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# Rare Case Report on Placenta Increta with Previous History of Uterine Artery Embolization for Arterio Venous Malformation

**Dr. Ani Chandanan[1], Dr. Mamta Arora[2], Dr. Vibha Sharma[3]**

[1]Associate Professor, TSM Medical College Lucknow, U.P., India
[2]Assistant Professor, TSM Medical College Lucknow, U.P., India
[3]Assistant Professor, TSM Medical College Lucknow, U.P., India

**Abstract:** ***This case study presents a challenging instance of placenta increta in a 31-year-old female, highlighting the complexities and critical decision-making involved in managing advanced placental attachment disorders. The patient, with a history of one live birth, secondary postpartum hemorrhage, and a spontaneous abortion complicated by uterine arterio-venous malformation, presented at 36 weeks and 6 days of gestation with abdominal pain. Examination indicated imminent labor, but non-reactive non-stress tests necessitated an emergency cesarean section. Intraoperatively, the failure to separate the placenta led to postpartum hemorrhage, urgently addressed through a cesarean subtotal hysterectomy. This intervention underscores the importance of prompt and decisive action in such high-risk scenarios. The case emphasizes the need for heightened awareness and preparedness in managing placenta increta, a condition with potentially life-threatening complications for both the mother and fetus.***

**Keywords:** Placenta Increta, Postpartum Hemorrhage, Emergency Cesarean Section, Uterine Arterio-Venous Malformation, Cesarean Subtotal Hysterectomy

## 1. Introduction

Placenta accreta occurs when the placenta-the organ that provides nutrients and other support to a developing fetus-attaches too deeply to the uterine wall. This often leads to two major complications: the placenta cannot normally deliver after the baby's birth, and attempts to remove the placenta can lead to heavy bleeding.

Placenta increta and placenta percreta are similar to placenta accreta, but more severe. Placenta increta is a condition where the placenta attaches more firmly to the uterus and becomes embedded in the organ's muscle wall.

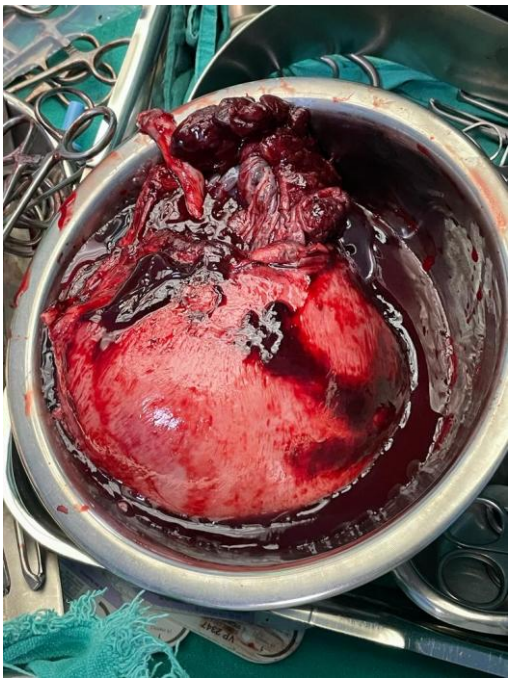
## 2. Case Report

31 year old female came to obstetrics OPD with diagnosis of G3P1L1A1 with 36 week 6 days pregnancy with pain abdomen since 3days. On examination, per abdomen-Fundal height 34week, longitudinal lie, cephalic presentation, head entered, uterus relaxed. On per vaginum examination-Cervial dilataion 3-4 cm, cervical effacement 20-30%, membrane present, head at-1 station. On next morning patient had good uterine contraction and went into active phase of labor. In non stress test there is deacceleration present and NST was nonreactive, due to which decision of emergency lscs was taken. Intra-operatively a male baby deleiverd, cried immediately but placenta was not separated and no plane of placental margin reached, patient went into post partum haemorrhage. Immediate decision of intraoperatively cesarian hysterectomy taken and 2 unit blood was arranged. Cesarian subtotal hysterectomy done and patient was shift to intensive care unit for strict vital monitoring. Post operatively patient was stable and discharge on 9$^{th}$post operative day.

On histopathological report-PLACENTA INCRETA

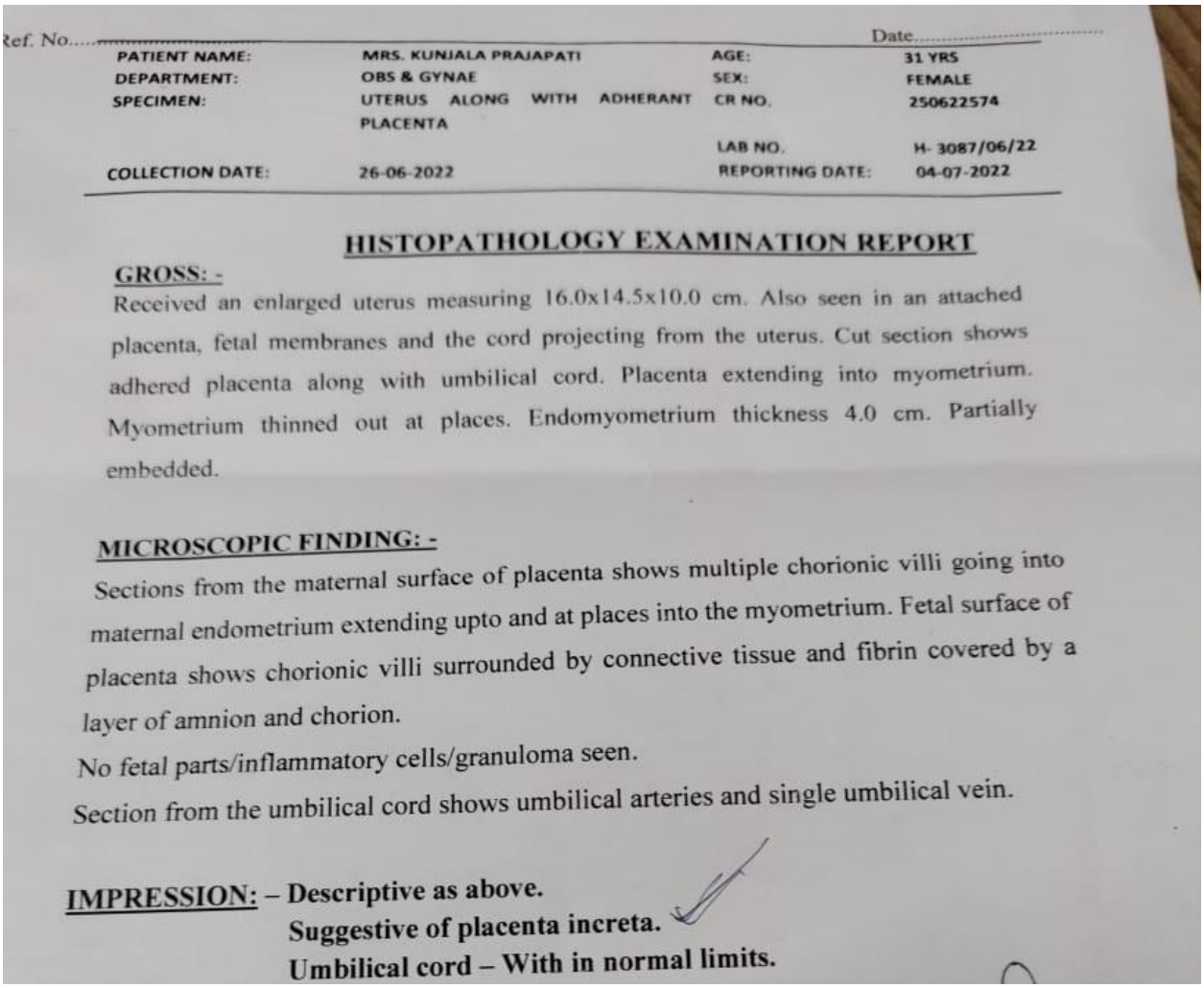
Previous Obstetric History-Patient had one live birth 6 yr before by vaginal delivery after that patient given history of secondary post partum haemorrhage for which medical management was done and 2 unit blood was transfused.

Patient was also given history of spontaneous abortion 3 year back, following which patient had continuous bleeding per vaginum but patient does not respond to medical management. For these complaint patient visited to SGPGI, Lucknow where the diagnosis of uterine arterio-venous malformation was made and uerine artery embolisation done.



**Uterus with adherent placenta**

**Histopathology Report**



Ref. No..... Date.....

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|---|---|---|---|
| PATIENT NAME: | MRS. KUNJALA PRAJAPATI | AGE: | 31 YRS |
| DEPARTMENT: | OBS & GYNAE | SEX: | FEMALE |
| SPECIMEN: | UTERUS ALONG WITH ADHERANT PLACENTA | CR NO. | 250622574 |
| | | LAB NO. | H- 3087/06/22 |
| COLLECTION DATE: | 26-06-2022 | REPORTING DATE: | 04-07-2022 |

## HISTOPATHOLOGY EXAMINATION REPORT

**GROSS: -**

Received an enlarged uterus measuring 16.0x14.5x10.0 cm. Also seen in an attached placenta, fetal membranes and the cord projecting from the uterus. Cut section shows adhered placenta along with umbilical cord. Placenta extending into myometrium. Myometrium thinned out at places. Endomyometrium thickness 4.0 cm. Partially embedded.

**MICROSCOPIC FINDING: -**

Sections from the maternal surface of placenta shows multiple chorionic villi going into maternal endometrium extending upto and at places into the myometrium. Fetal surface of placenta shows chorionic villi surrounded by connective tissue and fibrin covered by a layer of amnion and chorion.

No fetal parts/inflammatory cells/granuloma seen.

Section from the umbilical cord shows umbilical arteries and single umbilical vein.

**IMPRESSION: – Descriptive as above.**
**Suggestive of placenta increta.**
**Umbilical cord – With in normal limits.**