



Successful Management of Rare Case of Placenta Percreta upto Anterior Abdominal Wall

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We report a case of 23-year old female, G2P1NND1 with previous 1 LSCS, 30.2 weeks presented with gross blackish discolouration of skin in lower abdomen and pain in abdomen. Clinical diagnosis was placenta percreta reaching upto anterior abdominal wall (Fig. 1). Ultrasonography showed hyperechoic lesion with fat content in left paramedian infraumbilical region. MRI confirmed focal herniation of the placenta at the site of LSCS scar reaching upto anterior abdominal wall (Fig. 2). Intraarterial balloon inflation of uterine arteries was done followed by Laparotomy. Intraoperatively, placental tissue was seen adherent to anterior abdominal wall and dome of the bladder (Fig. 3). Baby was delivered by Classical Caesarean Section and immediately afterwards, partial separation of placental tissue was noted (Fig. 4). Within a span of 10 min, almost 3 L of blood loss occurred and hence Total Obstetric Hysterectomy was performed and both the ovaries were preserved. Patient was transfused with 5 PRC and 5 FFP. Post-operative period was uneventful and patient was discharged after 15 days. On follow-up visit, there was significant reduction of blackish discolouration of skin without any other complications (Fig. 5).

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Compliance with Ethical Standards

Conflict of Interest Nil.

Informed Consent Informed consent was taken in local language.

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Fig. 1 Shows 30 weeks gestation with gross blackish discoloration of skin in placenta percreta reaching upto anterior abdominal wall



Fig. 3 Shows placenta tissue adherent to lower anterior abdominal wall in infraumbilical region



Herniated placental tissue adherent to lower abdominal wall

Fig. 2 Shows MRI report shows herniation of the placenta tissue at the site of LSCS scar on reaching upto anterior abdominal wall



Fig. 4 Shows placental tissue adherent to lower uterine segment



Fig. 5 Photograph of abdomen during follow up visit after 2 weeks

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