Retained Products of Conception After Cesarean Section and Occult Placenta Accreta

J. Kenneth Schoolmeester, MD, and Jamie N. Bakkum-Gamez, MD

From the Department of Laboratory Medicine and Pathology (J.K.S.) and the Department of Obstetrics and Gynecology (J.N.B.-G.), Mayo Clinic, Rochester, MN.

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A 30-year-old woman had a history of prior cesarean section complicated by occult placenta accreta. During her subsequent pregnancy, third trimester ultrasound identified findings concerning for recurrent accreta (Figure 1). Hysterectomy was recommended if, at delivery, there was clinical evidence of accreta and routine cesarean section if not. At 37 weeks, the patient underwent repeat cesarean section. The placenta delivered spontaneously and intact and hysterectomy was not required.

The patient had worsening abdominal pain and new onset nausea 3 days postpartum. She had normal lochia and was afebrile. Pelvic computed tomography identified a normal post-gravid uterus with a small amount of blood in the endometrial canal (Supplemental Figure 1). Transabdominal ultrasound showed avascular thickening of the endometrium in the lower uterine segment, likely normal postpartum (Supplemental Figure 2). Complete blood count and coagulation lab tests were normal. Subsequent pathologic examination of the placenta identified focal occult placenta accreta (Supplemental Figure 3).

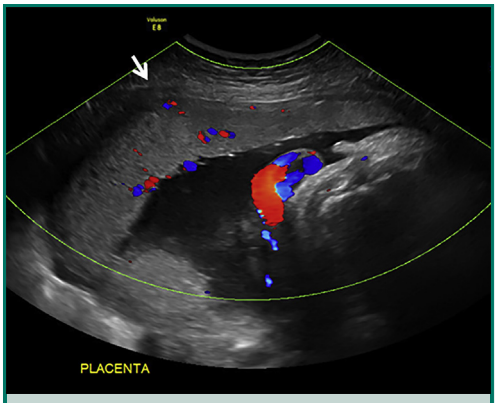

FIGURE 1. Focal placenta accreta could not be excluded (arrow) by third trimester ultrasound.

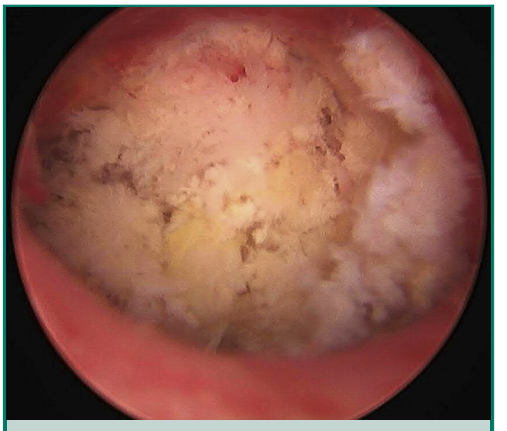

FIGURE 2. Hysteroscopic visualization of chronic retained products of conception at the uterine fundus.

Twelve weeks following dismissal, the patient presented similar to her preceding pregnancy, with intermittent pelvic cramping and persistent vaginal bleeding after delivery. Ultrasound identified a fundal uterine lesion consistent with retained products of conception (POC) (Supplemental Figure 4) and the patient elected for hysteroscopic resection. At hysteroscopy, there was a 2 cm mass at the uterine fundus consistent with retained POC (Figure 2); the lesion was resected and the patient's symptoms resolved.

Retained POC often is placental tissue that persists in the uterus after delivery or evacuation. Abnormal placentation, such as placenta accreta, can increase risk of retained POC.[1] Clinically, placenta accreta often leads to combined cesarean section and

Mayo Clin Proc. ■ November 2020;95(11):2462-2463 ■ https://doi.org/10.1016/j.mayocp.2020.08.046
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hysterectomy secondary to obvious placental attachment to the myometrium or hemorrhage after manually separating the placenta from the underlying myometrium.[2] Occult accreta may not be clinically evident at the time of uncomplicated delivery but symptomatic retained POC after accreta may require surgical intervention.

SUPPLEMENTAL ONLINE MATERIAL

Supplemental material can be found online at: http://www.mayoclinicproceedings.org. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

Potential Competing Interests: The authors report no competing interests.

Correspondence: Address to J. Kenneth Schoolmeester, MD, Department of Laboratory Medicine and Pathology, Mayo Clinic, 200 First St SW, Rochester, MN 55905 (Schoolmeester.J@mayo.edu).

ORCID

J. Kenneth Schoolmeester: https://orcid.org/0000-0001-8109-6232

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