initially patient was managed conservatively and then elective LSCS was planned at 37 weeks of gestation . Patient was prognosticated and consent for hysterectomy and partial cystectomy was taken . blood was arranged.

Perop finding: single live male baby born by LSCS. Bleeding was present. Placenta percreta involving bladder wall. Urologist opened the bladder and the part in which invasion was present removed. Total hysterectomy done and partial cystectomy done. Suprapubic catheterization done. Patient has approximately 2 litre of blood. 05 bottles of blood transfused . 04 bottles of FFP transfused. On First postoperative day patient developed jaundice. Further blood transfusion stopped. Total bilirubin was 10.5 mg. post op haemoglobin was 5.2 gm. LDH was 687. Patient managed conservatively. Injectable antibiotics was

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given for 10 days. Supra-pubic catheter was kept for 14 days. Urethral catheter was kept for 21 days. Suture removal was done on postoperative day .

Patient refused blood transfusion. Injectable iron was given. Patient came in follow up and both mother and baby was fine.

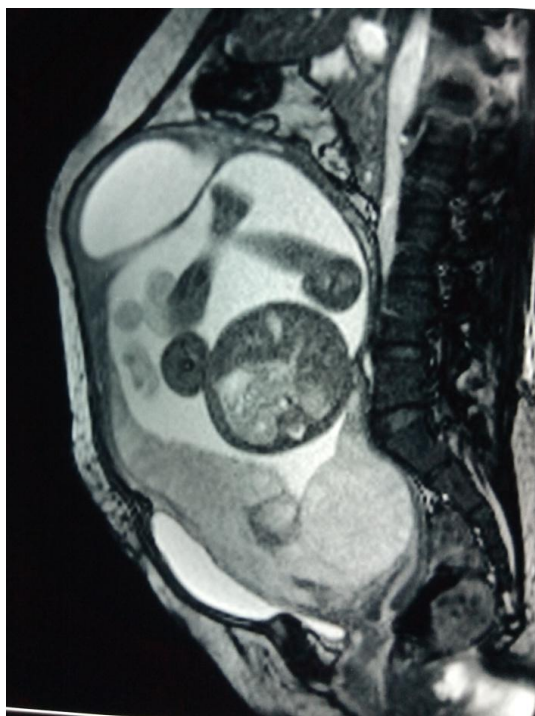


Fig 1 MRI showing placenta percreta with bladder invasion

DISCUSSION

The incidence of placenta percreta increase with increased caesarean section rate². This placenta percreta cause massive blood loss and bladder injury³⁻⁴. These days imaging plays an important role in diagnosis of placenta percreta and any bladder invasion. MRI and Color Doppler are very good in accurate diagnosis of placenta percreta⁵. Various surgical techniques are advised for better outcome⁶⁻⁷.

The management of placenta percreta with bladder invasion should be managed at tertiary care center because it requires gynaecologist, pediatrician, urologist, blood bank and radiologist. If there is facility of uterine artery embolization that is very good. But in India very few centers have this facility. So high risk consent and adequate arrangement of blood, multidisciplinary approach and expertise of surgeon can save the patient.

CONCLUSION

Placenta percreta involving bladder invasion can be diagnosed these days with color Doppler and MRI. A multidisciplinary approach is required for management of this type of case. Uterine artery embolization also plays an important role in management. Expertise of surgeon is also very important.

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