

# Placenta Percreta Occurring with a Monochorionic Monoamniotic Twin Gestational Pregnancy

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## Background/Synopsis

The risks of adverse pregnancy outcomes with monochorionic monoamniotic twins are significant. The occurrence of abnormal placentation in monoamniotic twins has yet to be described in the literature. We describe a case of a patient who conceived naturally with monochorionic monoamniotic twins with a complete placenta previa, which subsequently developed into a placenta percreta.

## Objective/Purpose

To describe abnormal placentation of monochorionic monoamniotic twins and our subsequent delivery method

## Method

Case report

## Results

A 32-year old African-American woman, gravida 6, para 3023, with monochorionic-monoamniotic twins and a complete placenta previa presented to our high risk service at 18 weeks and 3 days of gestation with a history of 3 prior cesarean deliveries, one first trimester miscarriage, and an elective termination. In addition to confirming chorionicity and placentation, ultrasound findings were concerning for a placenta accreta. She was admitted for inpatient surveillance at 24 weeks of gestation. Ultrasound now noted invasion into the myometrium, with no maternal bladder involvement. A magnetic resonance imaging (MRI) demonstrated placental invasion into the uterine myometrium with a short segment of the superior bladder that appeared to have placental invasion, concerning for a placenta percreta. At 29 weeks and 6 days of gestation, cord entanglement was seen on ultrasound. At 30 weeks and 2 days of gestation, the decision was made to proceed with a cesarean delivery due to persistent fetal variable decelerations. A fundal vertical hysterotomy was made and two viable female infants were delivered. The placenta appeared densely adhered to the lower uterine segment. Given the concern for maternal bladder invasion and the significant morbidity associated with cesarean hysterectomy, the placenta was left *in situ*. The patient's post-operative course was uneventful. She received a hysterectomy nine weeks postpartum, to not only allow for natural involution of the placenta, but also to reduce the morbidity of the procedure when compared to hysterectomy at the time of her cesarean delivery. At hysterectomy, adhesions into the bladder were noted. Subsequent cystoscopy revealed no evidence of trauma or sutures. She recovered well.

## Conclusion

Our case report describes the first case of a monochorionic monoamniotic twin gestational pregnancy in the presence of a placenta percreta. Moreover, the placenta was left *in situ* at the time of delivery. Our case suggests that leaving the placenta *in situ* can be considered in appropriate cases.