Placenta percreta: a clinical case

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Objective
Describe the interdisciplinary management and resolution of a pregnant woman diagnosed with placenta percreta.

Methods
Descriptive method. Case report.

Results
32-year-old patient with a history of two previous pregnancies, one vaginal delivery and one cesarean section. Diagnosis of placenta percreta was suspected based on ultrasound findings. Interdisciplinary follow-ups and discussions were conducted involving other specialties such as urology, anesthesia, radiology, hemotherapy, and neonatology to prevent maternal and fetal complications and define appropriate treatment. The patient remained asymptomatic throughout the pregnancy. A cesarean section was scheduled at 35 weeks of gestational age.

Prior to surgery, hemostatic balloons were placed in the hypogastric arteries and double-J catheters in the ureters. Placenta percreta was confirmed during a 6-hours surgery, which extended beyond the uterus and reached the bladder.

Prenatal diagnosis is of the utmost importance. The **interdisciplinary approach** is highlighted as a pivotal as well as the existence of a **specialized center for placenta accreta spectrum.**

A separation plane between the anterior surface of the uterus and the bladder was not achieved, leading to the decision to resect the bladder dome which allowed to perform a total hysterectomy. Left ureteral reimplantation and vesical suturing were carried out. As a result, a female newborn with prematurity-related complications was delivered. With the implemented preventive measures, the patient remained hemodynamically stable, requiring a total of 3 units of red blood cells during surgery. After 15 days, she was discharged along with the newborn. The final diagnosis was confirmed through anatomopathological examination of the hysterectomy sample, revealing placenta percreta. Placental villi invaded the myometrial layer, reaching and perforating the uterine serosa. Another histological feature was the absence or minimal decidualized endometrium.

Conclusion:

Prenatal diagnosis is of the utmost importance, enabling a more accurate treatment/management strategy and delivery plan. The interdisciplinary approach is highlighted as pivotal, as well as the existence of a specialized center for placenta accreta spectrum, serving as the sole pathway to mitigate maternal and neonatal morbidity and mortality.

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