

Placenta accreta spectrum, it is an issue

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ABSTRACT

Introduction: Placenta accreta spectrum (PAS) has become more common as a reflection of increasing rate of caesarean section. PAS is known to brought upon morbidity and worst, mortality. In Hospital Sultanah Bahiyah, Alor Setar, the incidence of PAS documented from January 2023 to March 2024 (15 months) were 10 cases with one case complicated with bladder cystectomy and bilateral cutaneous ureterostomy. The detection of these cases prior delivery aids in the operative management. **Objective:** The purpose of this case study was to show the alarming rate of PAS from the latest 15 months in comparison to the 5 years previous study (January 2013 till end of 2017) comprising of 36 cases. **Materials and Methods:** Data of patients undergone caesarean hysterectomy for the suspicion of placenta accreta spectrum from Hospital Sultanah Bahiyah, Alor Setar from January 2023 till March 2024 were compared to those of January 2013 till end of 2017. **Results:** Of the 12,488 cases undergoing caesarean sections from January 2023 till March 2024 (15 months), there were a total of 10 placenta accreta spectrum, with increta and percreta being the most common. The data indicated an increase in the incidence of placenta accreta spectrum (PAS) disorders from 0.06% to 0.08% over five years, which translated to 8 in 10,000 deliveries. Placenta increta and placenta percreta were diagnosed in 7 and 3 women, respectively. Hysterectomy was carried out in all 10 patients with overall mean blood loss increasing more than 50% from 2.38L to 5.83L and more than half of these women require four or more units of packed red-blood-cells and all 10 cases required additional blood product. Almost 90% (9/10) cases were emergency PAS leading to high referral of patients with a high degree of placental invasion to specialists. Of the 10 cases, one case of percreta was complicated with asystole due to massive PPH requiring CPR, relaparotomy with bladder cystectomy and patient ended-up with bilateral ureterostomy. Other major maternal complications of caesarean hysterectomy included transfusion of red blood cells (70%) and other blood products (100%), urologic injury (40%) and longer ICU admissions from 7 to 10 days and more premature babies delivered with mean gestation at 31 weeks. **Conclusions:** The alarming rate of PAS needs an urgent awareness in making diagnosis for a better plan of management to reduce maternal morbidity and to avoid mortality. If the caesarean rates continue to increase, the annual incidence of placenta previa, placenta accreta and maternal death will also rise substantially, thus it is an issue.