MASSIVE HAEMORRHAGE SECONDARY TO PLACENTA PERCRETA IN THE FIRST TRIMESTER; A CASE REPORT.

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Introduction: Placenta accreta is on the rising trend for the past decade. The increasing incidence of placenta accreta is multifactorial but the most important factor is the increase number of caesarean section in current obstetrics practice. It is a known obstetric condition leading to serious maternal morbidity and mortality. Massive haemorrhage due to placenta percreta is more commonly seen in the third trimester. It is very rare to detect in the first trimester due to its difficulty to diagnose and manage placenta percreta in early course of pregnancy. In the literature revealed only few cases were reported and mostly were diagnosed following hysterectomy.

Case description: A 36- year- old young healthy Malay woman at 9 weeks of gestation in her eighth pregnancy presented with active per vaginal bleeding and abdominal pain. She has significant obstetric history of two previous lower segment caesarean sections (LSCS) and one dilatation and curettage for missed miscarriage. Pelvic examination showed a 12 week size uterus. Ultrasonography revealed a non-viable fetus. The subsequent emergency curettage performed was complicated by massive haemorrhage which required an abdominal hysterectomy to be performed as a life-saving procedure. She was diagnosed to have placenta percreta based on gross specimen of the uterus and confirmed by the histo-pathological examination (HPE) with the presence of chorionic villi which adhered to the underlying myometrium without intervening layer of deciduas. In areas there was infiltration of chorionic villi through the whole thickness of the myometrium.

Discussion: The management of placenta percreta is a real obstetric challenge. It is difficult to diagnose placenta percreta that morbidly adhered to the uterus especially in early pregnancy and rarely can be recognised during the curettage procedure. Successful management depends on immediate blood transfusion therapy and prompt surgical intervention with multidisciplinary involvement. Hence, high index of clinical suspicion and anticipation rely on the risk factors is very crucial in optimizing management strategies as an early recognition of the condition may improve the clinical outcome.