

Placenta percreta of the cervix – a case report

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Abnormal placentation affects less than 0,1% of pregnancies. Placenta increta/percreta is the leading cause of postpartum emergency hysterectomy. Though the deep choriodecidual infiltration has distinct ultrasound features, due to the thin myometrial wall in pregnancy and the its low incidence, it is rarely diagnosed and poorly documented preoperatively.

A well illustrated case of a 45-year-old grand multipara is presented. She was referred to the High Risk Pregnancy Unit at 29 wks with oligohydramnion and IUGR, when placenta previa was diagnosed. Two days later a caesarian section was performed due to severe signs of intrauterine distress. At surgery, placenta previa with increased adherency was found, but macroscopic placental evacuation and bleeding control was successful. Transient bleeding and febrile episodes in the early postop period were controlled by uterotonics and antibiotics. Later, due to the clinical and laboratory signs of puerperal infection, combined antiseptic treatment was given. At ultrasound, below the normal uterine corpus, empty uterine cavity and intact transverse suture, an enlarged cervix (corpus:cervix ratio 1:2) was detected with large demarcated echogenic foci unrelated to the cervical canal, with moderate vascularisation (figure). Since intermittent bleeding did not stop, on day 21 hysterectomy was performed. Histology diagnosed the case of placenta percreta, where the chorionic villi infiltrated the whole cervix reaching the perimetrium. After uneventful postop period the patient was exmitted.

To our knowlegde, this is the first ultrasound demonstration of the placenta accreta, which infiltrates the uterine cervix.