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Morbidly adherent placenta lessons from Srilanka.



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Morbidly adherent placenta (MAP) is an umbrella term used to refer to abnormally invasive placentation further divided as placenta accrete, increta and percreta. In the presence of MAP, normal placental separation may fail to occur leading to increased per-partum blood loss and hysterectomy. With the increase in cesarean deliveries, the main risk factor for MAP, the incidence of the condition has increased and likely continue to do so in the near future. In this case series we describe the management and outcomes of 14 patients with MAP presenting to a single unit at a tertiary care hospital in Sri Lanka. Antenatal diagnosis using history and ISUOG ultrasound diagnostic criteria, preparation of detailed management plans in accordance with latest international recommendation and close supervision of the Consultant Obstetrician during operative management were the mainstays of management. Through this, the unit was able to maintain 100% maternal survival. We would also like to present a clear series of pictures explaining how we operated on these patients.

Biography

Hemantha Dodampahala received the MBBS(Hons) and MD (Obstetrics and Gynaecology) from University of Colombo, Sri Lanka. He also obtained FRCOG and FRCS from United Kingdom. He is also a member of International Representative Committee RCOG. He holds the post Chairman Global relations at SLCOG and also a member of International Society of Ultrasound in Obstetrics and Gynaecology. He has over 311 citations for his research work in areas of fetal brain activity, fetal disorders, interventional fetal surgery, high risk Obstetrics, recurrent miscarriages, polycystic ovarian disease and subfertility. He ranks the 18th position in world ranking for research citations in fetal medicine and he has been continuously awarded the best University of Colombo Srilanka.

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