

# Detection and Management of Morbidly Adherent Placenta (MAP): Our 5 years Experience

Siti Aminah Binti Md Mukhtar, Buvanesh C, Bavanandan NG

MFM Unit, O&G Department, Hospital Sultanah Bahiyah (HSB), Alor Setar

## ABSTRACT

**Introduction and Objective:** First described nearly 80 years ago, MAP is no longer a rare obstetric event. It is a potential cause of life threatening obstetrics hemorrhage and unintended mortality. This review is targeted to evaluate efficacy of antenatal ultrasound in diagnosis of MAP and its outcome. **Methodology:** This is retrospective data analysis of patients referred for management of suspected MAP in HSB, between January 2013 till December 2017. **Result:** Total of 36 women were diagnosed with MAP (14 accreta, 16 increta, and 6 percreta) with incidence of 0.6 per 1000 pregnancies. The sensitivity of our antenatal ultrasound to diagnose MAP was 64.8%. MRI was never used. All patients underwent a caesarean hysterectomy whereby 25 were performed electively while 11 were done as emergency. An additional bilateral internal iliac artery ligation was performed in 5 patients. Overall mean blood loss was 2.38 L. Two thirds of women required four or more units of packed red-blood-cells. Five patients (13.8%) reported to have bladder injury. No mortality was reported. **Conclusion:** Precise ultrasound evaluation and mapping was vital in ensuring an optimal outcome of morbidly adherent placenta. With availability of skilled gynaecologist and good multidisciplinary team support, we were able to provide a systemic approach in optimizing outcomes in the spectrum of MAP management.

# Administration of Clotrimazole prior to Frozen Embryo Transfer (FET) Cycles may Improve Clinical Pregnancy and Implantation Rate in Older Women

Lim, MW, Lee, CSS

Alpha International Fertility Centre, 31, Level 2, Jalan PJU 5/6, Dataran Sunway, Kota Damansara, 47810, Petaling Jaya, Selangor, Malaysia

## ABSTRACT

**Objectives:** We hypothesized that the presence of candidiasis whether clinical or sub-clinical may impact negatively on implantation and pregnancy rates in older patients. In this retrospective study, we review the effect of Clotrimazole (Canesten) in the clinical outcome of FET patients 35 years and older. **Methods:** A total of 221 patients with blastocysts screened using Preimplantation-Genetic-Screening (PGS) underwent FET cycles in Alpha Fertility Centre, between July 2016 and January 2018. These patients were divided into 2 groups: 183 patients with 216 euploid blastocysts transferred in the treatment group (Group A), and 38 patients with 46 euploid blastocysts transferred in the control group (Group B). All patients were administered with oestrogen (Progynova) and progesterone (Cyclogest or Crinone 8%) for endometrium preparation. In Group A, patients were given Canesten 500 mg pessary 7 days prior to embryo transfer. The mean age of patients in Group A and Group B were 37.6 and 37.9 respectively. The mean number of blastocysts transferred in both groups was 1.2 each. Clinical pregnancy and number of gestational sacs were determined by ultrasound. **Results:** The implantation rate was significantly higher in patients treated with Canesten (68.1%) compared to those who were not (47.8%;  $p < 0.05$ ). The clinical pregnancy rate also appears to be higher in the treatment group (69.4%) as opposed to the control group (57.9%). However, this difference was not significant ( $p = > 0.05$ ). **Conclusion:** Based on our result, it is suggestive that the use of Canesten pessaries in FET cycles is promising in improving implantation rate and clinical pregnancy rate in older patients.