



Images in clinical practice

**Placenta Accreta Spectrum: A preventable nearly iatrogenic disorder.**

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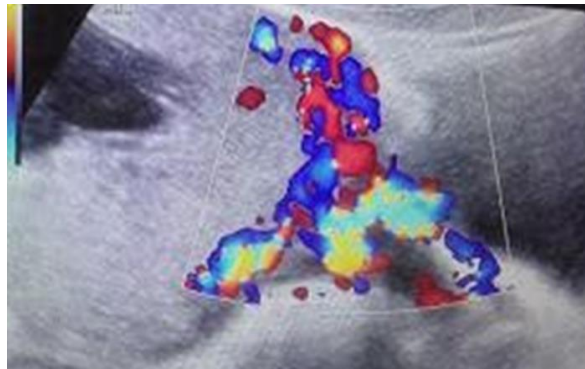
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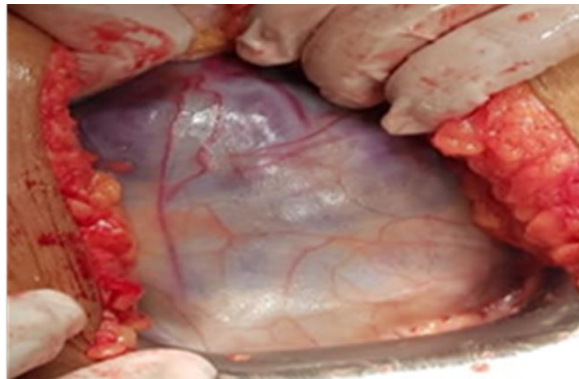
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**Color Doppler ultrasound shows multidirectional flow vascularity and artifacts.**



**Intraoperative finding shows tortuous vessels in the serosal surface of gravid uterus.**



**Intraoperative features of cesarean hysterectomy for placenta percreta**

### Comments

Placenta accreta spectrum (PAS) refers to the range of pathologic adherence of the placenta, including placenta increta, placenta percreta, and placenta accreta. PAS disorder is a maternal and fetal life-threatening situation due to the high risk of intrapartum uncontrollable bleeding. The common described risk factors are the placenta previa and history of Caesarean section (CS) [1]. We herein report our experience with five patients referred to our department for suspected PAS. These patient were selected for targeted prepartum ultrasound assessment due to their history of multiple C-sections. PAS risk increase with the number of previous CS and could reach 7% [2]. In Nicaragua, the rate of c-section in obstetrical practice is still high and approximating 40% in some centers. Uterine wall dehiscence result in locally defective decidualisation and abnormal placental adherence with important trophoblastic invasion in a subsequent pregnancy [3]. We still believe that this disorder is preventable if we “go back” a little to obstetrical good practices. Dramatic situations can be avoided by selecting suspected PAS on ultrasound or MRI to be referred. PAS is the commonest cause of intrapartum hysterectomy and must be managed always in specialized centers with multidisciplinary team approach.

**Conflict of Interest:** None

### References

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