33. PLACENTA ACCRETA-NEW TRENDS IN MANAGEMENT

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Introduction. The prevalence of placenta accreta continues to rise with a negative impact on overall women's health. Frequently, it's incriminated in the occurrence of massive obstetric bleeding (according to literature data, pathological bleeding during placenta delivery and early postpartum is 50-80% of the total number of bleedings) resulting in increased maternal morbidity and mortality.

Aim of study. Elucidation of conservative methods of treatment of placenta accreta to reduce maternal morbidity, mortality and increase quality of life.

Methods and materials. International databases, such as: Cambridge Journals Online, Google Scholar and PubMed, publications from 2016-2021 have been analyzed on the conservative management of the placenta accreta. The search was performed using keywords: placenta accreta, obstetric bleeding, conservative management.

Results. The placenta accreta results from an abnormal implantation, when the chorionic villi attaches to the uterine myometrium or uterine serosa, due to the presence of a defect at the base of the decidua. Dominant risk factors are: scarred uterus, history of segmental-transverse cesarean sections, uterine curettage, embolization or myomectomy. The management of the placenta accreta consists of two main strategies: 1) its identification, favored by assessing risk factors and complementary examinations and, 2) tactics of conduct in the placenta accreta, whose goal is to reduce maternal complications as much as possible. A multidisciplinary team care, immediate access to blood products, intensive care for adults and neonatal and enhanced expertise in complex pelvic surgery are essential in order to increase safe outcomes for mother and child. Four main methods of conservative management are described in the international literature:a) the technique of removal(manual removal)of the placenta; b)leaving the placenta in situ or the expected approach; c) conservative surgery in one step(removal of the acrid area); d) the Triple-P procedure(suturing around the accreted area after resection). These methods have been used alone or in combination, in many cases with additional procedures such as interventional radiology.

Conclusions: Increasing the rate of cesarean section increases the occurrence of pathological insertions of the placenta, resulting in increased maternal-fetal mortality. Prenatal diagnosis is essential, and the management of these clinical cases must be well planned by an experienced multidisciplinary team to reduce the potential for maternal and neonatal morbidity and mortality, and maintain fertility.