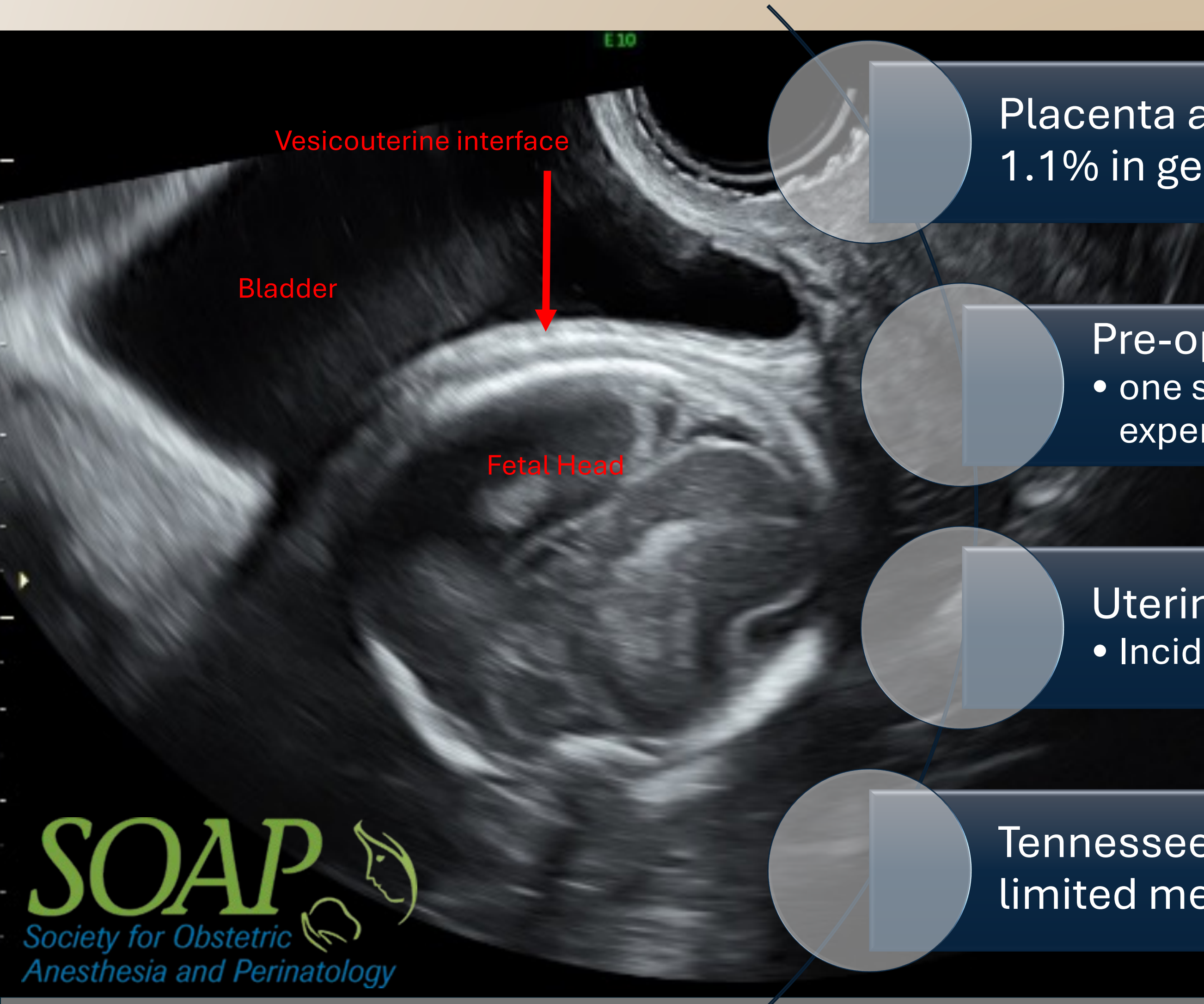


Placental Accreta Spectrum with Presenting Fetal Parts in the Bladder

NEVA LEMOINE MD, STEPHANIE K. WOODWARD MD

Background



Placenta accreta spectrum (PAS) prevalence ranges from 0.01-1.1% in general population studies¹

Pre-op diagnosis of bladder involvement is challenging

- one study noted suspected PAS preoperatively in 86% of patients who experienced a cystotomy²

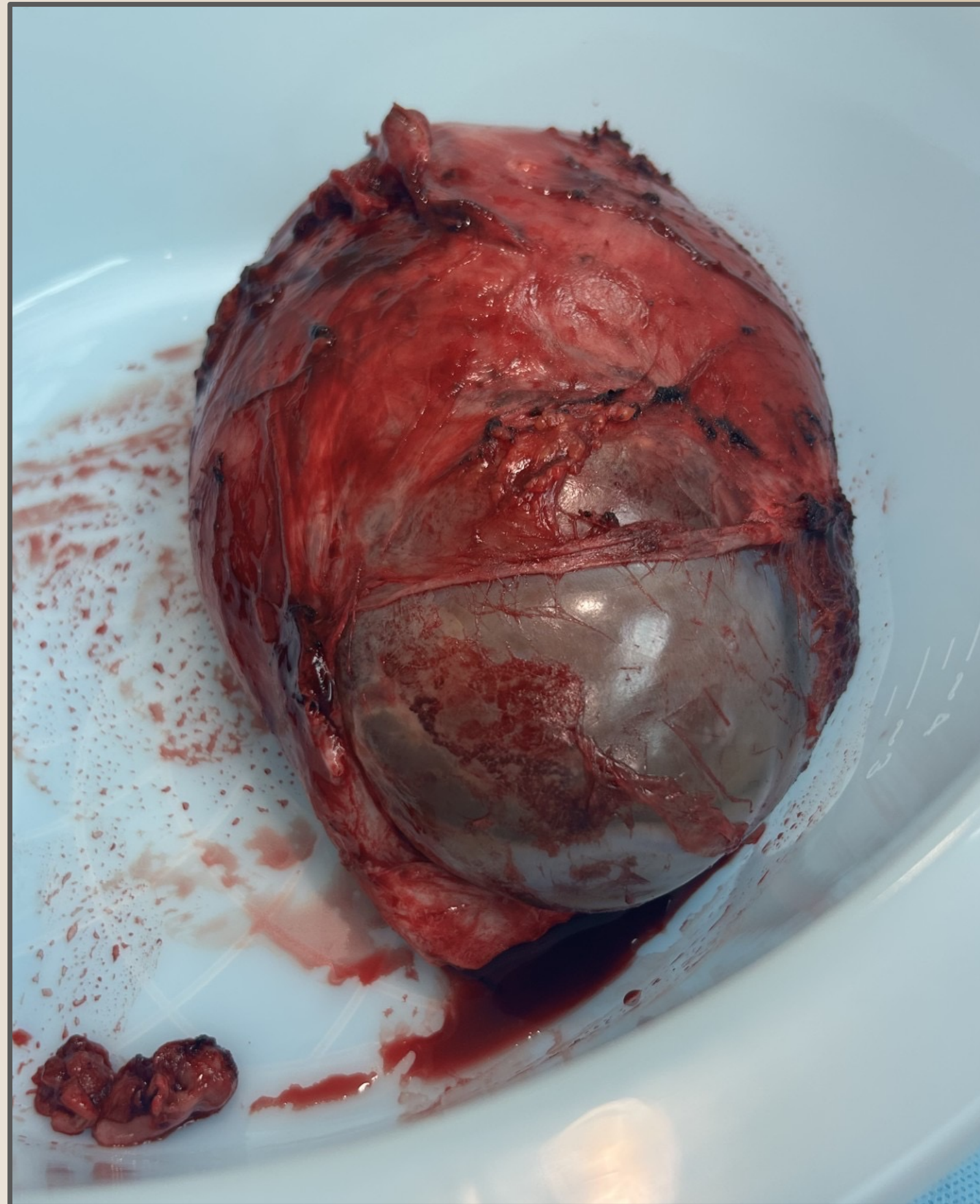
Uterine rupture can occur in nearly 1 in 80 patients with PAS³

- Incidence of 12.1 per 1000 PAS cases in the U.S.

Tennessee prohibits abortion at all stages of pregnancy with limited medical exceptions

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Patient

- 37 y/o G5P3103
- History of type 2 diabetes and 4 prior cesarean deliveries

Imaging

- Concern for PAS
- And lack of myometrium between fetal head and bladder serosa → fetal head appearing to bulge into maternal bladder

Surgery

- Scheduled gravid hysterectomy at 21w2d
- Uterus exposed prior to ureteral stent insertion in case of unexpected hemorrhage

Findings

- Lower uterine segment indistinguishable in places from bladder
- Amniotic membranes exposed, and fetal head visible
- Required cystotomy repair by Urology

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Teaching Points

References



Diagnosing & Options

- Diagnosing:
 - Prenatal diagnosis shown to decrease maternal morbidity
- Management options:
 - Cesarean hysterectomy
 - Gravid hysterectomy if previable

Level of Care

- Level III & IV maternal care facility
- Complex surgical management
- Multiple surgical specialists involved
- Potential for massive transfusion
- Possible ICU stay

Legal Constraints

- TN criminalized abortion with limited medical emergency exceptions
- Must be necessary to prevent death or irreversible impairment
- Gravid hysterectomy can reduce maternal morbidity and mortality