

A Rare case of Placenta Percreta

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Mrs. Kishorewari, 36 yrs old female P3 + 0 L0 - 1 1/2 yrs back, was admitted in Queen Mary's Hospital, K.G.'s Medical College, Lucknow on 19-3-97 as a case of full term weeks pregnancy with loss of fetal movement one day & L.D.s with bleeding off one day. At the time of admission her general condition was good. Pulse - 80/100, B.P. - 110/75 mm of Hg, temp. rate 20/mc. On P.A. examination - fundus high up full term breech presentation, F.H.S. absent, mild uterine contraction present. On per vaginal examination, the cervix was 4 cm dilated 80% effaced, breech at + 1 station, membrane intact. No vaginal discharge.

Her investigations were as follows - Hb 5.1 gm, Blood group B-POS, Urea was 20mg-NAD, Blood Sugar F 110mg%, PP 150mg%, A very good anti-D titre 2 units. Syntocinon drip was started at commencement of labour. She had full term breech vaginal delivery. Baby - Male 2.7 kg, placenta still back.

After delivery of baby there were no signs of placenta, suggestive for 15 mins. On P.A. examination, uterus was

enlarged. Patient's blood pressure was falling rapidly of little blood in per vagina. Her R.F. became 80 gm/min. Immediately I.V. Haemostatic started and 2 units of blood transfused. Patient shifted to O.U. for M.R.S. The patient being anaesthetized, a gloved hand was introduced into the uterus without much difficulty. The placenta was strongly adherent to the uterus. Attempts to remove the placenta in situ, resulted in profuse bleeding. Haemostatic emergency system already was decided upon.

On opening the abdomen, the uterus corresponding to 6-8th ribs was of pregnancy, showing placental with penetrating the muscle and some of the uterus at fundus from where bleeding was severe. Blood clot and fresh blood was present in the peritoneal cavity. A circular total abdominal hysterectomy was performed. After opening peritoneal cavity, the abdomen closed in layers. Approximately one unit of blood was transfused. During the postoperative days, 2 more units of blood were transfused. The patient had on 7th minor febrile disturbance in the postoperative period. Sutures were removed on the 10th day and discharged on the 14th day.