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Prediction of morbid adherent placenta at 11-13 weeksJeni Panaiotova¹, Mayumi Tokunada², Karolina Krajewska³, Nurit Zosmer³ and Kypros Nicolaides³¹Nadezhda Women's Health Hospital, Bulgaria²Showa University School of Medicine³King's College Hospital, London

The aim is to estimate the diagnostic accuracy of ultrasound in prediction of morbid adherent placenta at 11-13 weeks. This was a prospective study in women attending the first trimester screening test for chromosomal abnormalities. Patient-specific risk was designed, based on the history of previous uterine surgery and placenta position. On the basis of these risks, the population was stratified into high-and-low risk groups for Morbid Adherent Placenta (MAP). High risk group was followed up in a special designed MAP clinic at 11-13, 20-24 and 28-34 weeks. The ultrasound markers used in this study were: Non-visible CS scar, irregularity of the uterine-bladder interface, retro-placental myometrial thickness, presence of intra-placental lacunar spaces, presence of retro-placental arterial/trophoblastic blood flow and 3D power Doppler irregular placental vascularization. The diagnosis was made on three or more than three ultrasound markers. The study population of 22,604 pregnancies at 11-13 weeks was assessed. 1,130, were excluded, because of no pregnancy outcome at the end, or because the pregnancy ended with termination or a miscarriage. The rest 21,474 were assessed at 11-13 weeks for previous uterine surgery and low lying placenta. We excluded 20,176 and 1,298 were assessed as high risk patients and those patients were referred to the MAP clinic at 11-13 weeks. 42 patients did not attend the first appointment and 243 were excluded, because the placenta was high. From the rest 1,013 patients, 14 patients were diagnosed with MAP and 999 patients with no MAP. All of the patients were followed at 20-24, 28-34 weeks and at the time of the delivery. 13 patients were correctly diagnosed with MAP, there was one false positive and 34 patients correctly diagnosed with placenta previa. This study shows the feasibility of first trimester prediction of MAP, by using a combination of patient's history of a previous uterine surgery, placenta position and specific ultrasound markers.

Biography

Jeni Panaiotova has completed her MD degree and took Specialty in Obstetrics and Gynecology in Medical University, Sofia, Bulgaria. She was a Clinical Fellow in King's College Hospital, London. She is a specialist in Obstetrics and Fetal Medicine at Nadezhda Women's Health Hospital in Bulgaria.

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