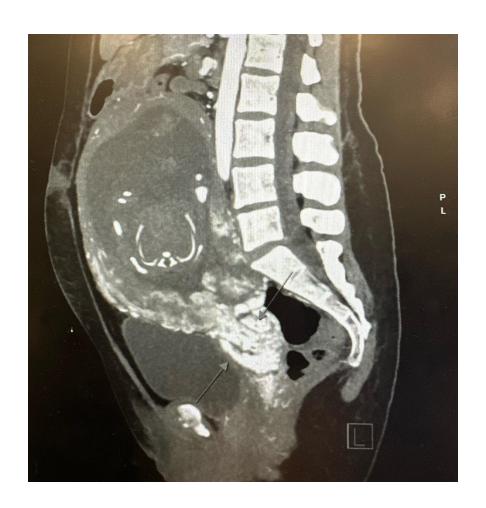


## Placenta Accreta Spectrum Disorder in patient with history of Mullerian Agenesis

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## **Background**

- Mullerian Agenesis a rare condition
- Small or absent uterus and shortened vagina
- Can be syndromic e.g. VACTERL
- Patients can elect to undergo neovagina surgery which increase fertility
- Instrumentation of uterus increases PAS risk 2-7 fold<sup>1</sup>



## Case

- 35 year old G1P0 AT 24W0D
- History of mullerian agenesis vaginal and cervical agenesis with neovagina reconstruction
- Abdominal cerclage for suspected PAS
- Presented with persistent vaginal bleeding requiring emergent cesarean-hysterectomy
- RSI, CVC, aline, bilateral femoral cannulation for embolization
- 10L EBL requiring extensive resuscitation and ICU admission



## **Teaching Points**

- Patients with mullerian agenesis s/p neovagina may be candidates for traditional conception fertility treatments, but careful evaluation should be performed with emphasis of the increased risk to the patient and the fetus
- Be thoughtful about approach to evaluating uterine bleeding in patients with possible PAS
- Be prepared for large volume blood loss
- Resuscitation: consider large bore IV access, CVC, arterial line, and bilateral femoral cannulation for embolization to control bleeding





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