

# A RACE AGAINST TIME: MANAGING UTERINE RUPTURE AND MASSIVE HEMORRHAGE IN A CASE WITH PLACENTA ACCRETA SPECTRUM

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Risk factors for Placenta Accreta Spectrum (PAS)

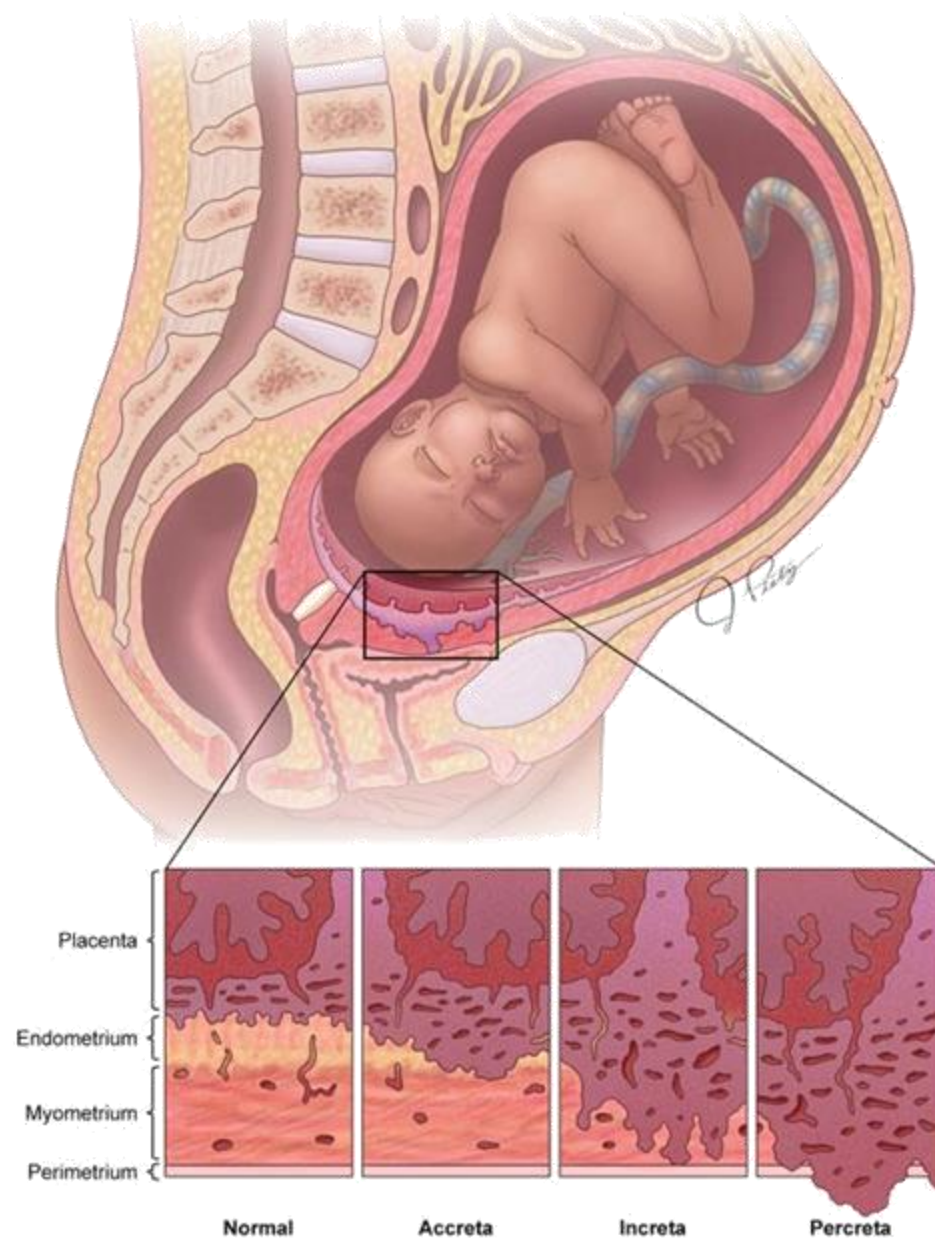
- Advanced maternal age
- Multiparity
- Prior uterine surgeries/curettage : Incidence ↑ with number of C-sections
- Placenta previa

In patients with placenta previa

Number of cesarean	Risk of PAS
1st	3 %
2nd	11 %
3rd	40 %
<b>4th</b>	<b>61 %</b>
>= 5th	67 %

PAS -> **Severe, life-threatening hemorrhage** -> maternal-fetal mortality and morbidity, requiring massive transfusions.


Outcomes impacted by blood product availability and healthcare system efficiency.



<https://www.texaschildrens.org/content/conditions/placenta-accreta-spectrum>

Placenta accreta spectrum. Obstetric Care Consensus No. 7. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132: e259–75


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**36-year-old**  
**G4P3**  
**3x prior CS**  
**32w6d**  
**Contracting**  
**Cat I FHT**

Placenta increta + posterior previa, increased vascularity and bridging vessels involving the bladder

Transferred for C-hyst





CSE  
16G PIV  
18G PIV  
A-line



Cell saver  
4 pRBCs  
4 FFPs  
1 Platelet

Complete **uterine rupture** with intra-abdominal **acute severe hemorrhage**. The placenta delivered spontaneously but severe hemorrhage ensued due to **placental adherence to the lower uterine segment and bladder**.



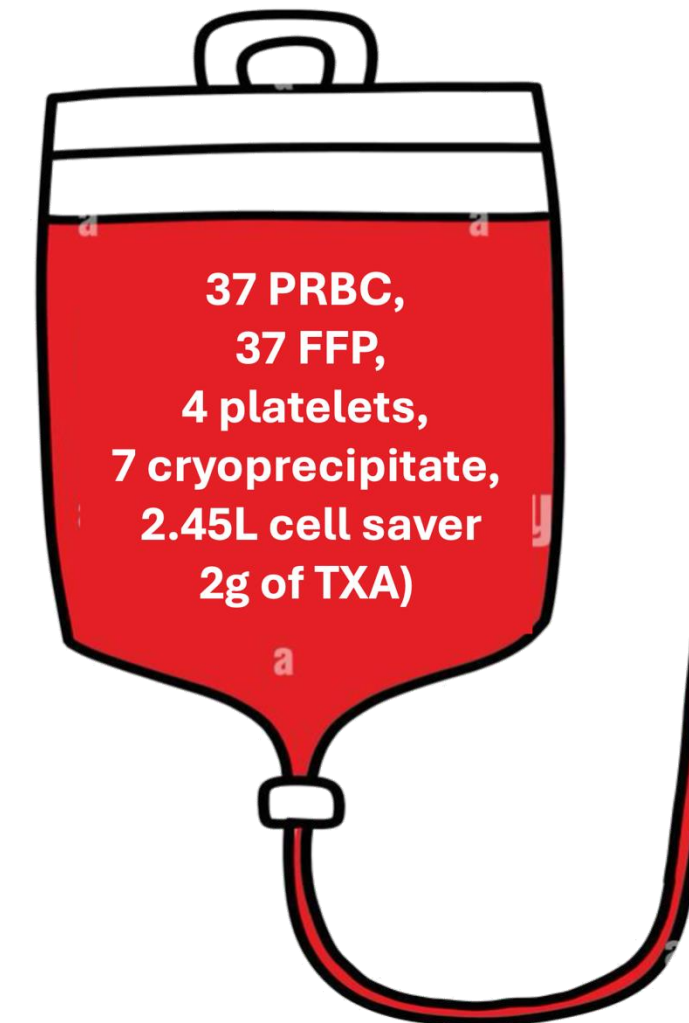
RSI  
RIJ Cordis  
MTP

Issues:  
Persistent bleeding  
DIC  
Delays in blood product availability

Temporizing measures:  
Albumin 5% (3L)  
Surgeon holding pressure



**EBL 20 liters**





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PAS is **unpredictable**, management can be complex especially when combined with uterine rupture and DIC.

- ➔ early recognition, multidisciplinary approach
- ➔ activation of MTP and judicious use of blood products,
- ➔ temporizing measures
- ➔ early correction of coagulopathy, guided by thromboelastography and arterial blood gas analysis.
- ➔ other: cell saver devices and pharmacologic adjuncts like tranexamic acid, fibrinogen

Systemic challenges, such as delays in blood product delivery and limited access to pro-hemostatic agents, highlight the need for healthcare system improvements.

- Garg, P et al. *Unexpected placenta accreta spectrum in an unscarred uterus causing catastrophic post-partum hemorrhage: a case report and review of the literature.* BMC Pregnancy Childbirth **25**, 14 (2025)
- Günaydın B. *Management of Postpartum Haemorrhage.* Turk J Anaesthesiol Reanim. 2022 Dec;50(6):396-402. doi: 10.5152/TJAR.2022.21438. PMID: 36511487; PMCID: PMC9885818