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Comment on: The application of uterine wall local resection and reconstruction to preserve the uterus for the management of morbidly adherent placenta

I read with much interest the article of Dr Zhao et al. [1] The paper is a good reference in the topic of placenta accreta. The photos of ultrasound, MRI and surgical procedure are excellent. I would like to thank them for inclusion of our research in their paper [2]. I appreciate their efforts to reduce the blood loss and to preserve the uterus in such critical cases. However, I would like to comment about the feasibility of the technique. I think that this method can be applied only in limited cases of placenta accreta when the placenta is only adherent to a small part of the lower segment; focal accreta. In such cases the defect is small and can be repaired. Most of cases the placenta accreta are adherent to the cervix and bleeding will not be controlled except after total hysterectomy. The authors reported that if the placenta is covering the cervix they will remove it piece-meal. However, rebound bleeding is expected after the release of aortic compression mentioned in their study. Another point regarding aortic balloon compression; really I have no experience in such method however I feel that whatever the method of systemic vascular occlusion, bilateral uterine artery ligation can be added to prevent rebound bleeding.

Procedures which include local resection of uterine wall infiltrated by the placenta then repair of the defect are interesting and have many potential advantages. However, they need special experience and can be applied only in limited cases [3–5]. This should be mentioned in the paper as limitations. In addition long term follow of such methods is unknown and there is high probability of uterine rupture if pregnancy occurred [6].

Conflict of interest

None.

References

[1] Zhao X, Tao Y, Du Y, Zhao L, Liu C, Zhou Y, et al. The application of uterine wall local resection and reconstruction to preserve the uterus for the management of morbidly adherent placenta. Taiwan J Obstet Gynecol 2018;57(2):276–82.
[2] Kassem GA, Alzahrani AK. Maternal and neonatal outcomes of placenta previa and placenta accreta: three years of experience with a two-consultant approach. Int J Womens Health 2013;5:803–10.
[3] Palacios-Jaraquemada JM. Diagnosis and management of placenta accreta. Best Pract Res Clin Obstet Gynaecol 2008;22:1133–48.
[4] Mazouni C, Palacios-Jaraquemada JM, Deter R, Juhan V, Gamerre M, Bretelle F. Differences in the management of suspected cases of placenta accreta in France and Argentina. Int J Gynaecol Obstet 2009;107:1–3. 58.
[5] Chandraharan E, Rao S, Belli AM, Arulkumaran S. The Triple-P procedure as a conservative surgical alternative to peripartum hysterectomy for placenta percreta. Int J Gynaecol Obstet 2012;117:191–4.
[6] Deshpande NA, Carusi DA. Uterine rupture after prior conservative management of placenta accreta. Obstet Gynecol 2013;122:475–8.

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