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A CASE REPORT OF PLACENTA PERCRETA WITH BLADDER INVASION

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Abstract : Abnormal placental penertration through the myometrium with bladder invasion is a rare obstetric complication with potential for massive blood loss, which can lead to significant morbidity and potential mortality. We present a case of 32 yr old women who presented at 22 weeks of gestation with vaginal bleeding and severe hematuria and was found to have complete placenta previa with placenta percreta invading the urinary bladder. she underwent an emergency repeat caesarean section and total abdominal hysterectomy. Because of placental invasion into the bladder ,the procedure was complicated by bladder injury for which repair was done. Post operatively ,the patient recovered well .

Keyword :PLACENTA PERCRETA, BLADDER INVASION, TOTAL ABDOMINAL HYSTERECTOMY

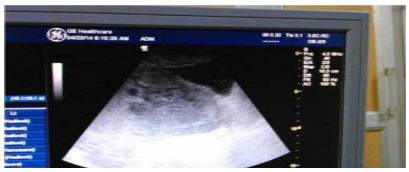
INTRODUCTION:

Placenta percreta is a condition in which the placenta abnormally penetrates entirely through the myometrium and into the uterine serosa. It has an increasing clinical significance due to its association with previous caesarean section and curettage.(1)This might be complicated by attachment of the placenta to surrounding structures or organs such as the urinary bladder or rectum. It is a potentially fatal condition and mortality rate is correlated to the extent of involvement of surrounding structures.(2) When placenta percreta is complicated by bladder invasion, mortality rate have been estimated to be as high as 9.5% and 24% for mother and child, respectively.

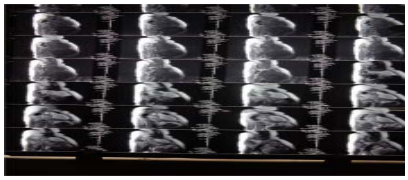
CASE REPORT :

A 32 yr old G4P1L1A2/Prev LSCS(INDI-Severe oligohydramnios/LCB-1yr) presented at 22weeks of gestation with c/o hematuria for one day. Had spotting P/V at 5th month of gestation & diagnosed as placenta praevia and was put on bed rest. Had bleeding p/v & hematuria at 6th month ,& pt was referred to our hospital . There were no previous urinary symptoms and medical history related to it. Hb-9gm/dl .Renal function was normal& urine examination showed the presence of RBC 'S .USG: viable fetus of 22wks with indefinite hypoechoic mass in posterior bladder wall of about 3- 4cm,contour of bladder lost posteriorly. IMP; central placenta previa with bladder involvement, FIG(2). MRI: Features sugg of central placenta previa with placenta percreta. Loss of normal uterine Urinary bladder interface with focal placental tissue invading urinary bladder wall of about 6-7cm in posterior aspect,FIG(3,4).

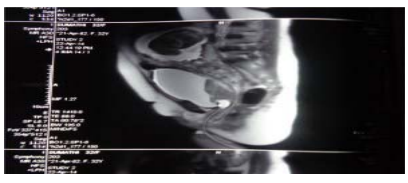
FIG (1) GROSS HEMATURIA



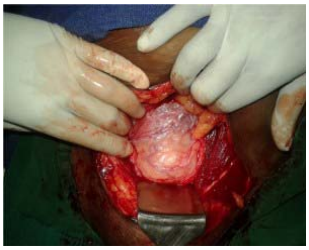
FIG(2)ULTRASOUND

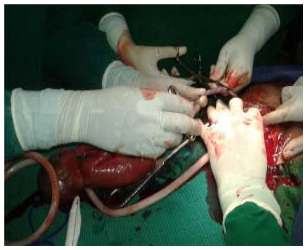


FIG(3)



FIG(4)





FIG(5) **FIG(6)**

With adequate blood products patient was taken up for emergency hysterotomy for profuse vaginal bleeding. Prophylactic internal iliac artery ligation was done. Classical incision was made on the Uterus & female fetus was removed. FIG (6) Placenta was found fully covering the os &severely adherent to myometrium and invading the bladder wall So in-situ hysterectomy was Proceeded. There was a profuse bleeding from the bladder bed during separation so urologist was called & bladder Separated and repaired & total hysterectomy was done.Single dose of methotrexate was given post operatively. 5 units of whole blood ,4 units of ffp,4 units of cryo transfused preoperatively On 2nd Post operative day clear urine was drained and patient was on continuous bladder drainage for 14 days. Investigations are repeated on the 5th postoperative day, which are within normal limits..Patient was discharged in a good condition

DISCUSSION:

The incidence of placenta accrete has increased from approximately 0.8/1000 in 1980 to 3/1000 deliveries in the past decade(3).In patients with placenta previa 15% have adherent placenta of which 75-80% have placenta accreta,15-20% have placenta increta, and 5% have placenta percreta . This increased prevalence is attributed to the increased frequency of caesarean deliveries. The incidence of concomitant bladder invasion is much lower occurring in approximately 1 in 10,000 birth.(3)The diagnosis of placenta percreta might be made during prenatal screening ultrasound. However, bladder involvement is usually not identified until the time of delivery. Symptoms such as gross hematuria, occurs only in approximately 25% of cases. The gravest complication of placenta percreta is severe haemorrhage. Hence massive resuscitation with numerous blood products is often required to adequately resuscitate the patient after haemorrhage. Management of placenta percreta with bladder invasion is challenging, and optimal approach is not well established. Depends on severity, time of presentation, status of the fetus, mothers parity, & need to preserve the fetus and placenta.(4)Intervention is indicated if the patient presents with severe APH. If both mother and fetus are stable, delayed intervention can be done, however care should be taken not to exceed 35 weeks.(5)

CONCLUSION:

A high index of suspicion for placenta percreta with bladder invasion is required when evaluating pregnant women with a history of cesarean delivery and placenta previa who present with hematuria and lower urinary tract symptoms. Ultrasonography and magnetic resonance imaging may assist in establishing the diagnosis preoperatively. With proper planning ,early urologic consultation and a multidisciplinary approach fetal and maternal morbidity and mortality may be decreased.

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