

Clinical

## **Conservative management of placenta accreta: a risky option for women who want more children**

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By Victoria Stern

NEW YORK (Reuters Health) - Although conservative treatment for placenta accreta carries significant risks, the approach may be viable for women who may want more children, according to a March report in *Obstetrics & Gynecology*.

For such women, conservative treatment is an option in centers with adequate equipment and resources, lead author Dr. Loic Sentilhes told Reuters Health by email.

In the conservative approach, the placenta is left partially or totally in situ, with no attempt to forcibly remove it. The authors note that conservative management exposes the patient to severe risks, including major hemorrhage, septic shock, organ failure, and death.

For the retrospective study, Dr. Sentilhes, from Angers University Hospital in France, and colleagues analyzed data on 167 women (mean age, 33 years) treated conservatively at 25 university hospitals. Each center had a median of three cases (range, 1 to 46).

Conservative treatment achieved the primary outcome -- uterine conservation - in 131 women (78.4%). Half of the remaining women had hysterectomy for primary postpartum hemorrhage, and the other half required delayed hysterectomy.

The secondary outcome (severe morbidity, as reflected by sepsis, septic shock, peritonitis, uterine necrosis, fistula, injury to adjacent organs, acute pulmonary edema, acute renal failure, thromboembolic events, or death) occurred in 10 women (6%), including one woman who died.

Other outcomes included infection (28.1%), most commonly endometritis (9%) or wound infection (8%).

The results suggest that "women may continue to be at risk for severe bleeding or infection for weeks or even months after delivery," the authors write.

They also note that "although this study includes a large number of cases that had conservative treatment of placenta accreta, the series may lack statistical power to estimate adequately the risks of rare severe events, such as death."

Conservative management, even with its significant risks of serious morbidity and mortality, may be an option in well equipped, experienced centers for women "who are properly counseled and motivated," the researchers conclude.

But, Dr. Sentilhes added, "We believe that until a randomized controlled trial is performed, cesarean hysterectomy without attempted placental removal should be strongly considered for placenta accreta in multiparous women not interested in preserving their fertility."

[Obstet Gynecol](#) 2010.