



INTERVAL HYSTRECTOMY IN CASES OF PLACENTA ACCRETA MANAGED BY RETAINED PLACENTA

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ABSTRACT

Objective: To determine the frequency of interval hysterectomy in cases of placenta accreta treated with retained placental surgery. **Methodology:** This was a descriptive case series conducted at Department of Obstetrics & Gynecology, Sheikh Zayed Hospital, Rahim Yar Khan. In this study 50 cases diagnosed with placenta accreta with age range of 18 to 40 years were selected. The diagnosis of placenta accreta was made on ultrasonography and all stages were included. Then these cases were delivered in the hospital and after delivery of the fetus, the placenta was retained in the body. Interval hysterectomy was labelled as yes where the uterus had to remove within one month of prior surgery. **Results;** In this study there were total 50 cases of placenta accreta. The mean age of the participants was 27.31 ± 3.89 years and mean duration of gestation was 34.41 ± 2.78 weeks at delivery (table 01). Interval hysterectomy was done in 7 (14%) of the cases. Interval hysterectomy was done significantly high in cases those were multiparous where it was seen in 6 (18.18%) of the cases with p value of 0.03 (table 02). There was no significant difference in terms of duration of gestation for interval hysterectomy ($p= 0.84$). **Conclusion;** Interval hysterectomy is not a rare intervention done in cases of placenta accreta and is done significantly high in multiparous women.

KEYWORDS: Placenta accreta, Hysterectomy.

INTRODUCTION

Placenta accreta is a relatively uncommon disease but is one of the dreadful obstetrical complications that are associated with significant degree of maternal morbidity and mortality. Its prevalence in Pakistan is around 1.8 per 1,000 pregnancies.^[1-3]

The underlying pathogenesis is not fully understood. The widely acceptable theory is defective decidualization and leading to excessive trophoblastic villi invasion or may be a result of maternal vascular remodeling.^[4-5] It is seen commonly in previous scar associated with prior surgery like C section. Excessive blood loss is the great concern that can be fatal and hence there is always a need for better plan with minimal degree of blood loss.^[6,7]

Different treatment modalities have been used for its management including primary hysterectomy, retained placental surgery, balloon catheterization, arterial embolization and pharmacological like methotrexate administration each carrying its own benefit and side effect profiles.^[8-11]

OBJECTIVE

To determine the frequency of interval hysterectomy in cases of placenta accreta treated with retained placental surgery.

Study Design

Descriptive case series study.

Study Setting

Department of Obstetrics & Gynecology, Sheikh Zayed Hospital, Rahim Yar Khan.

Sampling Technique

Non probability consecutive sampling.

Duration of study

April 2017 to October 2017

MATERIAL AND METHODS

In this study 50 cases diagnosed with placenta accreta with age range of 18 to 40 years were selected. The diagnosis of placenta accreta was made on ultrasonography and all stages were included. Then these cases were delivered in the hospital and after delivery of the fetus, the placenta was retained in the body. Interval

hysterectomy was labelled as yes where the uterus had to remove within one month of prior surgery.

RESULTS

In this study there were total 50 cases of placenta accreta. The mean age of the participants was 27.31 ± 3.89 years and mean duration of gestation was 34.41 ± 2.78 weeks at

delivery (table 01). Interval hysterectomy was done in 7 (14%) of the cases. Interval hysterectomy was done significantly high in cases those were multiparous where it was seen in 6 (18.18%) of the cases with p value of 0.03 (table 02). There was no significant difference in terms of duration of gestation for interval hysterectomy ($p = 0.84$) as in table 03.

Table 01: Study variables.

	Mean	Range
Age (years)	27.31 ± 3.89	19-31
Duration of gestation (weeks)	34.41 ± 2.78	32-37

Table 02: Interval hysterectomy and parity.

Parity	Interval Hysterectomy		Total
	Yes	No	
Single	01 (5.88%)	16 (94.12%)	17
Multiparous	06 (18.18%)	27 (81.82%)	33
Total	07 (14%)	43 (86%)	50 (100%)

$p = 0.03$

Table 03: Interval hysterectomy and duration of gestation.

Duration of gestation (weeks)	Interval Hysterectomy		Total
	Yes	No	
< 34	3 (11.11%)	24 (88.89%)	27
33 or more	4 (17.39%)	19 (82.61%)	23
Total	07 (14%)	43 (86%)	50 (100%)

$p = 0.84$

DISCUSSION

Placenta accreta is one of the deadliest obstetrical conditions and can be catastrophic if early targeted steps are not taken. Early diagnosis, plan for prompt intra and post op resuscitation and anticipation of any untoward effects are the mainstay of the management of this entity. Retained placental surgeries are common these days for its management due to its fear of excessive blood loss but re need of hysterectomy due to uncontrolled hemostasis can be warranted urgently within 1st months of surgery.^[12,13]

In the present study interval hysterectomy was needed in 7(14%) of cases treated with, retained placenta. This finding was close the results of prior studies. According to a study conducted by Sentilhes L et al revealed that the hysterectomy was needed in 10.8% of their cases where placenta was left inside.^[14] A very low percentage of results were seen in the study of Bisschop SCN et al, where they observed this complication in 3% of the cases only.^[15]

In a study by Kayem G et al they compared two modalities to see for the need for re surgery for hysterectomy and it was seen that conservative management proved to be better strategy in terms of outcomes where rate of hysterectomy and hemorrhage were lesser in contrast to other modality, but in the latter

technique the risk of maternal infection was much higher.^[16]

In another study by Bretelle F et al have also shown that conservative treatment resulted in lower number of cases with infection and hemorrhage and infection.^[17] In another set of series who opted conservative management for placenta accreta carried out on 26 pregnant females and it was seen that hysterectomy was done ultimately in 19% of the cases.^[17-19] Amongst these studies done on placenta accreta, the maximum cases revealing morbidity in terms of infection and hemorrhage was seen in 167 cases studied by Sentilhes et al across France. According to a study done by Clausen C et al described that ultimate hysterectomy was required in 22% of cases managed by conservative surgery.^[20]

CONCLUSION

Interval hysterectomy is not a rare intervention done in cases of placenta accreta and is done significantly high in multiparous women.

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