A case of prev 6 cesarean sections, placenta praevia /percreta, with history of ruptured uterus twice

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Abstract
This is aimed at re-emphasising the importance of early multi-disciplinary management, and good clinical acumen as the most important factors in reducing morbidity and ensuring good outcome for the patient with placenta praevia/accrete where MRI and interventional radiology facilities are still not easily available to obstetrics department.

Methods
She was a known case of placenta praevia, that was suspected to be accreta in antenatal period and confirmed to be percreta during surgery. This patient refused hospital stays after all seniors were involved in advising her and underwent her seventh cesarean delivery at 30 weeks with us and was actively managed by a team of 5 surgeons involving two consultant gynaecologists and two urologists. She was found to have a placenta percreta invading bladder wall. She had post-partum hemorrhage which could not be managed medically and hysterectomy had to be resorted to. To dissect the adherent bladder was challenging which ended in bladder injury and repair. Internal iliac artery ligation had to be done to reduce blood loss for completing the hysterectomy. Patient received 10 units of blood, 6 units of cryo-precipitate and 10 units of fresh frozen plasma during surgery. She was then shifted to ICU and later had good recovery thereafter.

Her urinary catheter was kept in till day 11 when it was removed and she passed urine with no problems and went home happily.

Objectives
The following case report describes the rare occurrence of pregnancy in a lady with previous 6 cesarean sections, who had twice ruptured her uterus with repair done for same, had undergone laprotomy for ectopic pregnancy also. Even though she was advised to avoid pregnancy, she came to us pregnant, with placenta praevia for her antenatal care.