PATHOLOGICAL PLACENTAL IMPLANTATION AND PREVIOUS CESAREAN SECTION

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Placenta accreta and previa are major causes of massive obstetric hemorrhage. Abnormal placentation remains responsible for peripartum hysterectomies. Present-day is the hypothesis that previous cesarean section increases the likelihood of abnormal placentation.

Objective: To assess the relationship between previous cesarean section and subsequent development of placenta previa and placenta previa with accreta. Present-day is the hypothesis that previous cesarean section increases the likelihood of abnormal placentation.

Method: The records of all patients delivered with the diagnosis of placenta previaduring the 10-year period from 2001 to 2011 were reviewed.

Results: From a total of deliveries, 321 (0.73%) had placenta previa, 53 (10.2%) of whom had a history of previous cesarean section. The incidence of placenta previa was significantly increased in those with a previous cesarean section (1.42%) compared with those with an unscarred uterus (0.66%) This risk increased as the number of previous cesarean sections increased. The incidence of an anterior placenta previa and placenta accreta was significantly increased in those with previous cesarean section. The incidence of placenta previa accreta was 1.18% among patients with placenta previa, 80% being in patients with previous cesarean section. The relative risk for placenta accreta in patients with placenta previa was 25 times higher in those with a previous cesarean section than in those with an unscarred uterus.

Conclusion: The association of previous cesarean section with placenta previa and placenta previaaccreta is confirmed. Patients with an antepartum diagnosis of placenta previa who have had a previous cesarean section should be considered at high risk for developing placenta accreta.