PRESENTATION BY




Dr. Rajiv Mahendru

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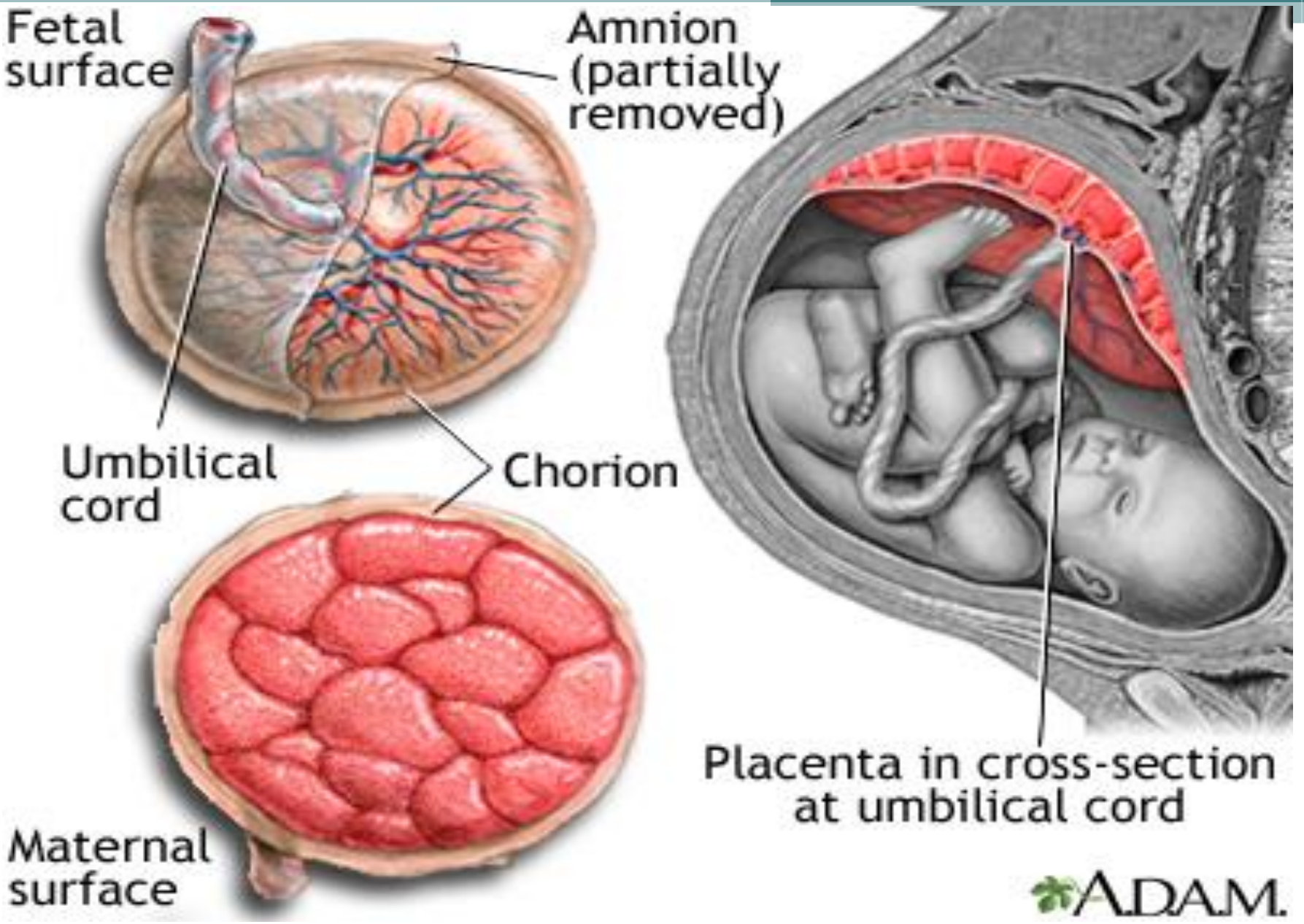
**Prof and Head**
**Deptt of Obs and Gynae**
**BPS GMC(W)**
**Khanpur Kalan(Sonepat)**

# METHOTREXATE

## A viable option for fertility preservation in placenta accreta






Fetal surface
Amnion (partially removed)
Umbilical cord
Chorion
Maternal surface
Placenta in cross-section at umbilical cord
A.D.A.M.

DEscribed

as an

abnormally firm attachment

of the placenta to the uterine wall.

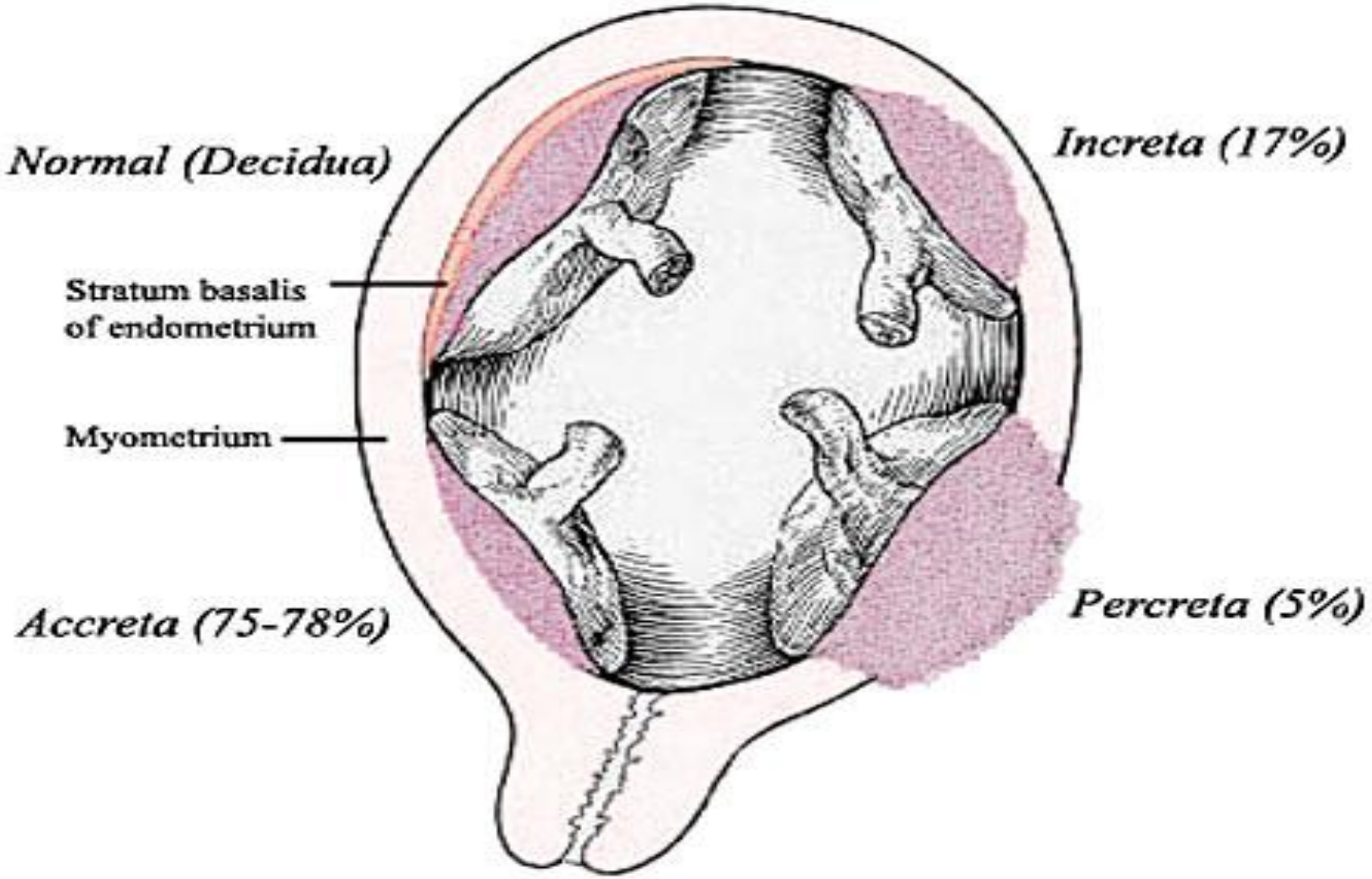
There is absence of the

DECIDUA BASALIS

and

incomplete development of the NitABUCH'S LAYER

# HISTOLOGICAL CLASSIFICATION



# INCIDENCE

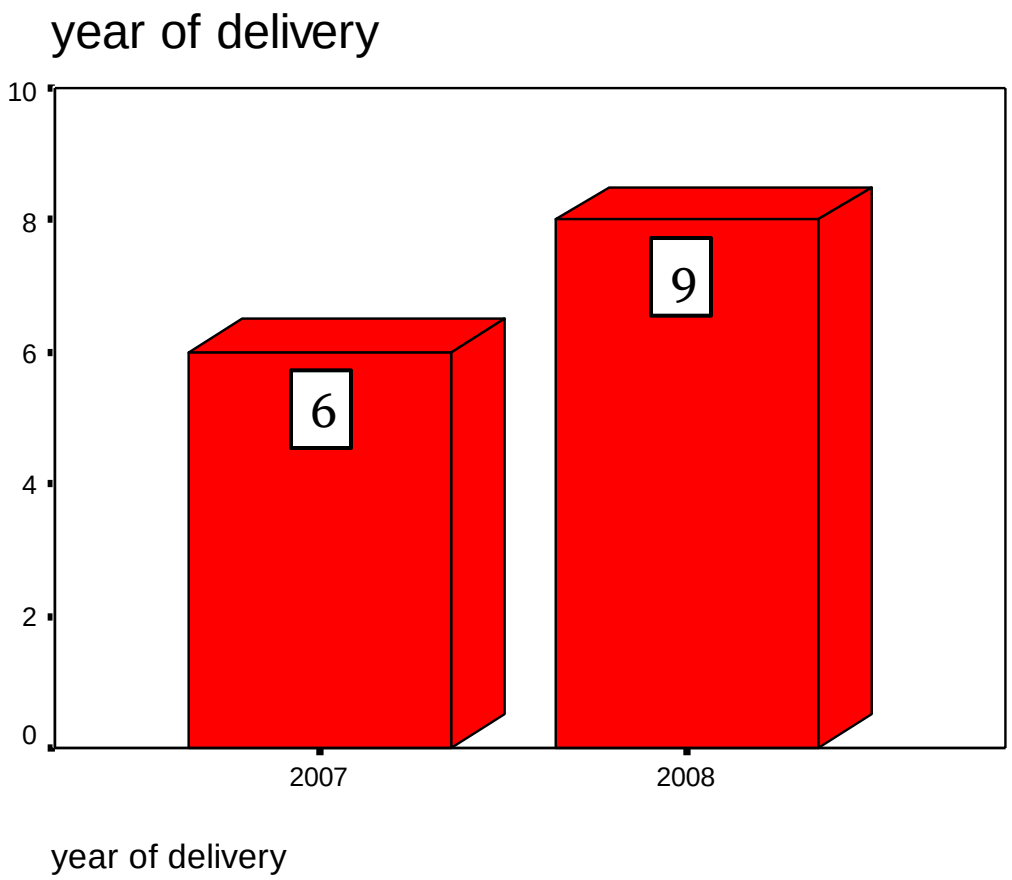
Incidence on a persistent rise

In 1970s----- 1 in 4027deliveries

In 1980s----- 1 in 2510 deliveries

In 1982-2002-----1 in533 deliveries

- **ACOG committee opinion no 529 July 2012**




- Incidence in 2007 ....1: 460 deliveries
- Incidence in 2008 ....1: 300 deliveries

# RISK ASSOCIATIONS

| C.S (No.) | P.P (%) | P.P + accreta |
|---|---|---|
| 0 | 0.26 | 5 |
| 1 | 0.56 | 24 |
| 2 | 1.8 | 40 |
| 3 | 3.0 | 47 |
| 4 | 10.0 | 67 |

# Risk factors

- 1) Presence of scar tissue:
  - Asherman's Syndrome (D and C)
  - Myomectomy
  - Caesarean section
- 2) Increasing maternal age
- 3) multiparity
- 4) Congenital and acquired uterine defects:
  - Uterine septa
  - Leiomyoma
  - Cornual pregnancy
- 5) Thermal ablation
- 6) UAE

# COMPLICATIONS

1. **Haemorrhage (3000mls-5000mls)**
2. **Disseminating Intravascular Coagulations (DIC)**
3. **Transfusion reactions.**
4. **Electrolyte imbalance**
5. **Surgical complications (emergency hysterectomy, bowel injury, urological injuries etc.)**
6. **Pulmonary embolism.**
7. **Adult Respiratory Distress Syndrome (ARDS**
8. **Renal failure**

# DIAGNOSIS

- Gray scale ultrasound
- Color doppler
- Power doppler
- MRI

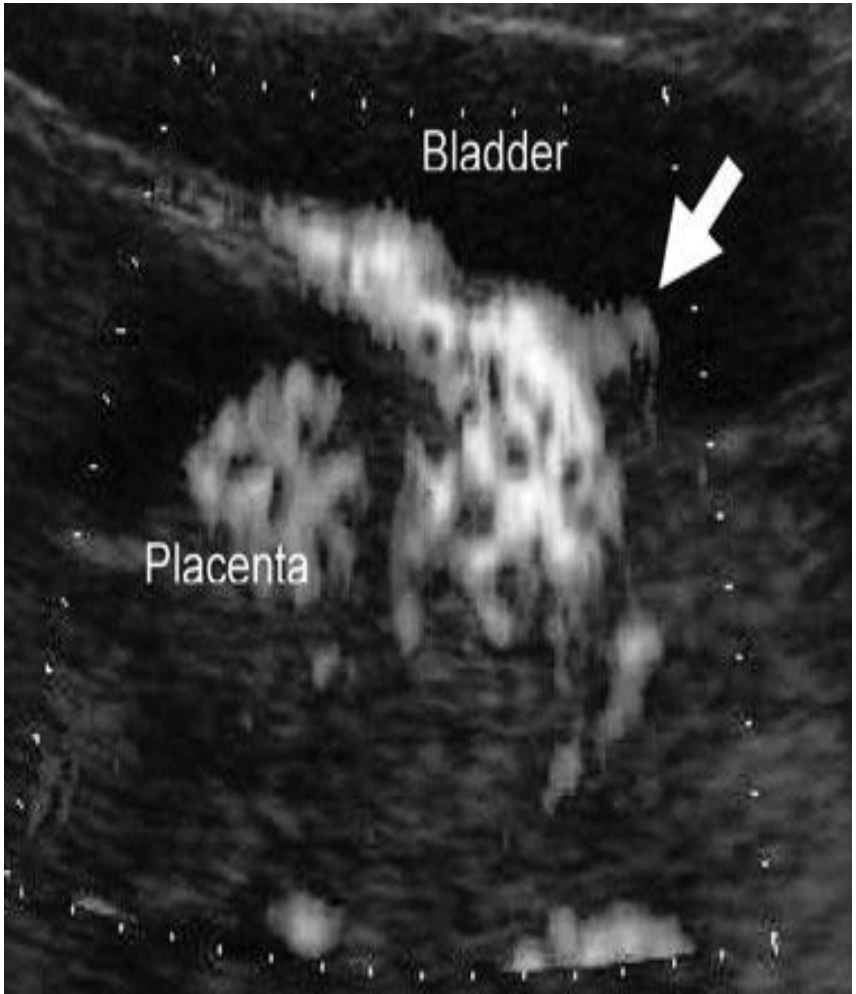
**Obstet Gynecol** 2006;108:573-81

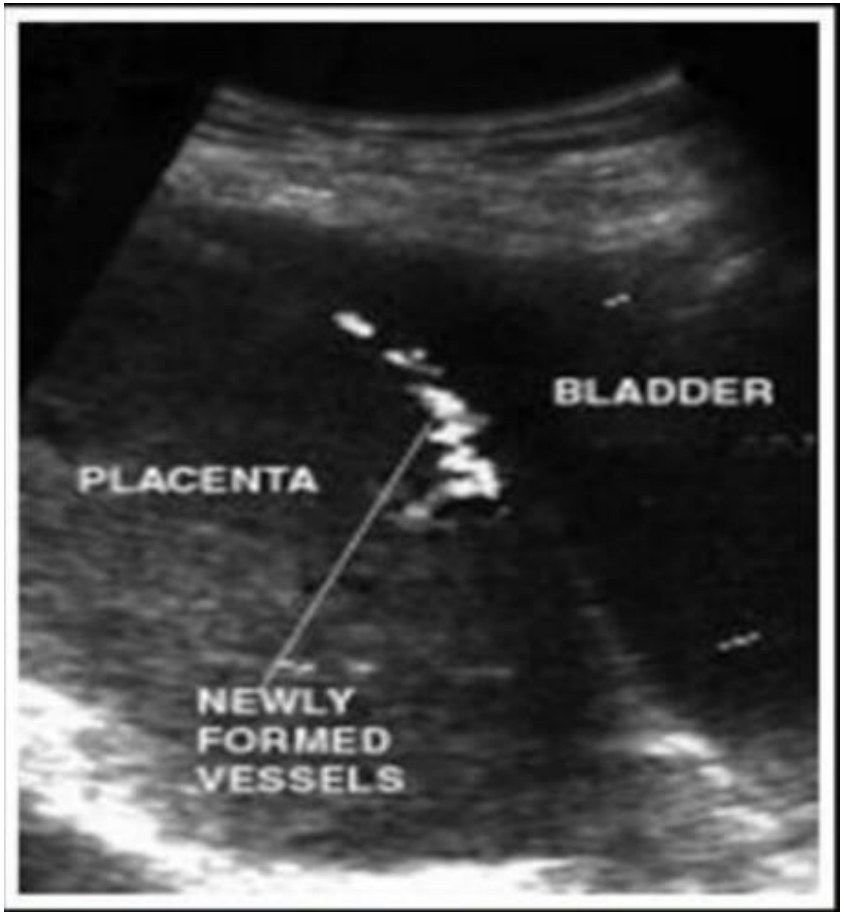
**Acta Obstet Gynecol Scand** 2005;84:716-24



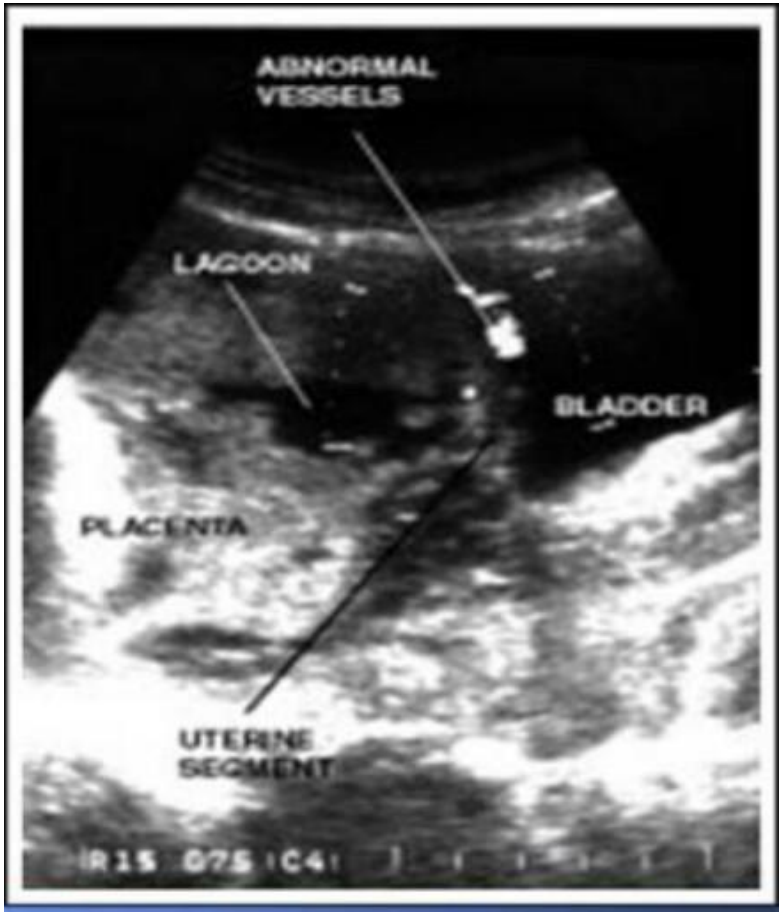


Presence of multiple placental lakes
swiss cheese appearance




BLADDER
PLACENTA
NEWLY
FORMED
VESSELS

# Progressive thinning/loss of retroplacental hypoechoeic zone



# DIAGNOSIS

- The mean gestational age at diagnosis of placenta accreta by ultrasound is 29 weeks (range:28–33 weeks) .

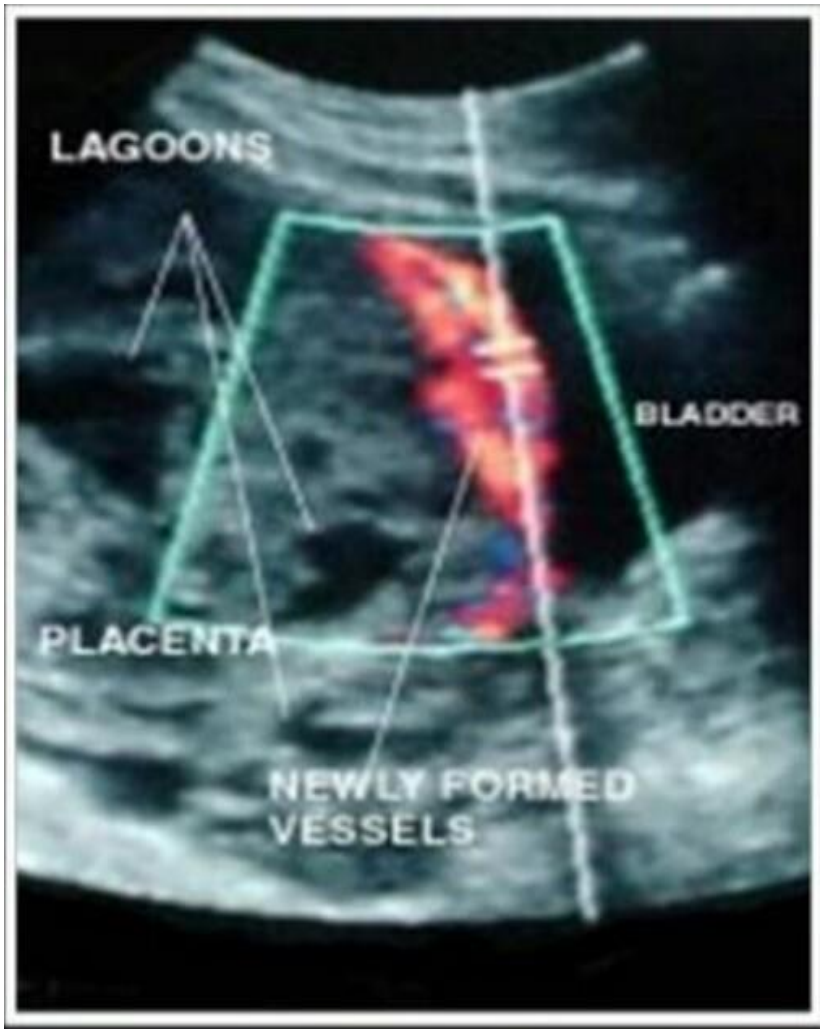
*J. Obstet. Gynaecol. Res. Vol. 33, No. 4: 431–437, August 2007*

# COLOR DOPPLER

- Turbulent blood flow through the lacunae

- Hypervascularity lining placenta to bladder

- Dilated vascular channels with pulsatile venous flow over cervix



# MRI

- Ambiguous USG findings
- Suspicious posterior Placenta accreta
- Anatomy of invasion



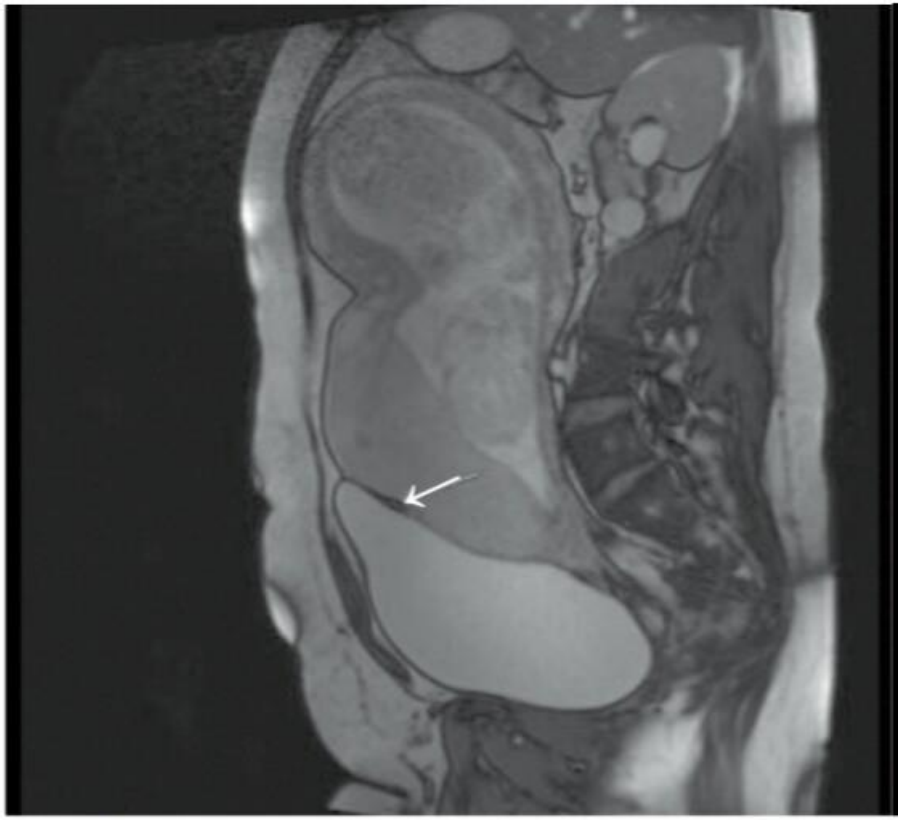

Bladder and/ or Parametrial invasion

Uterine bulging

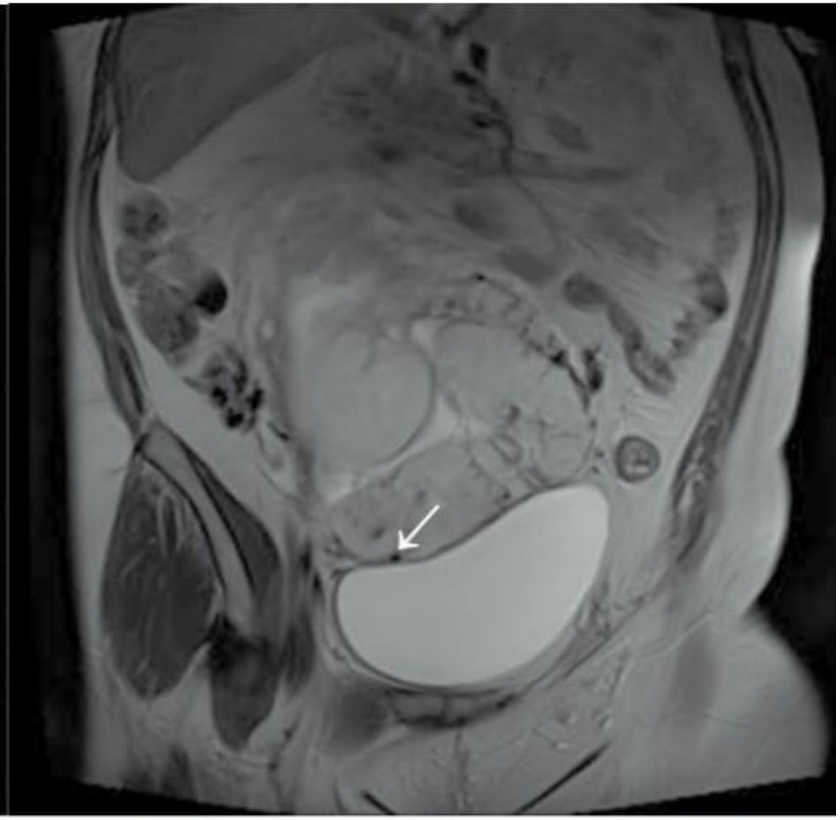
Heterogenous placenta

Placental bands

# Placenta accréta at bladder- placenta interface

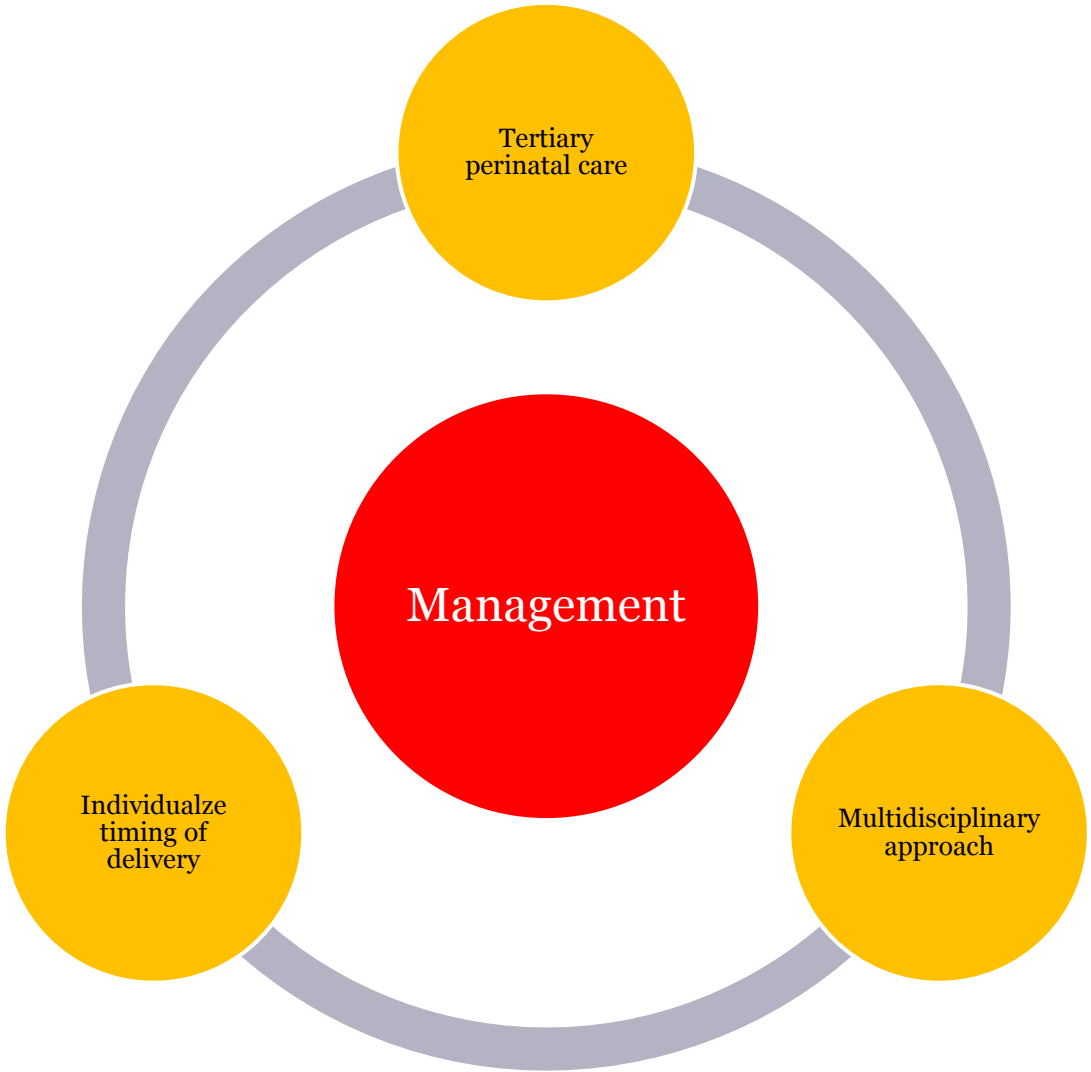


*Sagital True FISP image showing placenta accreta at bladder/ placental interface (arrow).*



*Coronal blade image showing placenta accreta at bladder placental interface.*

# APPROACH


Tertiary perinatal care
Management
Individualze timing of delivery
Multidisciplinary approach

# APPROACH

- Medical
- Surgical
- Conservative

# TIMING OF DELIVERY

The mean gestational age at

delivery is 36 weeks

(range: 32–38 weeks).

# SURGICAL APPROACH

- MIDLINE VERTICAL INCISION
- CLASSIC UTERINE INCISION

MANUAL PLACENTAL REMOVAL-

TO BE AVOIDED

# MANAGEMENT

Best option is

hysterectomy

if fertility is not an issue

with

bladder dissection performed later after securing uterine arteries

**Eur J Obstet Gynecol Reprod Biol** 2007;133:34-9

# FOR FERTILITY

REMOVE THE CORD

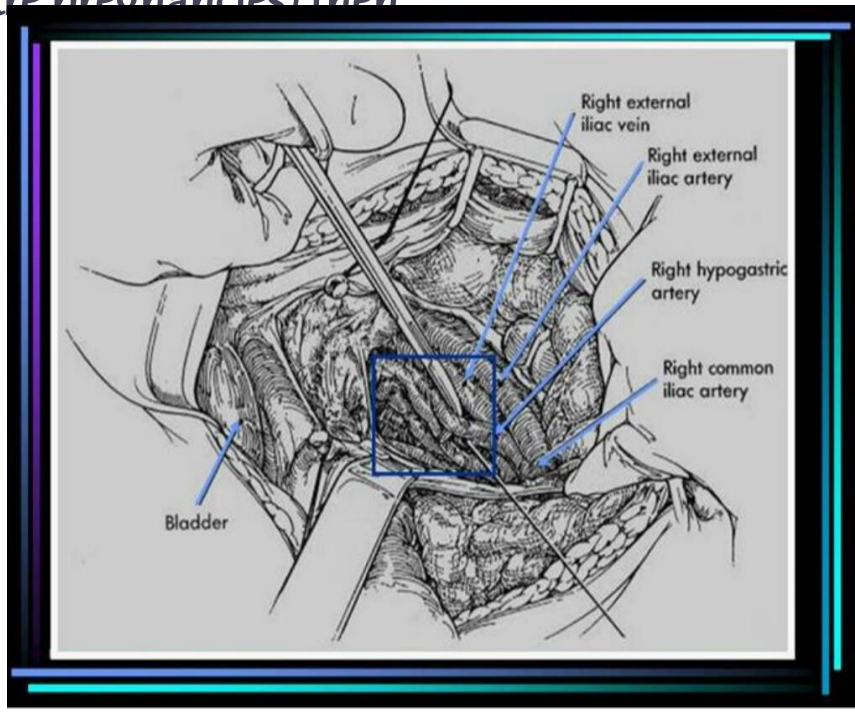
LEAVE PLACENTA *in situ*

# MANAGEMENT

- If it is important to save the woman's uterus (for future pregnancies) then conservative treatment may be employed

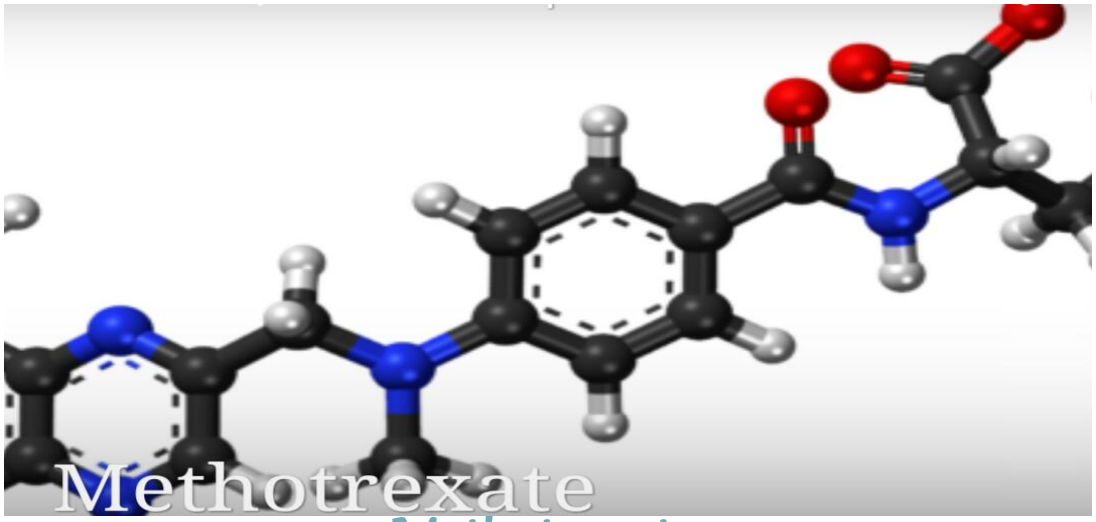
Techniques include:

- Internal iliac artery ligation.
- Bilateral uterine artery ligation
- Intrauterine balloon catheterisation to compress blood vessels.
- Embolisation of pelvic vessels.




J Perinatal 2000;20:331-4

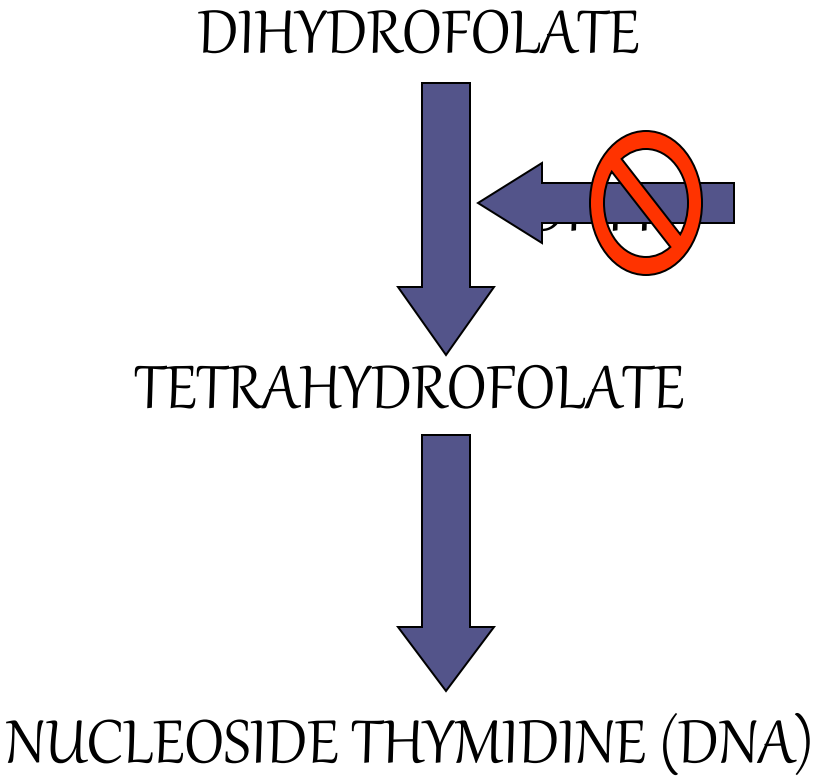
Leaving the placenta in the uterus,



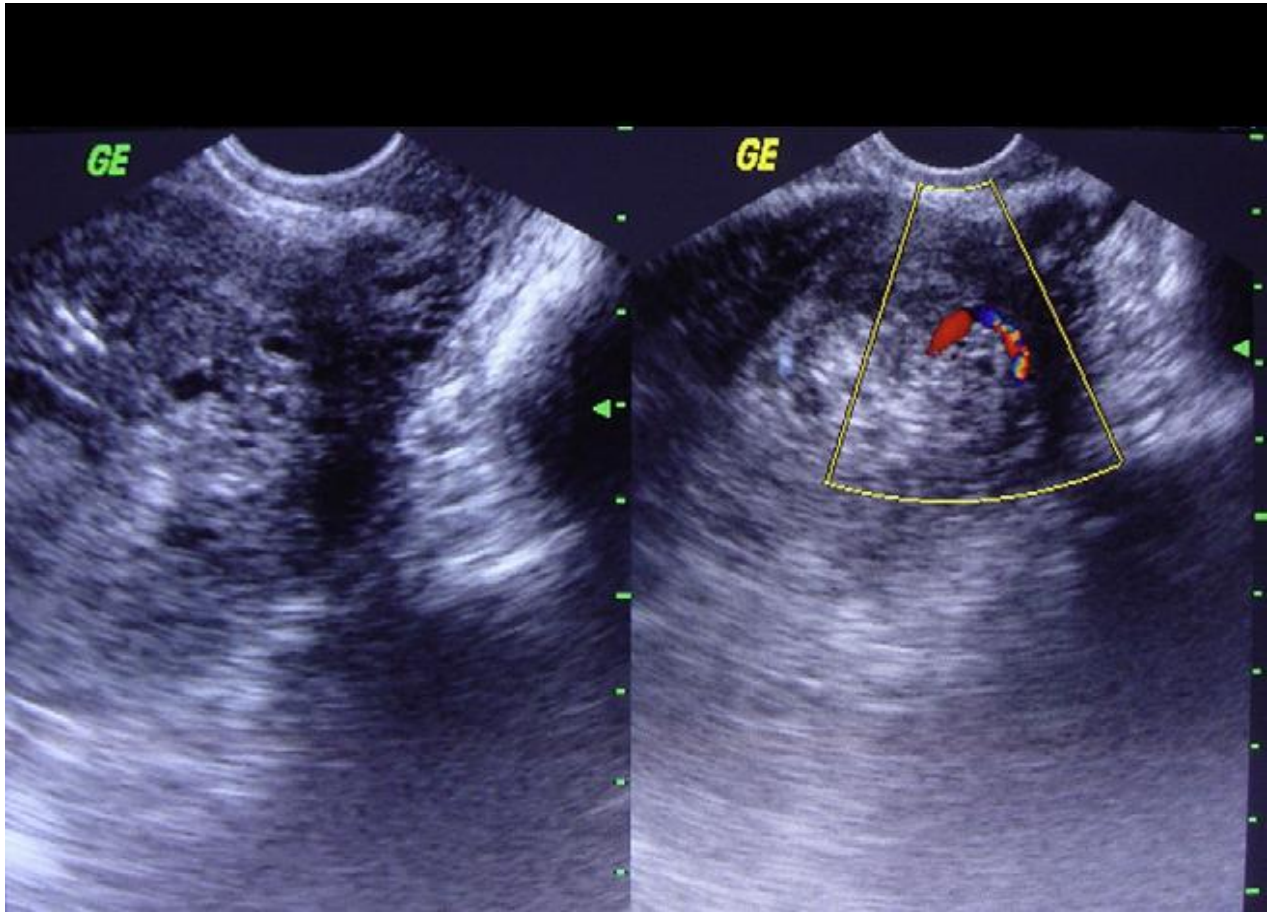

Methotrexate

has been used in such a case case.

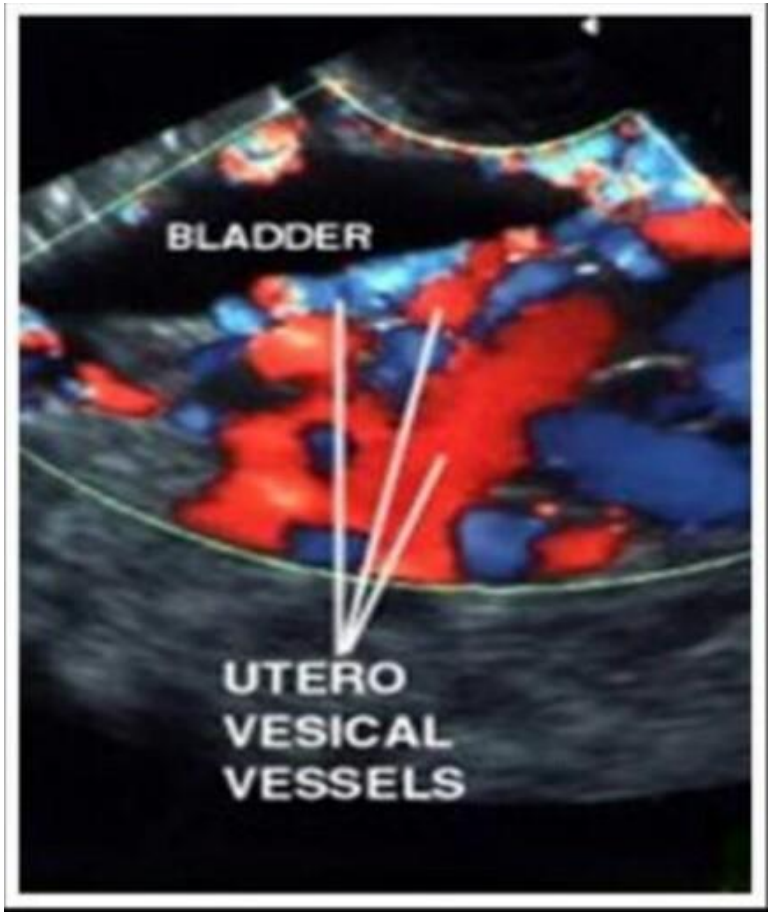
# METHOTREXATE



# FIRST CASE



# TWO CASES



# STRICT

STRICT

# OBSERVATION






THANKYOU
SEE YOU LATER :)

# ACKNOWLEDGEMENT

**Dr. Saloni Bansal**

for

her sincere efforts

in preparing this presentation