PLACENTA MEMBRANACEA PERCRETA

by

VINAYA PENDSE,* M.S.

Placenta percreta is an extremely rare abnormality in which chorionic villi penetrate the whole thickness of uterine wall and reach its serosal surface. Placenta membranacea is one in which the usual differentiation between chorion frondosum and chorion laeve does not occur and thinned out placenta occupies a greater surface area in form of a membrane. Combination of these two abnormalities in a single case is an extremely rare occurrence. The case reported here is of interest not only because of combination of two abnormalities in the placenta, but also for its atypical presentation. This was the only recorded instance at Zanana Hospital, Udaipur in 46894 deliveries from 1959 to 1980.

CASE REPORT:

The patient P., 35 years old gravida 3, was admitted at 37 weeks of pregnancy on 6-11-1979, as a case of bad obstetrical history for investigations and hospital delivery.

Her first pregnancy was a twin pregnancy which ended in premature delivery at home with loss of both twins due to prematurity 13 years ago. Her second delivery was again a premature delivery of 6 months at home, 11 years ago and male baby died of prematurity after 5 days. Her present pregnancy had progressed uneventfully till admission.

Her menstrual history was normal and last menstrual period was 9 months ago.

Abdominal examination revealed duration of pregnancy to be nearly 38 weeks. There was slight excess of liquor. Breech was presenting and it was highr up. Foetal heart sounds were normal.

Various investigations done for bad obstetrical history revealed no abnormality.

On observation, patient progressed normally. Presenting part was unstable and slight excess of liquor persisted. Patient was not sure about her dates. Clinically at 40 weeks i.e. on 3-12-79, X-ray showed a normal foetus of term maturity with head as a presenting part and vaginal cytology showed a term pattern. On vaginal examination at this stage, cervix was found to be unfavourable, there was no suggestion of placenta as felt through the fornices and os was admitting one finger easily. Induction of labour was tried twice by separation of membranes but in vain. On 11-12-1979 vaginal cytology showed post term pattern, hence elective caesarean section was planned and done.

On opening the abdomen, the lower uterine segment was found to be abnormally short and vascular. The transverse incision in the lower uterine segment was insufficient and had to be extended into the upper uterine segment by making it inverted T shape incision. An alive normal female baby weighing 2.9 Kg. could be delivered with difficulty. There was excess of meconeum stained liquor. Attempt to deliver the placenta failed as there was no feeling of placenta in the upper uterine segment and exploring hand was going in a sac ike area in the posterior wall of the uterus near fundus. The sac like area on exposure revealed attachment of cord and thinned out chorionic tissue over the stretched serosal surface. Immediate diagnosis of placenta percreta was made and subtotal hysterectomy was done simultaneously pumping 3 units of blood as patient went into shock during operation.

Naked eye examination of the specimen revealed that placenta was occupying whole of the posterior wall of the upper uterine segment

*Professor and Head, Deptt. of Obstetrics and Gynaecology, R.N.T. Medical College, Udaipur.

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and near the fundus it was forming a sac. Nearly 80% of the placenta was markedly thinned out. Saccular area near the fundus showed absence of muscular tissue over a large area showing complete penetration by the chorionic villi. At one place there was a small perforation which was sealed by omental adhesions. A small part of the placenta attached to the fundus appeared to be of some thickness but there was no plane of cleavage between placenta and surface of the uterine cavity. Histological sections from different areas confirmed naked eye findings.

Post operative period was uneventful and both mother and baby were discharged from the hospital in good condition on 12th post operative day.

Discussion

The case presented here had elective caesarean section for postmaturity with unstable lie. while the similar case reported by Dube and Gupta had undergone caesarean section for placenta previa.

References

1. Dube, S. and Gupta, I. M.: J. Obstet. Gynaec. India. **26:** 769-770, 1976.