
Obstetrics Gynecology 2020 : Prophylactic Balloon Occlusion of the Internal Iliac Arteries in Two Cases of Placenta Accreta Syndromes-Ma Cecilia-St. Luke's Medical Center-Quezon City

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.

Methods: Patients with liver metastases treated with SBRT were identified in the RSSearch® Patient Registry. Patient, tumor and treatment characteristics associated with treatment outcomes were assessed. Dose fractionations were normalized to BED10. Overall survival (OS) and local control (LC) were evaluated using Kaplan Meier analysis and log-rank test.

Results: The study included 427 patients with 568 liver metastases from 25 academic and community-based centers. Median age was 67

years (31–91 years). Colorectal adenocarcinoma (CRC) was the most common primary cancer. 73% of patients received prior chemotherapy. Median tumor volume was 40 cm³ (1.6–877 cm³), median SBRT dose was 45 Gy (12–60 Gy) delivered in a median of 3 fractions [1,2,3,4,5]. At a median follow-up of 14 months (1–91 months) the median overall survival (OS) was 22 months. Median OS was greater for patients with CRC (27 mo), breast (21 mo) and gynecological (25 mo) metastases compared to lung (10 mo), other gastrointestinal (GI) (18 mo) and pancreatic (6 mo) primaries ($p < 0.0001$). Smaller tumor volumes (< 40 cm³) correlated with improved OS (25 months vs 15 months $p = 0.0014$). BED10 ≥ 100 Gy was also associated with improved OS (27 months vs 15 months $p < 0.0001$). Local control (LC) was evaluable in 430 liver metastases from 324 patients. Two-year LC rates was better for BED10 ≥ 100 Gy (77.2% vs 59.6%) and the median LC was better for tumors < 40 cm³ (52 vs 39 months). There was no difference in LC based on histology of the primary tumor.

Conclusions: In a large, multi-institutional series of patients with liver metastasis treated with SBRT, reasonable LC and OS was observed. OS and LC depended on dose and tumor volume, while OS varied by primary tumor. Future prospective trials on the role of SBRT for liver metastasis from different primaries in the setting of multidisciplinary management including systemic therapy, is warranted.

**This Work is presenting at 2nd International Conference on Gynecology and Obstetrics
(Obstetrics Gynecology 2020 on June 18-19, 2020.**

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[2nd International Conference on Gynecology and Obstetrics](#)

Volume 9.Issue1

June 18-19, 2020