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Management of antenatally diagnosed morbidly adherent placenta at KK Women's and Children's Hospital, Singapore

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Objective: Our aim was to present our experience with the management of antenatally diagnosed morbidly adherent placenta at KK Women's and Children's Hospital, Singapore.

Methods: The medical records of women with morbidly adherent placenta from 1st January 2005 to 31st December 2015 were reviewed.

Results: There were 56 women diagnosed antenatally with morbidly adherent placenta, of whom 96.4% had at least one previous Cesarean delivery and 100% had associated placenta praevia. 41 (73.2%) underwent elective caesarean delivery and the remaining 15 (26.8%) underwent emergency caesarean delivery. 28 (50%) women had a caesarean hysterectomy, 9 (16%) women had removal of placenta and the placenta was retained in the remaining 19 (34%) women. Out of 19 women with placental retention, 10 (52.6%) had spontaneous placental resorption, 6 (31.6%) had delayed hysterectomy, 2 (10.5%) underwent manual removal of placenta six weeks later and 1 (5.2%) was counseled for hysterectomy but chose to be discharged to seek for a second opinion. Of women who had placental removal, 1 required hysterectomy six hours later due to massive post-partum hemorrhage and remaining 8 were well. Those women in whom caesarean hysterectomy was performed had higher mean blood loss (3.9 ± 2.7 L) than those whose placenta was removed (1.9 ± 1.3 L) and those whose placenta was retained (0.6 ± 0.2 L). 50% of patients who had hysterectomy required activation of massive transfusion protocol, as compared to 22.2% in those whose placenta was removed and 0% in those whose placenta was retained. 8 patients had intra-operative complications of ureteric or bladder injury, of which 7 were patients who underwent caesarean hysterectomy. 42.9% of patients who had hysterectomy required >24 hour stay in the Intensive Care Unit vs. 44.4% of those whose placenta was removed and 10.5% of those whose placenta was retained. There were no maternal deaths.

Conclusion: While caesarean hysterectomy is the traditional management of choice for placenta accreta, it is associated with significant blood loss and visceral injury. Conservative management is an acceptable option with benefits such as reduced blood loss, less intraoperative complications, shorter ICU stay and preservation of fertility. However, patients need to be counseled regarding risks of postpartum hemorrhage, endometritis and sepsis, and disseminated intravascular coagulopathy. They also need to be closely followed up. Although many interventions have been described, optimal treatment is still not known and management of morbidly adherent placenta remains a challenge.

Biography

Shi hui lee is a medical trainee educator at the my world preschool, Singapore. She was graduated at National University of Singapore, Singapore. As atrainee educator currently she is undergoing a Professional Conversion Programme (PCP) in WSQ Professional Diploma in Early Childhood Care and Education (WSQ PDECCE) (expected to graduate by April 2018). Established a car-lite framework and transit corridor concept through research, to aid in the planning of a car-lite Singapore. Served as secretary for the monthly Land Transport Policy Forum chaired by PS(MOT), for 6 months and left behind a more efficient secretariat process between MOT and LTA. Part of a LTA Strategic planning team in an interagency committee on the mid-term review of URA's Land Use Concept Plan.

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