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Case Report

VULNERABLE UTERUS AND A VIOLENT PLACENTA: CASE REPORT

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ABSTRACT

Placenta percreta is a rare condition where the villi invade the full thickness of the myometrium. It has an incidence of 1 in 5000 pregnant women (Gardeil *et al.*, 1994). Here we report a case of a pregnant woman, who had undergone previous caesarean section and had a history of missed abortion for which instrumental evacuation was done, came with severe acute abdomen. Laparotomy was done and spontaneous uterine rupture due to placenta percreta was diagnosed. Caesarean hysterectomy was performed. The patient was discharged on the 8th day without any complications. Pathological analysis of the uterine specimen revealed placenta percreta to be the cause of the rupture. Uterine rupture should be considered in the differential diagnosis in all pregnant women who present with acute abdomen.

Keywords: *Placenta Percreta, Rupture Uterus, Caesarean Hysterectomy*

INTRODUCTION

A morbidly adherent placenta includes placenta accreta, increta or percreta (Miller *et al.*, 1997). Placenta percreta is a rare, life threatening complication of pregnancy. It constitutes about 5 % of all cases of adherent placenta. This is usually diagnosed when placental separation is discovered to be absent (Buetow, 2002). In this case report, patient with risk factors for placenta percreta, presented in the third trimester with severe acute abdomen later diagnosed to have uterine rupture with placenta percreta. This case report aims to contribute to the insight and knowledge of this rare complication of pregnancy.

CASES

Presenting here a case report of 26 year old $G_3P_1L_1A_1$ with 35 weeks of gestation having regular antenatal checkups at Adichunchanagiri Hospital. In her first pregnancy she underwent full term normal delivery and delivered a female baby following which there was acute inversion of uterus with postpartum hemorrage. She underwent emergency laparotomy with hayman's procedure. 4 units of blood were transfused. Her second pregnancy was a missed abortion in her fourth month for which instrumental evacuation was done.

In the present pregnancy she had been admitted twice previously for pain abdomen and was treated for urinary tract infection. She presented with complaints of acute pain abdomen in her 8th month since 3 hours in the morning which was continuous, progressive, severe grade, and associated with hardening of abdomen.

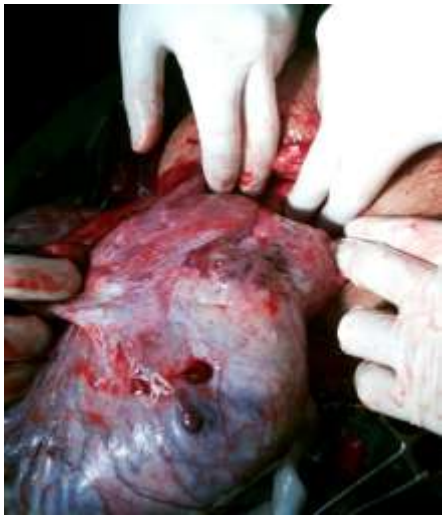
On examination her vitals were stable but her abdomen was tender all over. All her investigations were within normal limits. Ultrasonography report suggested mild ascites with a single live intrauterine gestation in breech presentation. All surgical causes were ruled out. Uterine rupture was then suspected and patient was taken up for emergency laparotomy where placenta percreta with rupture uterus was found.

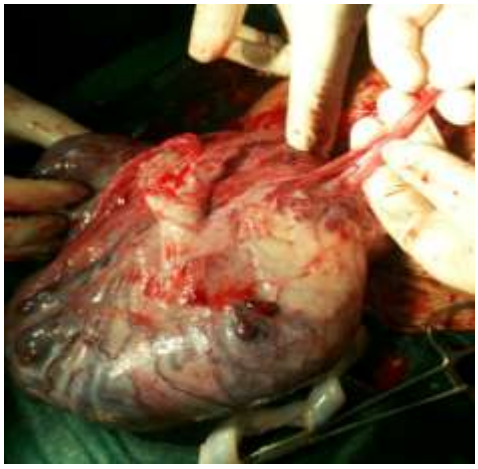
Single live preterm female baby of 2.45 kg in breech presentation was extracted. Caesarean subtotal hysterectomy was then done. Specimen was sent for histopathology which confirmed the diagnosis.

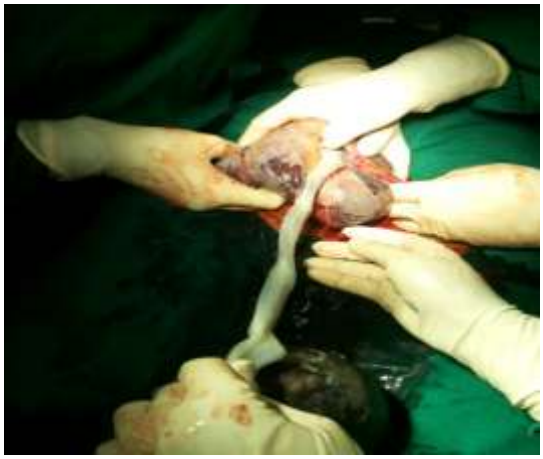
DISCUSSION

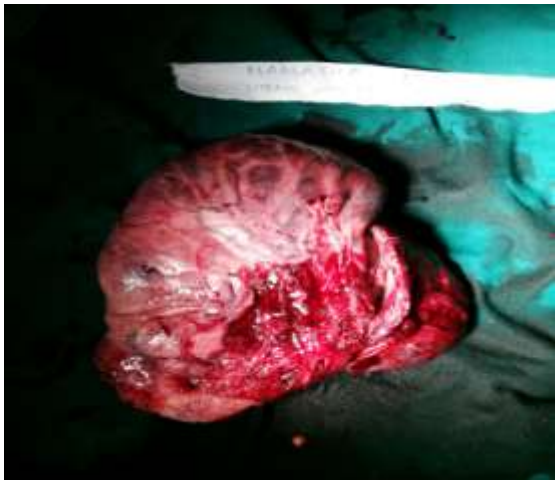
Placenta percreta indicates that the villi have invaded the full thickess of myometrium to or through the serosa of the uterus, causing incomplete or complete uterine rupture respectively. Spontaneous rupture of the uterus due to placenta percreta is one of the most urgent obstetrical catastrophes, resulting in rapid

exsanguination and high mortality (Hassim and Lucas, 1968). The most common risk factor for uterine rupture is a history of Cesarean section. A history of endometriosis, dilatation and curettage, myomectomy, placenta previa; high parity; advanced maternal age or irradiation are other risk factors (Smith and Mueller, 1996; Miller *et al.*, 1997).









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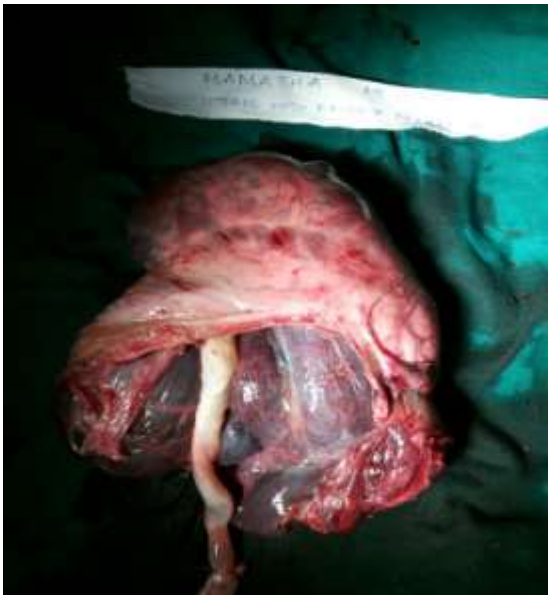

Considering a 4-fold mortality rate associated with conservative treatments like packing, adjuvant chemotherapy, and bilateral uterine vessel occlusion, as compared to hysterectomy, the latter is usually preferred in an emergent situation (Legro *et al.*, 1994; Wang *et al.*, 2009; Dabulis and McGuirk, 2007).

Conclusion

Placenta percreta is a rare disease with a difficult initial diagnosis. Ultrasonography should be carried out carefully in high risk patients. Surgery is the option that leads to lowest maternal morbidity and should not be postponed if conservative management fails.

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