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Case Report

Placenta Accreta: A Silent Killer

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ABSTRACT

We report a case of multigravida who came with complaints of acute abdominal pain. Intraoperatively a still born fetus lying in abdominal cavity was removed. Uterus was ruptured in to two halves. Subtotal hysterectomy was done. Grossly, the uterus was 11x12x7cm and microscopically trophoblastic tissue was seen to be invading the myometrium.

Keywords: Placenta accreta, Increta, Percreta, Myometrium, Uterus.

INTRODUCTION

Placenta accreta occurs when all or part of the placenta attaches abnormally to the myometrium.

According to the depth of invasion of chorionic villi, 3 grades have been classified: [1]

1) Placenta accreta-chorionic villi attach to the myometrium
2) Placenta increta-chorionic villi invade into the myometrium
3) Placenta percreta-chorionic villi invade through the myometrium

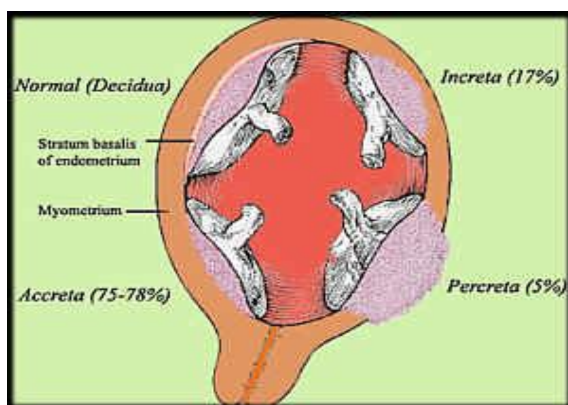

Figure: 1. Different levels of placenta accreta.
From http://toddnjenifermoss.blogspot.in [A]

Placenta accreta is a rare obstetrical condition that occurs in the third trimester leading to life-threatening complications like rupture of uterus. The commonest risk factor for ruptured uterus is previous caesarean section (incidence - 0.3 to 1.7%). [2]

CASE REPORT

A 32 years old female $G_3P_2L_1D_1$ with previous two caesarean sections 36.1 weeks gestation period, came to Obstetrics and Gynecology OPD with chief complaints of acute onset of abdominal pain.

- Ultrasonography revealed a rupture of uterus caused due to previous uterine scar and fetus was seen to be lying in the abdominal cavity.
- Intraoperatively, a still born fetus was lying in the abdominal cavity and the uterus was ruptured in to two halves and hence sub-total hysterectomy was been performed on the patient.

Grossly: we received a partly ruptured uterus measuring 11x12x7cm. External surface showed haemorrhagic areas and Cut section showed endometrium measuring 0.5cm and myometrium measuring 6cm.

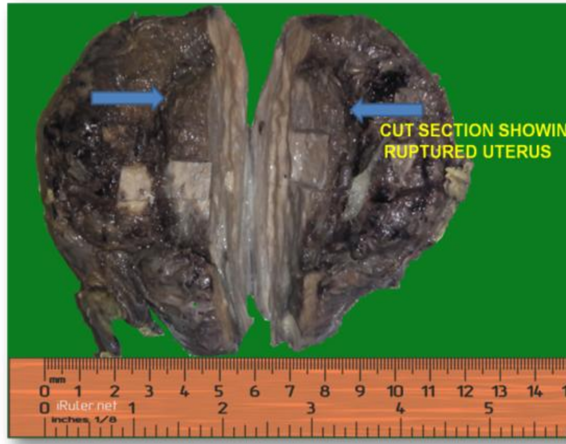

Figure: 2. Shows Ruptured uterus.

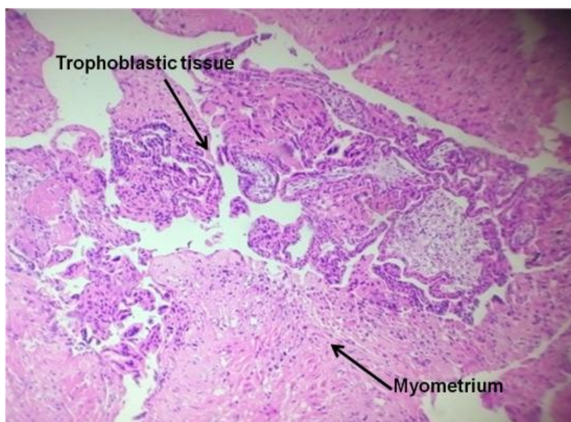

Figure 3: H & E Stained section shows attachment of the trophoblastic tissue/chorionic villi (arrow) to the myometrium (4x)

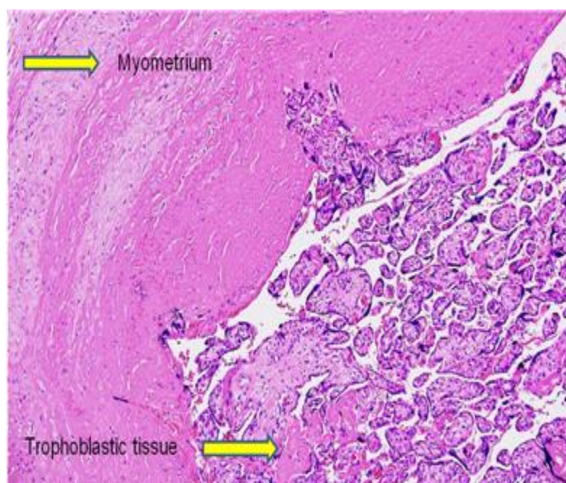

Figure: 4H & E Stained section shows attachment of the trophoblastic tissue/chorionic villi (arrow) to the myometrium (40x)

Microscopically: H & E stained sections studied from the tissue in the endometrial cavity showed trophoblastic tissue comprising of cytotrophoblast and syncytiotrophoblast in the form of giant cells along with congested blood vessels and areas of haemorrhage. This trophoblastic tissue was seen to be attached to the myometrium.

DISCUSSSION

The 'silent' ruptures of uterus are encountered when the patient is asymptomatic and rupture or rent in the uterus discovered incidentally on ultrasound or at surgery. Risk factors are previous scar or other surgeries upon uterus, induction of labour by prostaglandins and augmentation of labour by oxytocin in a multiparous woman. [3,4] The dilemma in diagnosis arises when uterine rupture remains asymptomatic or presents with non-specific symptoms, e.g., vague abdominal pain or discomfort for many weeks. [5] In our case also the patient was multigravida and had presented to the OPD with complaints of abdominal discomfort. Ultrasonography revealed rupture of uterus caused due to previous uterine scar and fetus was seen to be lying in the abdominal cavity, which was found to be dead intraoperatively with the uterus being partly open.

CONCLUSION

- Placenta accreta in multigravida patients particularly with history of previous caesarean section is an uncommon occurrence presenting with acute abdominal pain, and it should be considered under the fact that they usually are associated with risk factors for abnormal placentation and they should be diagnosed and treated promptly.
- It can lead to other complications like:
    - Damage to local organs (Bladder, Bowel, ureter)
    - Postpartum haemorrhage
    - Premature birth of the baby

- Amniotic fluid embolism
- Post-operative thromboembolism
- Infection
- Maternal Death

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