

## Complications

Placenta accrete may have many dreaded complications like heavy bleeding during attempted placental separation, risk of massive blood transfusion and associated morbidity, risk of hysterectomy and bladder and bowel injury. Maternal mortality rate among these patients may be as high as 6-7% [4].

## Diagnosis

Clinical anticipation based on presence of risk factors eg. previous caesarean section/ myomectomy. Among the patients with risk factors especially previous uterine scar, one should have high index of suspicion for placenta accreta. It is usually detected by grey scale ultrasonography with a sensitivity of 77-87%, specificity of 96-98%, a positive predictive value of 65-93% and negative predictive value of 98%. Color Doppler may also aid to the diagnosis too much. Sonographic features suggestive of placenta accreta are loss of normal retro placental hypoechoic zone, presence of lacunae (irregular vascular spaces) within placenta giving swiss cheese appearance, blood vessels and placental tissue crossing uterine-placental interface, loss of myometrial- bladder interface, retro placental myometrial thickness <1mm, numerous vessels seen in 3-D Doppler in basal view [5,6].

### References

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3. Imudia AN, Awonuga AO, Dbouk T, Kumar S, Cordoba MI, et al. (2009) Incidence, trends, risk factors, indications for, and complications associated