PLACENTA PERCRETA CAUSING RUPTURE OF UTERUS

(A Case Report)

by

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Placenta accreta is now a well known entity, characterised by pathological adherence of the placenta to the uterus by chorionic villi. This may either be partial, complete or localised. Occasionally the chorionic villi may penetrate the entire thickness of the uterine wall, when it is designated as placenta *percreta*, a variant of placenta accreta. The latter itself is a rare situation and its incidence is reported to be variable (Miller, 1959). In a recent limited review from India on the subject, Shah and Mehta (1973) were able to collect data on 24 patients, further confirming the rarity of the condition. Placenta percreta seems still rarer, hence present case deserves recording.

CASE REPORT

A 26-years-old patient was admitted as an emergency case on December 8, 1973 with acute pain in abdomen of an hour's duration. The pain was severe and was gradually increasing. She had amenorrhea of 28 weeks' duration. On interrogation there was no history of abdominal trauma prior to the onset of symptoms, neither was there any history of pre-eclamptic toxaemia. About three years ago the patient had lower segment caesarean section, the indication for which was not revealed.

She had regular menstrual cycles of 3-4 hr./30 days and the last menstrual period was on May 31, 1973.

Obstetric history revealed that she had her last child 3 years back by lower segment caesarean section.

On obstetric examination it was found that she was a booked case. She had reported for antenatal check-up a day previous to the present episode, when she was weighing 110 pounds. Her blood pressure was recorded as 110/70 millimetres of mercury. Haemoglobin was found as 10 gram per cent, while no abnormality was deteched in the urine. The V.D.R.L. test of both the patient and her husband were non-reactive. She belonged to blood group O, Rh positive.

On examination of abdomen the height of the uterus was corresponding to 26-28 weeks. Foetal parts were felt with positive foetal heart sounds. The scar on the abdomen was healthy and non-tender. She was advised at that time to report for follow-up after 3 weeks.

On admission, she was found to be anaemic and restless. Her pulse rate was 120 per minute and of poor volume. Her blood pressure was 70/50 millimetres of mercury. Abdominal examination revealed a distended abdomen with positive ballottment. The uterus was of 26-28 weeks size, tense with no uterine contractions Neither the foetal parts were felt nor the foetal heart sounds were heard. There was a generalised tenderness all over the abdomen. Vaginal examination revealed that os was closed and

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cervix was not taken up. The fornices were clear. The cervix was healthy with no evidence of bleeding. Rectal examination showed no pelvic pathology.

With the aforesaid clinical data a provisional diagnosis of ruptured uterus was made. The patient was resuscitated with morphine hydrochloride, I.V. fluids and blood transfusions. Later laparotomy was performed which showed that peritoneal cavity was full of blood and there was a complete tear in the upper uterine segment on the posterior uterine wall extending up to fundus, occupying the site of placental implantation. The anterior uterine wall was found normal and healthy, so also was the area of previous scar. Foetus of 26 weeks gestation was removed from the uterine cavity. However, considerable difficulty was experienced in removing the placenta as it was firmly adherent to the uterine wall and no cleavage could be found. As the condition of the patient deteriorated on the table, a subtotal hysterectomy with bilateral salpingectomy was performed as an instant procedure in order to control relentless bleeding. Additionally, the patient was given a requisite fresh blood transfusion amounting to 3 units, as the estimated loss of blood was about 1400 millilitres. Fortunately the patient survived and the post-operative period was smooth and uneventful.

The specimen of uterus on naked eye examination showed a rupture on the posterior wall of the upper segment. It was about five centimetres long and was extending up to fundus of the uterus. The uterine wall at the site of rupture was thinned out considerably, there was no evidence of decidual tissue, nor a cleavage for placental separation.

Discussion

Placenta percreta is a rare catastrophic complication of pregnancy (Taylor *et al*, 1958). It results in a spontaneous rupture of the uterus as is reported in the present case. The salient features in the case under review were abdominal pain, shock and intraperitoneal haemorrhage. This interesting complication resulted from the perforation of uterus by chorionic villi as demonstrated on laparotomy. The rupture of uterus due to this condition is extremely rare. Miller (1959) reported its incidence to be 7.1 per cent while Shah and Mehta (1973) found it to be 4 per cent, though a few individual case records are reported in the literature (Burke, 1951; Schuylier, 1952; Callendar and King, 1949 and Pettit and Mitchell, 1949).

The basic defect resulting in the development of placenta accreta (percreta) is said to be a deficient decidua basalis specially in its spongy layer, where the placenta would normally shear off. It is well accepted (Miller, 1959) that procedures like caesarean section result in increase in their incidence. Hysterectomy in such case is an accepted management and was carried out in the present case with favourable results.

Summary

A case of spontaneous rupture of uterus due to placenta percreta is described emphasizing its rarity.

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References

1. Burke, F. J.: J. Obst. & Gynec. Brit. Emp. **58**: 473, 1951.
2. Callender, C. G. and King, E. L.: Amer. J. Obst. & Gynec. **57**: 1020, 1949.
3. Miller, W. G.: J. Obst. & Gynec. Brit. Emp. **66**: 353, 1959.
4. Pettit, M. D. and Mitchell, N.: Amer. J. Obst. & Gynec. **58**: 1201, 1949.
5. Schuyler, W. B. J.: Amer. J. Obst. & Gynec. **64**: 427, 1952.
6. Shah, J. T. and Mehta, A.: J. Obst. & Gynec. India, **23**: 191, 1973.
7. Taylor H. P., Bauer, F. H., Cahill, J. J. and Hawk, W. A.: Cleveland Clin. Quart. **25**: 45, 1958.