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Is pregnancy possible after conservatively managing placenta accreta?

Rajiv Mahendru
B.P.S. Government Medical College for Women, India

Placenta that is morbidly adherent is considered as an abnormality in placentation leading to its firm attachment to the myometrium because of the absence of deciduas basalis leading to its incomplete separation at the time of delivery. One of the potentially catastrophic obstetric complications, placenta accrete, is alarmingly on the rise with high maternal morbidity and mortality rate. The untoward complications may include severe postpartum hemorrhage with its resultant coagulopathy, uterine perforation, shock, infection, loss of fertility, and even death. A patient aged 33 years reported overshooting her periods by 10 days and tested positive for pregnancy. Her obstetric history reads third gravida and parity two with one alive issue. The last time she was pregnant she had retained placenta following full-term vaginal delivery at home, complicated by postpartum hemorrhage. Thereafter, taken to a private hospital, she underwent three unsuccessful attempts of manual removal/uterine dilatation and curettages and five units of blood transfusion interspersed with repeated episodes of excessive bleeding per vaginally. Failing to manage by this surgical approach, she was referred to our institute for hysterectomy. But we managed her conservatively; the modalities adopted were the placenta was left in situ and methotrexate injection was given intramuscularly in the dosage of 1 mg/kg body weight repeated at 72 to 96 hourly intervals for three doses depending on the dimensions and vascularity of the endometrial mass representing adherent placenta with serial ultrasonography and color Doppler studies, which showed gradual reduction.

dr.rmahendru@gmail.com