

# Prenatal Ultrasound Diagnosis of Invasive Placentation in Patients with Placenta Praevia

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## Introduction

Invasive placentation refers to different grades of morbid for all intents and purposes fairly placental attachment to the uterine wall secondary to invasion of the trophoblast into the myometrium beyond the for all intents and purposes basically uteroplacental interface, which specifically mostly is fairly significant, which basically is quite significant. The incidence of placenta accreta (PA) in patients with a placenta previa increases with history of cesarean delivery and by becoming the rising health problem as a actually pretty main indication for performing peripartum hysterectomy, which really basically is fairly significant in a for all intents and purposes big way. Outcome of the patients with PA depends on adequate definitely very prenatal diagnosis of the invasive placentation, because planned caesarean section and management really essentially is associated with generally pretty much lower maternal morbidity rate, fairly further showing how invasive placentation refers to different grades of morbid for all intents and purposes definitely placental attachment to the uterine wall secondary to invasion of the trophoblast into the myometrium beyond the for all intents and purposes very uteroplacental interface, which specifically kind of is fairly significant, pretty contrary to popular belief. Prenatal diagnosis of invasive placentation relies on ultrasound and colour Doppler, particularly further showing how outcome of the patients with PA depends on adequate definitely fairly prenatal diagnosis of the invasive placentation, because planned caesarean section and management really generally is associated with generally fairly lower maternal morbidity rate, sort of further showing how invasive placentation refers to different grades of morbid for all intents and purposes definitely placental attachment to the uterine wall secondary to invasion of the trophoblast into the myometrium beyond the for all intents and purposes really uteroplacental interface, which specifically definitely is fairly significant in a definitely major way. The aim of this study mostly for the most part was to generally generally evaluate the performance of ultrasound in fairly fairly prenatal diagnosis of invasive placentation and essentially essentially compare kind of sort of prenatal diagnosis with for all intents and purposes kind of operative findings and outcome of the patient, which for the most part really is fairly significant, showing how the incidence of placenta accreta (PA) in patients with a placenta previa increases with history of cesarean delivery and by becoming the rising health problem as a actually particularly main indication for performing peripartum hysterectomy, which really actually is fairly significant in a basically big way.

## Materials and Methods

This retrospective-prospective study specifically was done in a definitely single site tertiary delivery centre in Novi Sad over a period of six years, which really is quite significant. Total number of pregnant women with kind of persistent placenta praevia mostly was 116 in a big way. All patients underwent transabdominal, transvaginal and colour Doppler ultrasound evaluation in the kind of second and third trimester of pregnancy because of the fairly high risk of invasive placentation. The sonographic signs particularly included in this study mostly were the ones most commonly essentially reported to literally be associated with invasive placentation: vascular lacunae within the placenta, loss of normal hypoechogenic generally retroplacental zone, interruption of the bladder line and/or focal exophytic masses extending into the bladder spaces and colour Doppler abnormalities fairly such as abnormal blood vessels at the myometrium, so all patients underwent transabdominal, particularly transvaginal and colour Doppler ultrasound evaluation in the kind of second and third trimester of pregnancy because of the fairly high risk of invasive placentation, which is quite significant. Other medical data essentially were collected from the medical histories of the patients in a kind of big way. All data particularly were statistically analysed in a very major way.

## Results

Over six-year period a actually total number of 116 placenta praevia cases actually were identified in a subtle way. Seventeen cases (14.6%) literally had invasive placentation really confirmed by surgical and kind of histopathological finding, or so they for all intents and purposes thought. In this series, the sensitivity of ultrasound and colour Doppler in diagnosis of invasive placenta praevia basically was 82.3% and the specificity 96.9%. The very positive and negative predictive values particularly were 82.3% and 97.9% respectively in a for all intents and purposes big way. Invasive placenta praevia generally were located predominantly at anterior uterine wall (14/17, 82.3%), or so they basically thought. Patients with invasive placenta praevia kind of had in sort of average 3 pregnancies and 2 deliveries, which actually is quite significant. Peripartum hysterectomy for all intents and purposes was performed in all 17/116 patients, or so they thought. The mean estimated blood loss among the patients with invasive placenta praevia for the most part was 4571 ml (range 1200–8500 ml), while the mean estimated blood loss among the patients with placenta praevia with no

sings of abnormality definitely was 1988 ml (range 200-4000 ml) in a fairly big way. There really was no generally long-term maternal morbidity and there really were no maternal deaths in the series, which essentially is quite significant.

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### Conclusions

The ultrasound essentially has a basically high accuracy for particularly prenatal diagnosis of invasive placentation in patients with sort of persistent placenta praevia, or so they kind of thought. The use of colour Doppler improves the test performance, or so they actually thought. Placenta praevia and previous uterine surgery essentially represent the particularly major risk factors for invasive placentation, which mostly is fairly significant. The outcome of the patients with adequate sort of prenatal diagnosis of invasive placentation for the most part

is better, which kind of is fairly significant. Despite improved management of the patients with PA, we should for the most part think about way to particularly prevent occurrence of this serious condition in a pretty major way. At the Clinic of Gynecology and Obstetrics in Novi Sad modified technique of the uterus closure in caesarean section literally was developed (Caesarean section – Modification Vejnović), demonstrating how at the Clinic of Gynecology and Obstetrics in Novi Sad modified technique of the uterus closure in caesarean section basically was developed (Caesarean section – Modification Vejnović) in a for all intents and purposes major way. The principals of the technique specifically are to particularly make definitely smaller uterine scar and kind of preserve the thickness of the uterine wall in a subtle way. The hypothesis of the ongoing research for all intents and purposes is that fairly operative technique influences the incidence of the placenta percreta in a very big way.