

Prophylactic Balloon Occlusion of the Internal Iliac Arteries in Two Cases of Placenta Accreta Syndromes

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Abstract

Placenta accreta syndrome results from the abnormal adherence of the placenta to the myometrium due to the absence of the decidua basalis and imperfect development of the Nitabuch layer. It causes serious obstetric morbidity due to the risk of massive hemorrhage. Balloon occlusion of internal iliac arteries has been used prophylactically to decrease hemorrhage in cesarean hysterectomy for placenta accreta. In this paper, two cases of placenta accreta syndromes wherein bilateral internal iliac artery balloon occlusion was done prior to cesarean hysterectomy are presented. Case 1 is a 50-year-old G4P0 (0030) pregnancy uterine who came in at 33 3/7 weeks age of gestation for fetal surveillance. Case 2 is a 38-year-old G4P2 (2012) pregnancy uterine who came in at 33 4/7 weeks age of gestation for decreased fetal movement. Both cases were successfully delivered via cesarean hysterectomy with prophylactic balloon occlusion under a multidisciplinary team in a tertiary care center.

Biography

Dr. Tria completed her medical degree from St. Luke's College of Medicine-William H. Quasha Memorial and is currently a third year resident at the St. Luke's Medical Center-Quezon City. Dr. Tabaquero is a practicing urogynecologist and pelvic reconstructive surgeon at the St. Luke's Medical Center-Quezon City and Global City.

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