

Novel application of Celox for haemorrhage control in placenta accreta spectrum disorder

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ABSTRACT

Introduction: Placenta accreta spectrum (PAS) disorders, characterised by abnormal placental invasion into the myometrium, pose a high risk of life-threatening haemorrhage. Rising caesarean section rates increase PAS incidence, necessitating optimised management to reduce maternal morbidity and mortality. This report presents a case of PAS-related haemorrhage managed with a novel approach. **Case Description:** A 39-year-old G2P1 woman with a prior caesarean scar was referred at 31 weeks and 2 days gestation for suspected PAS. Antenatal workup revealed gestational diabetes and ultrasound/MRI findings suggestive of focal placenta accreta. At 34 weeks, per vaginal bleeding occurred. A caesarean section confirmed placenta previa and focal accreta. Post-delivery, persistent bleeding from the accreta site was managed with topical Celox, alongside uterotonics and tranexamic acid. The patient required one unit of packed red blood cells and recovered well. **Discussion:** This case demonstrates Celox's successful use as an adjunct to standard management for haemorrhage from focal placenta accreta. While hysterectomy is often definitive, Celox offers a potentially fertility-sparing alternative in select cases. The report emphasises multidisciplinary PAS management and the need for further research on topical haemostatic agents like Celox in this challenging scenario.