



## MORBIDLY ADHERENT PLACENTA –A BURDEN ON TERTIARY CARE CENTRE.

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**ABSTRACT... Objectives:** To determine the burden of Morbidly Adherent Placenta on tertiary care centre in terms of prolonged hospital stay, multiple blood transfusions, Intensive care unit stay, involvement of surgical urological colleges. **Study Design:** Descriptive Case Series. **Setting:** Department of Obstetrics and Gynaecology, Unit I Lahore, General Hospital Lahore LGH. **Period:** 06 months (1<sup>st</sup> August 2017-28<sup>th</sup> February 2018). **Material & Methods:** Total Obstetrical patients admitted in this period were 2754 total births 2567, lower segment caesarean 1184 patients, with Morbidly Adherent Placenta were 28. Date was analysed regarding maternal age, parity, previous surgeries and diagnosis prior to admission. The complications analysed were hospital stay >10 days, multiple transfusions>04 days, ICU admission>72hours, requirement of surgical and urological colleges. Patients fulfilling inclusion and exclusion criteria were studied. **Results:** Morbidly Adherent Placenta results in patient's prolonged stay in hospital and ICU which results in high consumption of hospital resources. **Conclusion:** Morbidly Adherent Placenta is directly related with caesarean section rate. Every effort should be made to reduce the %age of primary caesarean section so that incidence of Morbidly Adherent Placenta can be minimised.

**Key words:** Caesarean Section, Morbidly Adherent Placenta, Placenta Previa.

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### INTRODUCTION

Maternal and fetal morbidity and mortality from placenta praevia are associated with high demands on health departments as it is common causes of antepartum bleeding and is associated with an increased need for blood transfusions and preterm delivery.<sup>1</sup> There is continuous increase in the complications like placenta praevia with increase in the patient age combine with number of caesarean they experience.<sup>2,3</sup> Placenta previa (PP) is when placental tissue attaches inside the uterus but near or over the internal cervical.<sup>4</sup> Ultrasound imaging classifies placenta previa to major and minor or partial praevia depend on its position in cervical.<sup>5-7</sup> Morbidity Adherent Placenta is the abnormal invasion of trophoblastic tissues also known as abnormal invasion of placenta. Morbidly Adherent Placenta can be classified into 1) Accreta-trophoblastic invasion upto 50% of the myometrium, and 2) Percreta the trophoblastic placenta perforates the uterine

serosa and spreads to other pelvic organs.<sup>3,8,9</sup>

Morbidity Adherent Placenta is rising progressively and the rate which was one in 2500 pregnancies few years back is currently one in 500 pregnancies. The main cause is the complications experienced by women in previous delivery, according to one of UK based study UK Obstetric Surveillance System (UKOSS), the odds of having Morbidly Adherent Placenta increased in women having previous caesarean delivery, previous uterine surgery, an IVF pregnancy and placenta previa diagnosed antepartum.<sup>3</sup>

Previous caesarean section and anterior placenta should raise high index suspicion of Morbidly Adherent Placenta, especially if it is reported as low lying or praevia. Routine ultrasound can demonstrate the classical features of placental lacunae, thinning of the myometrial border and disruption of the posterior wall of the bladder.<sup>10</sup>

In Pakistan Morbidly Adherent Placenta is a big concern as there is social stress for a large family so there is increase in previous caesarean section, placenta praevia, placenta accrete and hysterectomy.<sup>11</sup> According to one study the caesarean rate in Pakistan is 64.6% and it is increasing.<sup>12</sup>

Our aim of this study is to create awareness regarding rising incidence of Morbidly Adherent Placenta and its burdens on tertiary care centres so that early risk identification, early diagnosis, and referral can minimize the complications in patients who present in emergency with massive haemorrhage.

## MATERIAL & METHODS

The descriptive case series study was carried out within six months in the duration of August 01, 2017 to February 28, 2018. This study contained 28 cases which were admitted in Department of Obstetrics and Gynaecology, Unit I Lahore, General Hospital Lahore. Patients with the history of previous caesarean were prioritised in the study, all obstetrical patients admitted in the unit were included in the study and only those patients which were already operated upon outside hospital and were referred with complications of surgery carried out due to Morbidly Adherent Placenta were excluded.

The patient's details were collected from ICU and ward, complete history was documented with age menstrual cycle, estimated date of delivery, blood transfusion, bleeding history, complete oral and injected medication details with this pregnancy and previous pregnancies. The data collected were well informed to the subjects and with the consent added in this study.

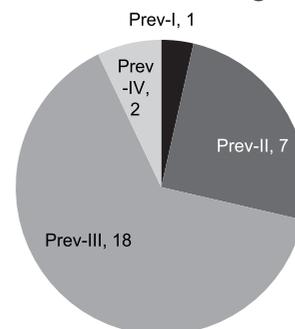
In the duration of six months total number of 2754 Obstetrical patients were admitted with the birth rate of 2567 out of which 1184 were lower segment caesarean and with Morbidly Adherent Placenta were 28. The general examination of patient was done using routine urine examination, blood group, complete blood screening, and ultra-sonogram followed by the abdominal examination for lie of fetus, fundus height, fetal

cardiac sounds, expected fetal weight and utrine contractions during labouring. The complications analysed were stayed in hospital for more than 10 days with multiple transfusions in 04 days and admitted in ICU for 72 hours as per requirement of surgical and urological colleges.

All procedure performed in study involving human participants were in accordance with the ethical standards of the institution. Informed consent was obtained from all individual participants in the study.

## RESULTS

This study include 28 subjects with Morbidity Adherent Placenta out of which 01 have previous 01 caesarean section, 07 have 02, 18 have 03 and 02 have 04 caesarean sections as indicated in Figure-1 with the maternal age between 21-36.



**Figure-1. Parity association of Morbidly Adherent Placenta.**

Hysterectomy was performed in 96.42% patients out of which 89.28 % stayed in hospital for more than 10 days, 89.28% also requires more than 04 blood transfusions and 64.28% stayed in hospital for more than 72 hours.

The operative procedure also has some complications like out of control bleeding which requires the assistance of general surgery colleges as the case of 28.57% patients and 39.28 % requires the assistance of urological colleagues because of uncontrolled bladder bleeding and stitching as indicated in Table-I.

Characteristics	No	%age
Morbidly Adherent Placenta	28	
Hysterectomy	27	96.42
Hospital stay > 10days	25	89.28
Blood Transfusions >4	26	92.84
ICU stay >72hrs	18	64.28
Requirement of surgical colleagues	8	28.57
Requirement of Urological Colleagues	11	39.28
Maternal Age	21-36	32.62 (mean)

**Table-I. Morbidity associated with Morbidly Adherent Placenta.**

## DISCUSSION

Morbidly Adherent Placenta, a life threatening complication of pregnancy in approximately 1 in 1000 to 2000 pregnancies as reported but in our case study it is 1.09 % which is quite high 1 in 91 patients results in risks to patients such as bleeding during pregnancy, excessive blood loss at times of delivery, premature delivery and need of hysterectomy which require complete attention of gynaecologist, surgical and urological team. Morbidly Adherent Placenta is the cause of excessive consumption of hospital resources because patients have to stay in hospital for more than 10 days and require blood transfusions too.<sup>11,13,14</sup>

It is also observed that the risk of Morbidly Adherent Placenta is high in older age group with higher gravidity and patients with previous caesarean delivery and major degree of placenta previa.

## CONCLUSION

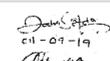
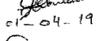
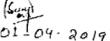
Morbidly Adherent Placenta is almost 100% associated with previous caesarean by decreasing the C section rate and early pre-operative diagnoses and management of Morbidly Adherent Placenta. We can decrease the morbidity and mortality associated with Morbidly Adherent Placenta.

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