First trimester post-abortal placenta increta: A case report

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Obstetrical hemorrhage is one of the leading causes of maternal morbidity and mortality in our country. The objective of this report is to present the case of a 30-year-old, gravida 3 para 1 (1021) who had persistent vaginal bleeding post dilatation and curettage due to missed abortion at 11 weeks gestational age. Differential diagnosis included retained product of conception, gestational trophoblastic neoplasia, uterine arteriovenous malformation, and placental accrete syndrome. This could be differentiated by beta human chorionic gonadotrophic hormone level and transvaginal ultrasound. What made the case interesting is the dilemma in the diagnosis. In a case of persistent vaginal bleeding after dilatation and curettage and with a previous history of cesarean delivery, an obstetrician will initially think of placenta accrete syndrome. But then initial diagnostic tests during admission, all pointed out to uterine arteriovenous malformation; due to the dilemma of the service team in clinching the diagnosis for a single disease entity, pelvic magnetic resonance imaging with contrast was done revealing a possible placenta accreta, but cannot totally rule out vascular tumor such as uterine arteriovenous malformation. Since patient was initially desirous of future pregnancy, she was scheduled for conservative CT angiography and continuous medical management. However, the patient still had persistent vaginal bleeding. Hence, an exploratory laparotomy, total abdominal hysterectomy was done. Specimen was sent for histopathology revealing a placenta increta. In the advent of technology, there is already a wide array of diagnostic work-ups and imaging modalities that can be used to make an appropriate diagnosis. The moral lesson in our case is that a clinical correlation and a high index of suspicion must be at all times considered above all. No matter how rare it is, it can still happen. No matter rare the condition, it should still be at the back of our minds.