



P131. FIVE CASES OF PLACENTA PREVIA WITH ACCRETA: THE MATERNAL AND FETAL OUTCOME FROM A TERTIARY CENTER

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Context:

Placenta previa or accreta is an uncommon pathology, sometimes associated with high maternal morbidity. Its prevalence increases proportionally to the number of cesarean sections.

Objective:

The aim of this retrospective cohort study was to evaluate maternal and neonatal outcomes in patients with placenta previa and placenta accreta.

Method:

A retrospective analysis of patients with placental attachment disorders was done in training and research clinic.

Patient(s):

The patient collective was identified using patient's records for placenta accreta, and previa, and patient records were analyzed for maternal morbidity, and neonatal outcome.

Intervention(s):

Clinical information was obtained from the written delivery reports and databases of the Clinics of Obstetrics and Gynecology.

Main Outcome Measure(s):

Placenta accreta and previa were suspected based on ultrasonography, followed by magnetic resonance imaging, verified during cesarean delivery, and confirmed by histopathological examination of surgical hysterectomy specimens.

Results:

Five cases of placenta accreta - previa were identified in the last 3 years out of a total of 5235 deliveries. Mean maternal age was 35.3 years; gestational age ranged from 27 to 39 weeks. Five cases were diagnosed prenatally by ultrasonography or MRI.

Three had hysterectomies during the intrapartum period and two cases were treated conservatively. Bilateral hypogastric artery ligation was performed in three cases.

Conclusion:

Prenatal diagnosis of malplacentation is essential to plan the delivery in a competent tertiary care center. Surgical management of placenta accreta may be individualized. Diagnosis of placenta accreta before

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delivery allows multidisciplinary planning in an attempt to minimize potential maternal or neonatal morbidity and mortality.