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### Unusual presentation of placenta increta

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**Introduction:** Placenta increta is one of life-threatening situations that is best managed by a multidisciplinary approach. We describe a case leading to rupture of an unscarred uterus in the second trimester that led to massive intra-abdominal hemorrhage.

**Case report:** A 37-year-old, gravida 11, para 9+1 with previous all spontaneous vaginal delivery and one abortion managed by uncomplicated ERPC, presented to our emergency department with rupture of membrane. While in hospital, she developed tachycardia and significant drops in her hemoglobin level. She had been diagnosed to have intrauterine fetal demise. Rupture of uterus was suspected and the ultrasound confirmed the

diagnosis by showing hemoperitoneum. After starting the resuscitation procedures, emergency laparotomy was performed which showed uterine rupture along with placenta increta for which the patient underwent subtotal hysterectomy. Pathological analysis showed chorionic villi invading the myometrium supporting the diagnosis of placenta increta.

**Conclusion:** Though the occurrence of placenta increta is rare with an unscarred uterus, and uterine rupture also rare with an unscarred uterus and in the second trimester, a high index of suspicion should be raised in grand-multi para even when this was the only risk factor for these serious problems as missing the diagnosis is fatal to the patient.

#### Biography

Howaida Zahar is a consultant Ob, gyn. She is the director of the department King Fahad Armed Forces Hospital.

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