



HFH DMS Case Study

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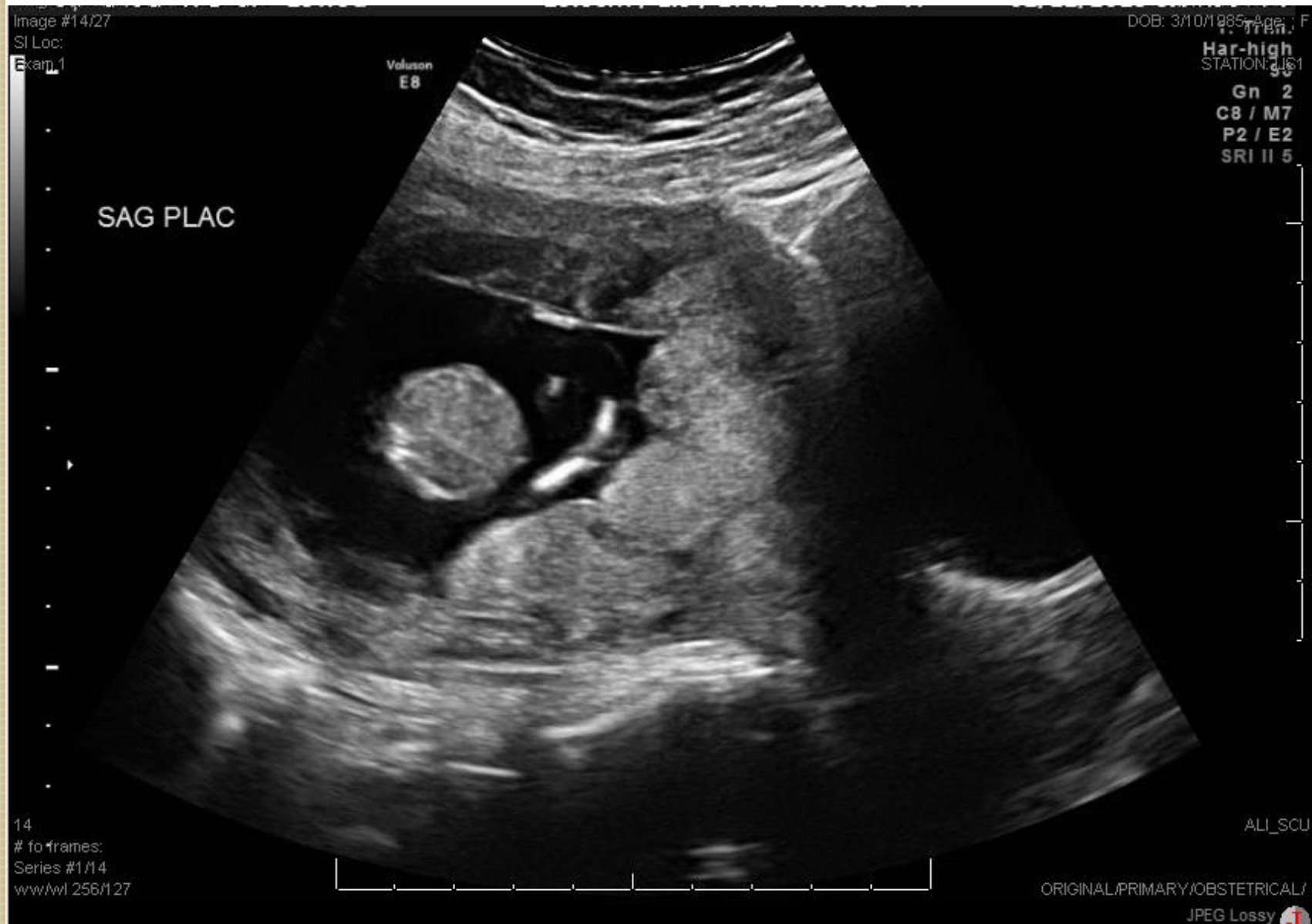
History

- 29 year-old female
- Positive IUP
- G4, P2, SABI, C-Section I
- 13w 3d by LMP

US Findings 2/12

- Complete placenta previa was noted
- Otherwise, unremarkable first trimester ultrasound with a normal nuchal translucency of 1.27 mm

Placenta Previa



Nuchal Translucency within normal limits



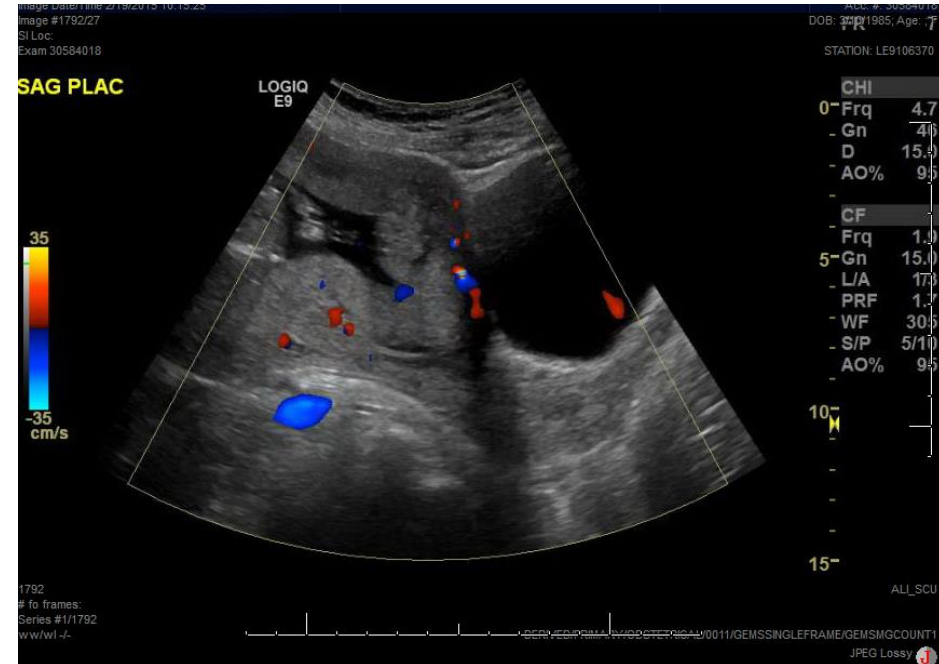
Placenta Previa

- Placenta partially or completely covers the internal os of the cervix
- Can cause severe bleeding before or during delivery which may be life-threatening
- Can cause preterm birth
- Occurs in approximately 4.8 pregnancies per 1000

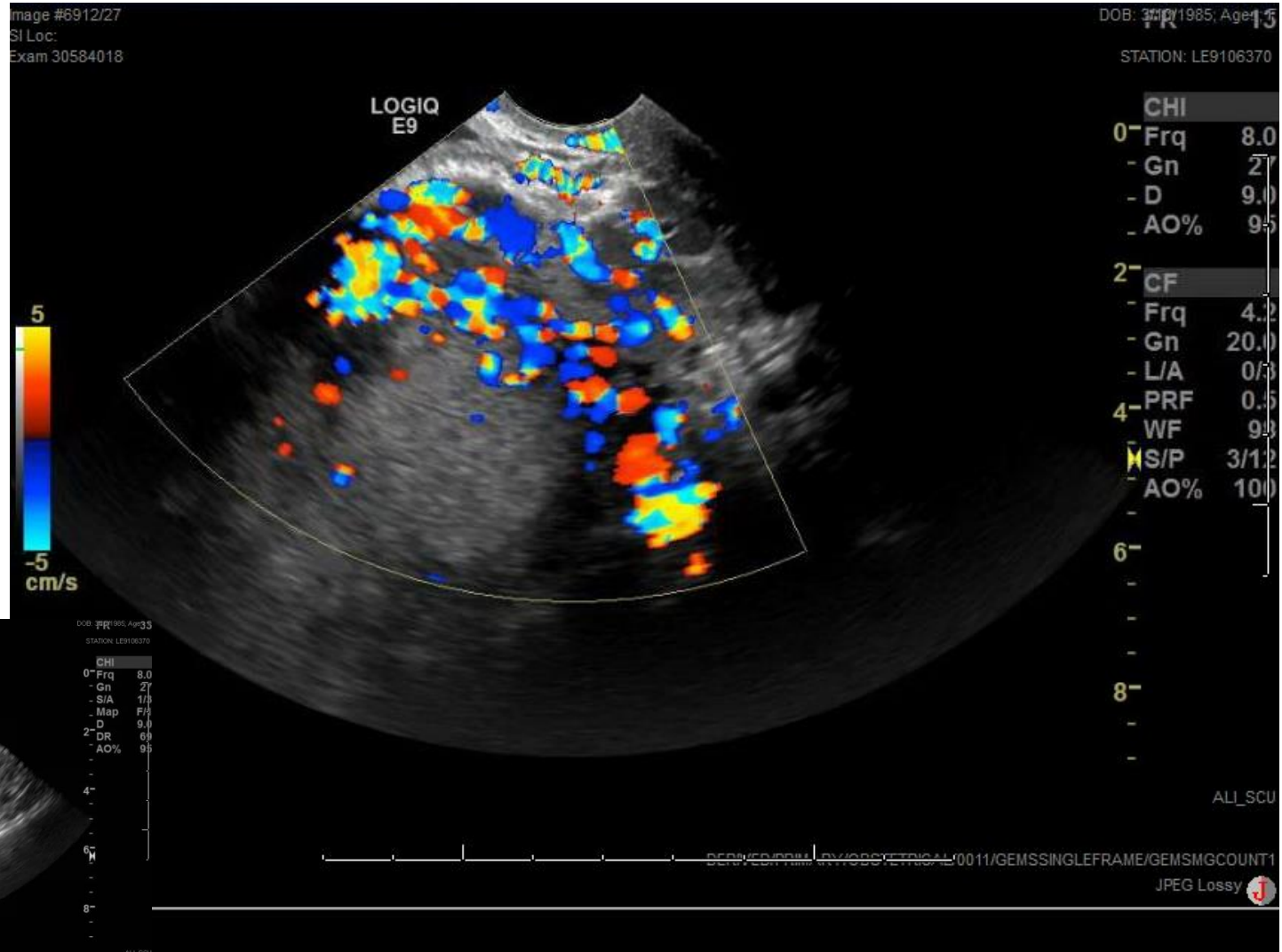
US Findings 2/19

- Pt returned for a scheduled amniocentesis due to an abnormal blood screen (amnio returned 46 XY - normal)
- A total placenta previa with anterior and posterior wrap was again demonstrated
- Evidence of placenta accreta was seen
- Placenta and cervix assessed both trans-abdominally and trans-vaginally
- Cervix appeared long and closed

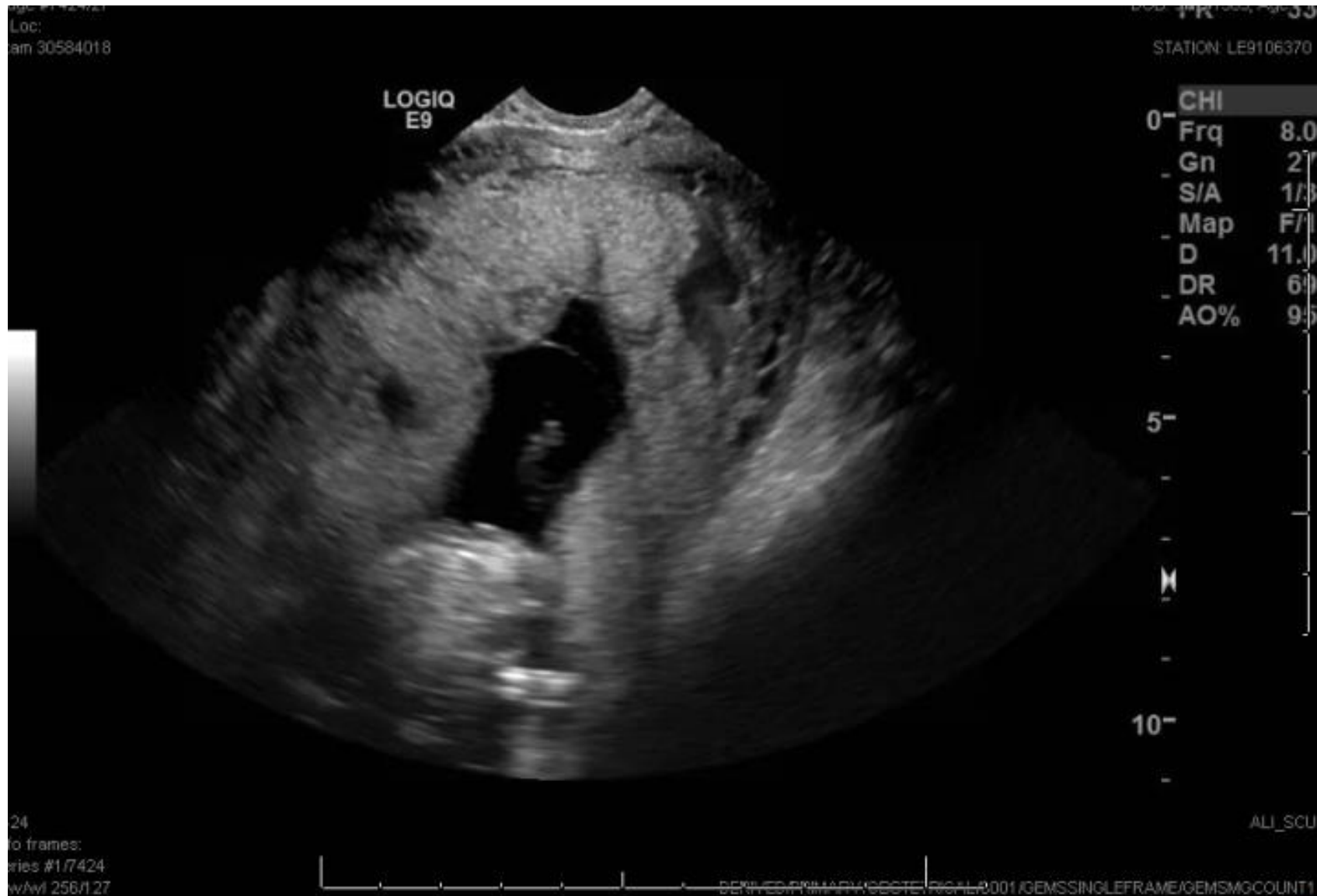
Placenta Previa



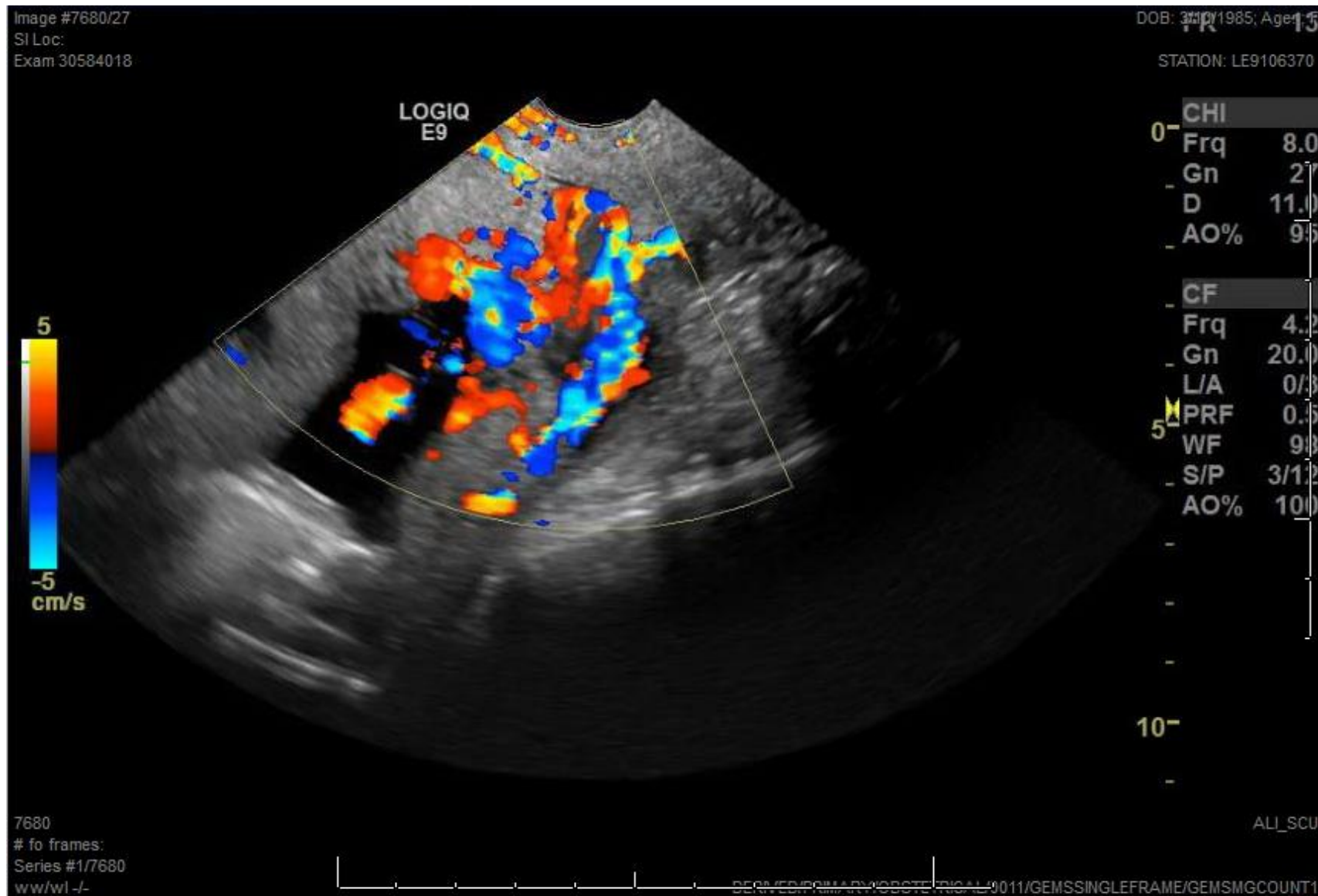
Placenta Accreta



The ultrasonographic features suggestive of placenta accreta include irregularly shaped placental lacunae (vascular spaces) within the placenta. These lacunae may result in the placenta having a “moth-eaten” or “Swiss cheese” appearance



Increased vascularity was seen posterior to placenta where myometrial tissue should be evident.

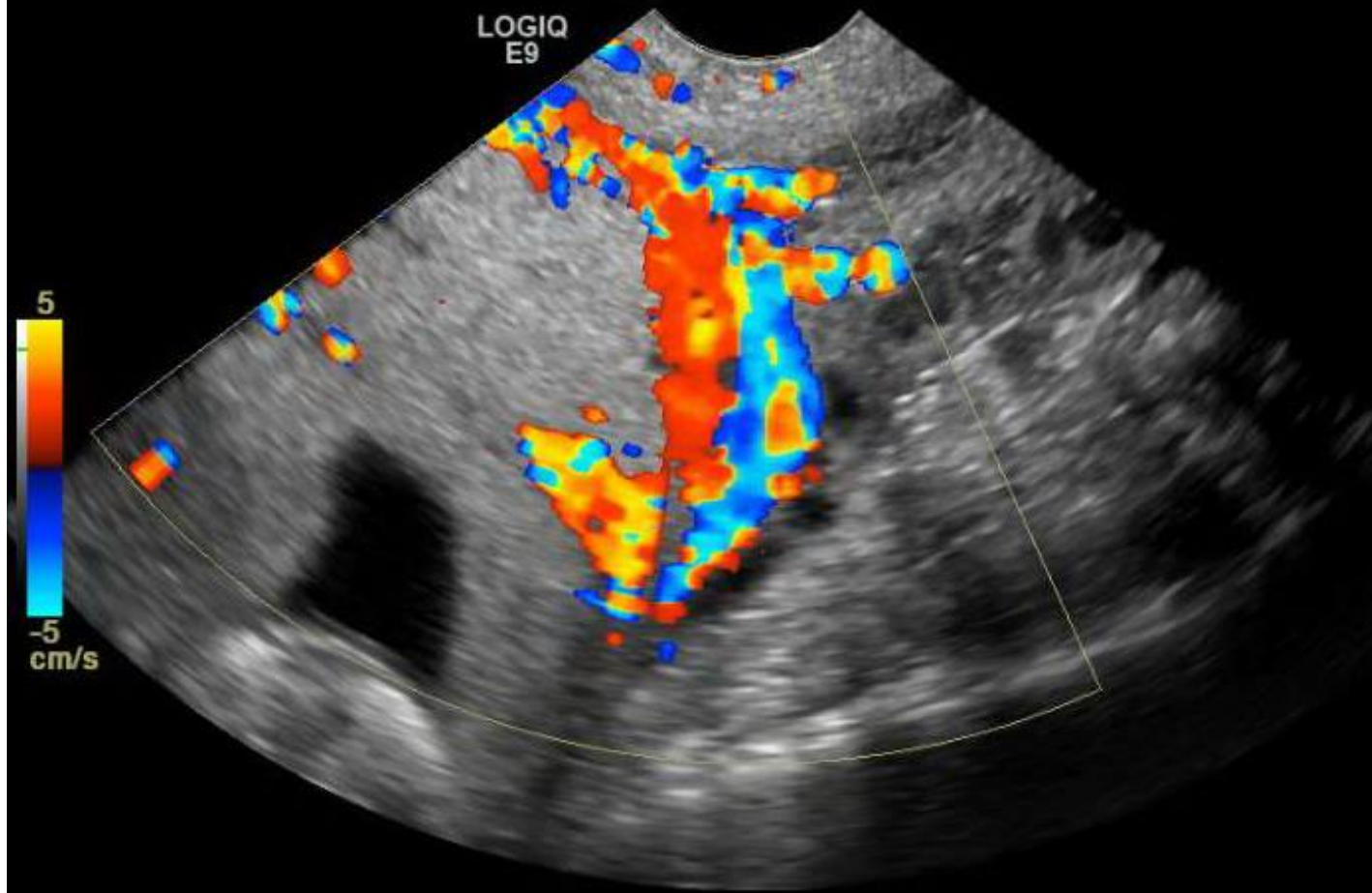


Increased vascularity was seen posterior to placenta where myometrial tissue should be evident.

Image #5888/27
SI Loc:
Exam 30584018

DOB: 3/1/1985; Age

STATION: LE9106



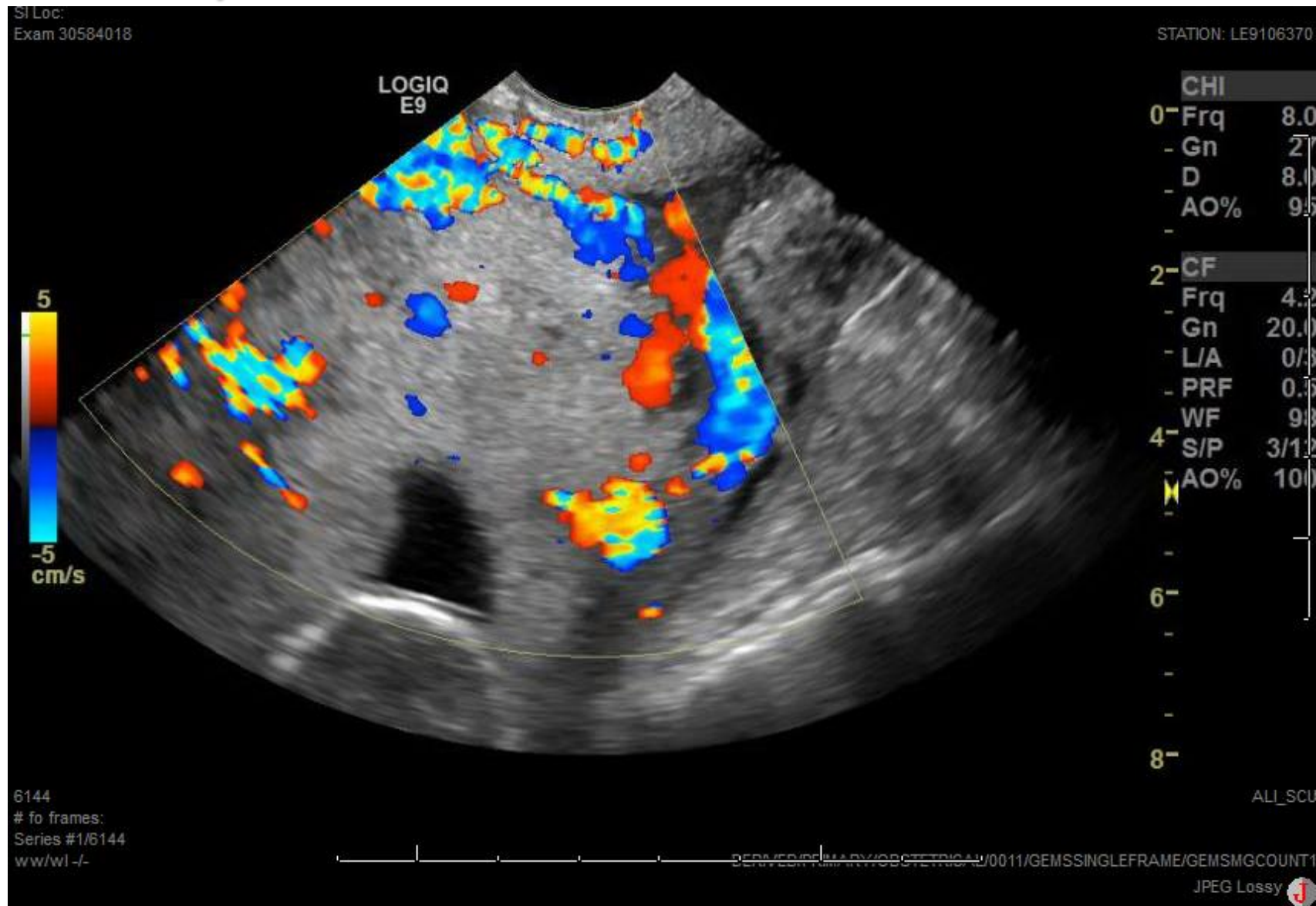
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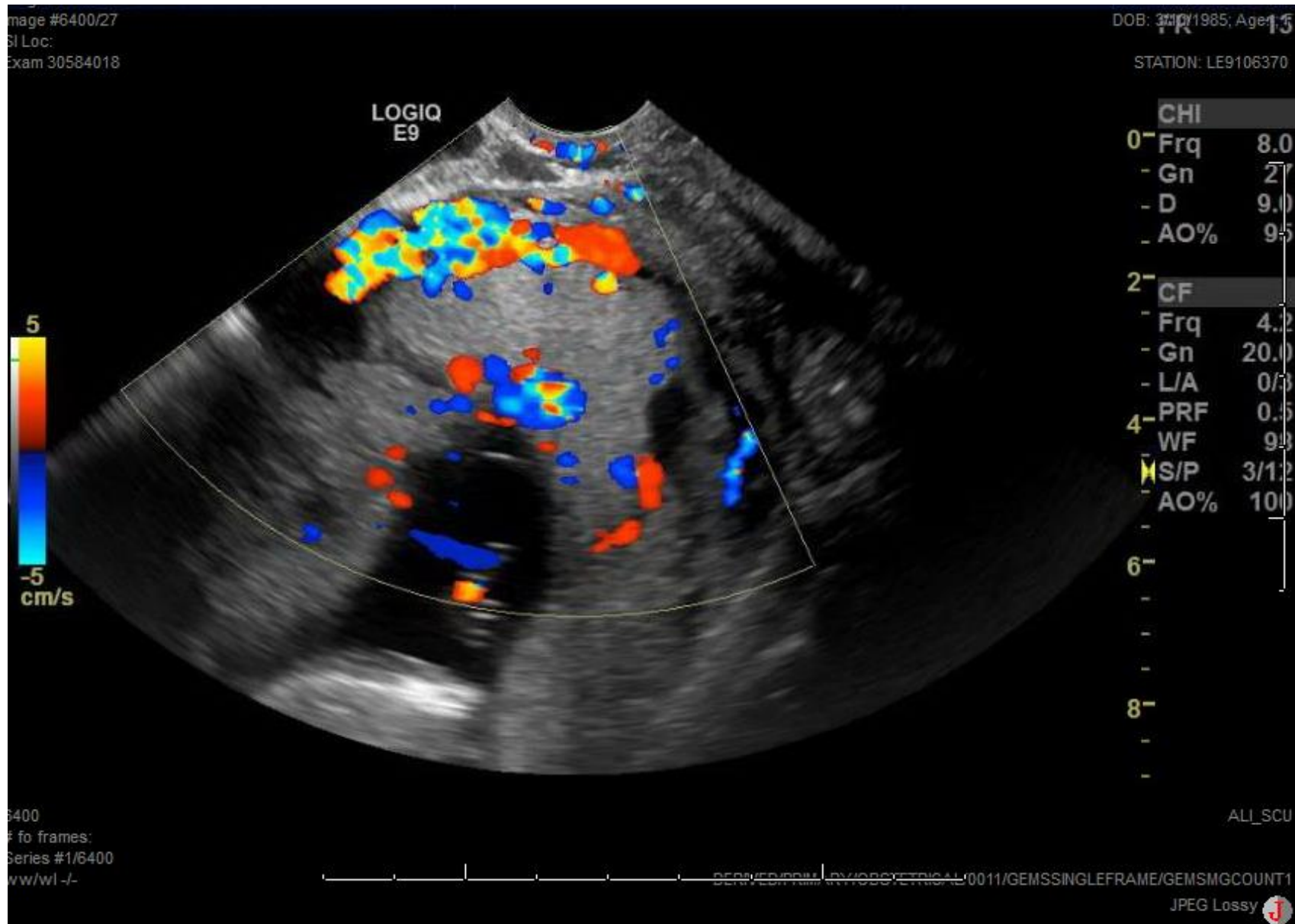
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Increased vascularity was seen posterior to placenta where myometrial tissue should be evident.



Increased vascularity was seen posterior to placenta where myometrial tissue should be evident.



Placenta Accreta

- Serious condition during pregnancy that occurs when blood vessels and other parts of the placenta grow into the myometrium (uterine wall)
- Part or all of the placenta remains strongly attached to uterine wall after delivery
- Occurs in approximately 1 of 2500 deliveries

Risk Factors

- Previous C-Section
- Anterior placenta
- Advanced maternal age
- Any previous damage/surgery to myometrium (ie. D&C, thermal ablation)

Possible Complications

- IUGR (Intrauterine Growth Restriction)
- Massive blood loss during delivery
- Disseminated intravascular coagulation – (DIC) a life-threatening condition that prevents blood from clotting normally
- Can also lead to lung and/or kidney failure

Plan of Care

- Routine anatomical fetal survey to be performed between 18-20 weeks
- Regular ultrasound follow-up until delivery to monitor growth of fetus & state of placental invasion
- Schedule C-Section
- Additional blood supply on hand if needed
- Autologous blood salvage (blood transfusion)
- Prophylactic internal iliac artery balloon placement (reduces blood flow to uterus)

Plan of Care cont.

- Every effort will be made to salvage the uterus however, mother will be consented for possible hysterectomy prior to surgery.

Works Cited

- Placenta accreta. (n.d.). Retrieved March 3, 2015, from <http://www.mayoclinic.org/diseases-conditions/placenta-accreta/basics/definition/con-20035437>
- Miller, D.A., Chollet, J.A., & Goodwin, T. M. (1997). Clinical risk factors for placenta previa–placenta accreta. *American journal of obstetrics and gynecology*, 177(1), 210-214.
- Placenta previa. (n.d.). Retrieved March 3, 2015, from <http://www.mayoclinic.org/diseases-conditions/placenta-previa/basics/definition/con-20032219>
- Chou, M. M., Ho, E. S. C., & Lee, Y. H. (2000). Prenatal diagnosis of placenta previa accreta by transabdominal color Doppler ultrasound. *Ultrasound in obstetrics & gynecology*, 15(1), 28-35.