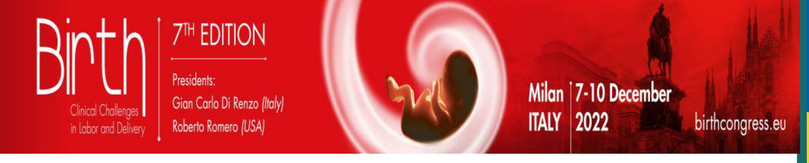

THE FEATURES OF CONSERVATIVE MANAGEMENT PLACENTA ACCRETA

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Introduction. Placenta accreta (PA), also called abnormally invasive placenta (AIP), describes a clinical situation where the placenta does not detach spontaneously after delivery and cannot be forcibly removed without causing massive and potentially life-threatening bleeding. Accreta placentation is now almost an entirely iatrogenic condition. With the continuous rise in cesarean delivery rates in most countries around the world, both the prevalence and incidence of PA disorders will continue to increase. Expectant management is effective in up to 78%–80% of the cases. The extirpative method is associated with a high risk of postpartum hemorrhage. The success of the one-step conservative procedure depends on the degree of placental invasion. Conservative management of PA is defined as all procedures or strategies aiming to avoid a peripartum hysterectomy and its related-morbidity and consequences. The main goals are to decrease severe maternal morbidity related to the PA, especially the amount of blood loss; and consequently the risk of massive transfusion and coagulopathy as well as operative injury and its potential consequences such as vesicouterine fistula. A second goal may be to attempt to preserve the option of future pregnancies, knowing that fertility is often inextricably linked with societal status and self-esteem. Despite numerous publications on organ-sparing operations, the lack of scientific justification of organ-sparing strategies in emergency obstetrics was the basis for this study.

Aim. To investigate of effectiveness new conservative management by intraumbilical terlipressin in pregnant women with placenta accreta.

Material and Methods. The study was performed at the National Pirogov Memorial Medical University, Vinnytsya, Ukraine, under budget grant No. 0121 U109141. This prospective clinical study included 32 women diagnosed with PA disorders admitted to Vinnytsia Regional Pirogov Clinical Hospital, Perinatal Center between March 2018 to May 2020. These cases were categorized into two groups according to the used approach for management: group (A), normotensive singleton women (n = 18) underwent cesarean section (CS) with resective-constructive surgery, group (B), normotensive singleton women (n = 14) underwent cesarean section (CS) with using intraumbilical terlipressin acetate (dilute 0.4 mg terlipressin acetate up to 20 mL with sodium chloride 0,9%). All pregnant women received informed consent to the extended examination algorithm provided for by the scientific investigation performed. In addition, the study was approved by the local ethics committee.

Results. Previous C.S. (75,0%), multiparity more than two (68,75%), assisted reproductive technology (43,75%) and previous artificial abortions (81.25%) were significant risk factors for development of PA. The multiple logistic regression analysis showed that using intraumbilical terlipressin acetate (0.4 mg=4 ml diluted by 20 ml isotonic solution) allowed decreased intaoperative blood loss, ml (Difference (D) -433.33, Standard error (SE) 55.205, confidence interval [CI] -546.0726 to -320.5874, P < 0.001); CS time, min (D: -48.14, SE 4.63, 95% CI -57.5923 to -38.6877, P < 0.001); cases of postpartum anemia (adjusted odds ratio [aOR]: 2.53, 95% confidence interval [CI] 1.05–6.07, P=0.04); cases of puerperal septic complications (aOR: 2.33, 95% CI 0.55–9.85, P = 0.25); time of hospital discharge, days (D: -2.0, SE 0.26, 95% CI -2.5329 to -1.4671, P < 0.001). There was no case of maternal death.

Conclusions. The management of PA disorders should be individualized. Patients with PA keen to preserve the uterus could be offered the option of using intraumbilical terlipressin acetate ((dilute 0.4 mg terlipressin acetate up to 20 mL with sodium chloride 0,9%)aiming at conservative management after proper counseling. This strategy allowed significant decreased intraoperative and postoperative blood losses, time of CS, cases of postpartum anemia, and time of hospital discharge.

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References:
Abbas, Riwa A.; Nassar, Anwar H.*. Placenta Accreta Spectrum: Conservative Management and Its Impact on Future Fertility. Maternal-Fetal Medicine: October 2021 - Volume 3 - Issue 4 - p 263-267.
Sentilhes L, Kayem G, Silver RM. Conservative Management of Placenta Accreta Spectrum. Clin Obstet Gynecol. 2018 Dec;61(4):783-794.
Daney de Marcillac F, et al. Maternal morbidity and mortality associated with conservative management for placenta morbidly adherent (accreta) diagnosed during pregnancy. Report of 15 cases. J Gynecol Obstet Biol Reprod (Paris). 2016 Oct;45(8):849-858.