



# **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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