

Single, Double and Triple Modalities of Uterine Sparing Treatment for Primary Postpartum Haemorrhage: A 14-year Retrospective Cohort Study of Efficacy and Short Term Complications

Kwong LT, So PL, Wong SF

Department of Obstetrics and Gynecology, Tuen Mun Hospital, Hong Kong SAR

ABSTRACT

Objective: To evaluate the efficacy of single, double and triple modalities of uterine sparing treatment (UST) for primary postpartum haemorrhage (PPH) in the prevention of Caesarean hysterectomy and to investigate any increase in short-term complications (STC) with the increase in modality of UST used. **Patients and Methods:** This is a 14-year (from April 2006 to February 2019) retrospective study of 221 patients who had undergone UST for PPH in a tertiary hospital in Hong Kong. Patients were followed up for one year. Data was retrieved from hospital database and hospital record. The results were analysed by SPSS system. **Results:** We reported an exponential increase in the number of modalities of UST used and the rate of Caesarean hysterectomy. Single (n = 174) and double (n = 44) modalities of UST prevented 94.3% and 90.9% of Caesarean hysterectomy. All patients with triple (n=3) modalities failed to preserve their uterus. Puerperal sepsis (24.5%) and secondary PPH (13.2%) remained the most common STC. There was no difference in the occurrence of puerperal sepsis (p=0.74), secondary PPH (p=0.23), endometritis (p=0.09), pyometra (p=1) and vascular complications (p=0.35) between those receiving single and double modalities of UST. There was one case of hematometra (2.5% among double modality group) after sequential uterine artery ligation and modified B-lynch suture. **Conclusion:** Our study showed high success rate in controlling PPH for both single and double modalities of UST. There was no significant increase in STC with the increase in number of modalities used. Double modalities of UST should be pushed forward in view of the reassuring efficacy. Caesarean hysterectomy should be seriously considered if one needed to resort to triple modalities.

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Posterior Placenta Accreta in a Uterus with Previous Scar: A Case Report

Sethi N, Khaing Si Lay

Department of Obstetrics and Gynaecology, University Malaya

ABSTRACT

Introduction: Placenta Accreta is a term used to describe an abnormal implantation of the placenta to the uterus during gestation. Placenta accreta is considered a severe pregnancy complication that may be associated with massive and potentially life-threatening intrapartum and postpartum haemorrhage. Amongst several risk factors associated with placenta accreta, previous caesarean deliveries have been considered one of the major risk. However, there have been cases of placenta accreta with no known risk factors at all. **Objectives:** The definitive diagnosis of placenta accreta is usually made postpartum on hysterectomy specimens when an area of accretion shows chorionic villi in direct contact with the myometrium and absence of decidua. At this time no antenatal diagnostic technique affords the clinician 100% assurance of either ruling in or ruling out the presence of placenta accreta. **Methods:** In this article, we describe a case of placenta increta at the posterior uterine wall in a woman with two previous lower segment caesarean section scars diagnosed on histopathological examination with no prior clinical suspicion of posterior accreta. **Results:** As the patient in the case reported above had two previous caesarean sections, a discovery of placenta praevia and placenta accreta was not surprising. However, the placenta was found to be attached to the posterior wall of the uterus, instead of on the two previous scars, one would have expected the latter. **Conclusion:** Posterior placenta accreta in a uterus with two previous caesarean section scars is a rare occurrence. However, obstetricians should not rule out any possibilities while diagnosing a placenta accreta clinically. To ensure better planning of the surgery, further investigations (i.e. MRI) would be deemed necessary if there is any doubt on the ultrasound visualisation.