

## Follow up of PAS (placenta accreta spectrum) disorders treated with conservative management

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**Objective.** PAS consists of several grades of abnormal myometrium invasion. The incidence is constantly increasing and is nowadays a major cause of peri-partum hysterectomy with related maternal morbidity. Recently our standard strategy has become a conservative surgery with the aim of reducing short and long-term complications. The aim of the study was to estimate the time of reabsorption of the placental residue left in the uterus and long-term follow-up.

**Materials and Methods.** A prospective monocentric study on 15 confirmed PAS enrolled from 2019 to 2022 at Careggi University Hospital, Florence, who underwent conservative surgery with placental residue left in the uterus. Follow-up consisted of ultrasound or magnetic resonance imaging until complete reabsorption.

**Results.** The average age was 40.3 years and 50.3% had performed an *in vitro* fertilization (IVF).

The major risk factor for PAS resulted placenta previa (87%). 27% had undergone a previous caesarean section and 67% other uterine surgery.

Only two patients underwent a delayed hysterectomy.

In three cases embolization was required for haemorrhage. Four patients showed infective complications, solved with antibiotics.

The range time of reabsorption of the residue was 21-150 days (mean 93 days) proportional to the starting size and to the grade of PAS.

**Conclusions.** Our study confirms a low incidence of major complications in PAS treated with conservative surgery. Clinical and radiological follow-up is effective for management and identifies the onset of complications early on. The time of reabsorption is reasonable and well tolerated by patients. Further studies are necessary to support this post-partum management and to find the best post-operative follow-up.

Cases	Starting size of residue (mm)	Estimated Blood Loss (mL)	Embolization	Blood transfusion (units)	Timing of imaging	Timing of reabsorption (days)	Complications	Type of complication
1	70	400	No	0	monthly MRI and US	150	None	-
2	35	2300	No	2	monthly MRI and US	60	Yes	fever, no major complications
3	41	800	No	0	monthly US	30	None	-
4	20	1500	No	0	missing data	missing data	Yes	fever, no major complications
5	40	300	No	0	every 2 months, US and MRI	90	None	-
6	50	2200	Yes	0	monthly US	not applicable	Yes	delayed hysterectomy due to fever and anemia
7	65	1500	No	0	monthly MRI	not applicable	Yes	delayed hysterectomy due to fever, hematuria and anemia
8	40	1200	No	0	monthly MRI and US	130	None	-
9	20	700	No	0	missing data	missing data	None	-
10	65	2000	Yes	3	every 2 month, US and MRI	150	Yes	fever, no major complications
11	40	600	No	0	monthly MRI and US	ongoing	None	-
12	30	400	No	0	missing data	missing data	None	-
13	20	1050	No	0	every 2 month, US	ongoing	None	-
14	20	1700	No	0	every 2 month, US	120	None	-
15	10	2500	Yes	2	monthly US	21	None	-