



Intraoperative Visual Diagnosis of Missed Placenta Accreta

Pearl M Huynh MS3, Emily B Ho MS1, Emily L McQuaid-Hanson, MD

Background:

- Placenta accreta spectrum (PAS) is associated with high postpartum hemorrhage and maternal morbidity.^{1,2}
- Risk factors: ^{1,2}
 - Prior cesarean delivery
 - Placenta previa
 - Uterine surgery
 - Advanced maternal age
- Prenatal ultrasound has up to 90% sensitivity ^{3,4} and is crucial for surgical planning.
- Missed diagnoses remain common, particularly in less severe PAS, highlighting the need for improved imaging protocols.⁵

1. Baldwin HJ. *Obstet Gynecol.* 2018 Feb;131(S02):e227-e233.

2. Miller E. *J Matern Fetal Neonatal Med.* 2022 Jun;35(S12):e2117-e2125.

5. Hessami K. *Ultrasound Obstet Gynecol.* 2024 Jun;63(S06):e45-e53.

6. Jauniaux E. *Best Pract Res Clin Obstet Gynaecol.* 2023;86:e102-e117.

7. Baumann M. *Int J Gynecol Obstet.* 2023;163:e85-e92.

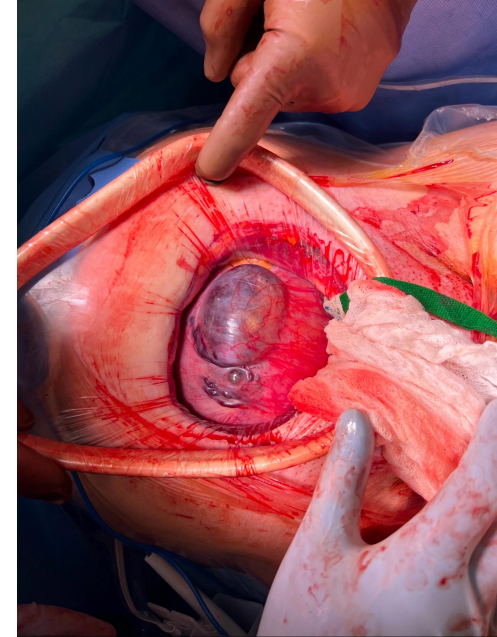


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Case Presentation:

- 35-year-old G7P3 with history of two prior cesarean deliveries.
- Presented at 33 weeks EGA with preterm contractions and PPROM.
- Ultrasound findings:
 - Anterior placenta
 - Mild polyhydramnios
 - No signs of abnormal placentation
- Management:
 - Received betamethasone and latency antibiotics.
 - Expectant management until 34 weeks for a scheduled cesarean delivery.
- Intraoperative Findings:
 - 7×5 cm vascular, distended bulge on anterior uterine midbody → Concern for PAS.
 - Intraoperative ultrasound confirmed placental invasion of the lower uterine segment.
 - Multidisciplinary approach: Gyn-Onc, anesthesia, and surgical teams prepared for management.
 - Supracervical hysterectomy performed after neonate delivery.
 - QBL: 2.2 L, received 1 g TXA and 2 units PRBCs.
 - Recovered without complications, discharged on post-op day 3.





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Teaching Points:

- Ultrasound is the primary diagnostic tool for PAS but has limitations.
- Accurate antenatal diagnosis of PAS is essential for safe management.
- Effective PAS management requires multidisciplinary preparation and improved systems.

Images obtained from: Jauniaux, Eric et al. American Journal of
Obstetrics & Gynecology, Volume 218, Issue 1, 75 - 87

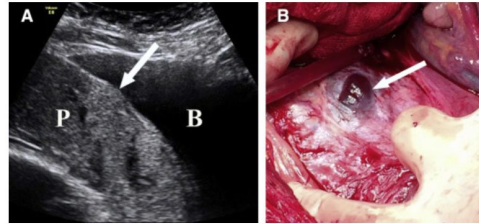


Figure 8 Myometrial thinning under placental bed and cesarean scar defect

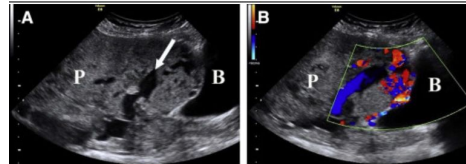
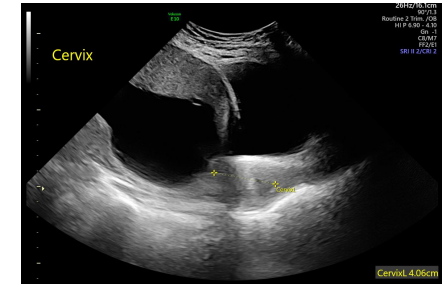


Figure 10 Moth-eaten features in invasive placenta previa

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Transabdominal ultrasound longitudinal views of placenta (P) previa accreta at 36 weeks. A, "Moth-eaten" area with numerous lacunae of different size and shape secondary; and B, high-velocity, turbulent blood flow within lacunae on color Doppler imaging next to bladder (B).

Jauniaux. Pathophysiology and ultrasound imaging of placenta accreta spectrum. Am J Obstet Gynecol 2018.



*ultrasound obtained by Stephanie Hedstrom, MD

Figure 1. 32 weeks showing
no signs of placenta accreta