

Tutorial: Ultrasound Diagnosis of Placenta Accreta

Independent Study Project
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Placenta Accreta:

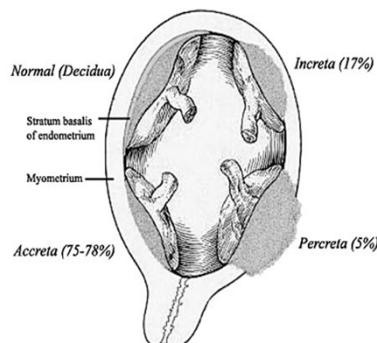
The clinical condition when part of the placenta, or the entire placenta, invades and is inseparable from the uterine wall

Accreta: Placental villi in direct contact with myometrium

Increta: Subtype extending into the myometrium but not to serosa

Percreta: Subtype extending to within one cell layer or beyond the serosa

Thought to be due to a defect in the decidua basalis, most commonly from prior uterine surgery



http://en.wikipedia.org/wiki/File:Placenta_accreta.png

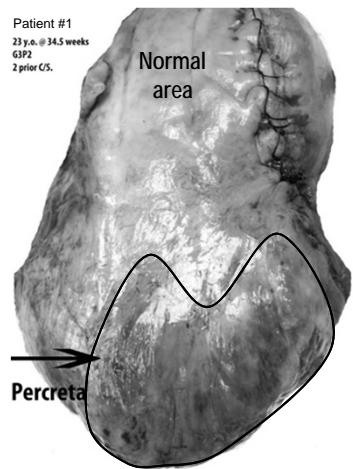
Complicated by massive hemorrhage unless managed with cesarean hysterectomy

Definition from: ACOG Committee on Obstetric Practice. ACOG Committee opinion. Number 266, January 2002: placenta accreta. *Obstet Gynecol* 2002;99(1):16

Risk Factors

- Prior uterine surgery or instrumentation
 - Cesarean section, myomectomy, D & C
- Placenta previa
- Advanced maternal age
- Grand multiparity
- Conception by in vitro fertilization

Any of these risk factors should prompt a sonographic search for accreta



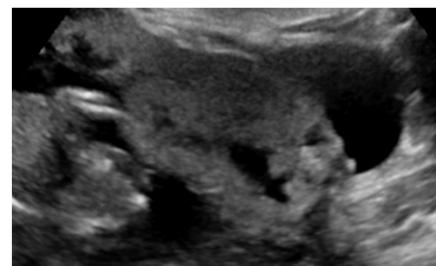
ACOG Committee on Obstetric Practice. ACOG Committee opinion. Number 266, January 2002: placenta accreta. *Obstet Gynecol* 2002;99(1):16
Fitzpatrick et al. Incidence and risk factors for placenta accreta/Increta/percreta in the UK: a national case-control study. *PLoS One*. 2012;7(12):e

Diagnosis: Ultrasound

Diagnosis is typically by ultrasound in the 2nd or 3rd trimester, but may also be possible in the first trimester

TA = Transabdominal ultrasound
TV = Transvaginal ultrasound

#2, 12w4d TA, Percreta



#3, 18w5d TA,
Paracervix



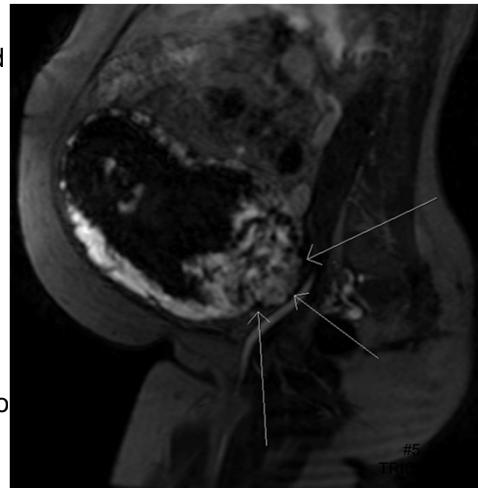
#4, 19w4d TV, Increta

Diagnosis: MRI

In the case of ambiguous ultrasound findings, MRI may be a helpful adjunct

Findings on MRI

- Uterine bulging (mass effect)
- Heterogeneous placenta
- Placental bands
- Obliteration of normal tissue planes (invasion of placenta into adjacent structures)



Dwyer et al. "Placenta Accreta: Spectrum of US and MRI Findings." Radiographics 2008; 28(7): 1905-1917.

Goals for this module

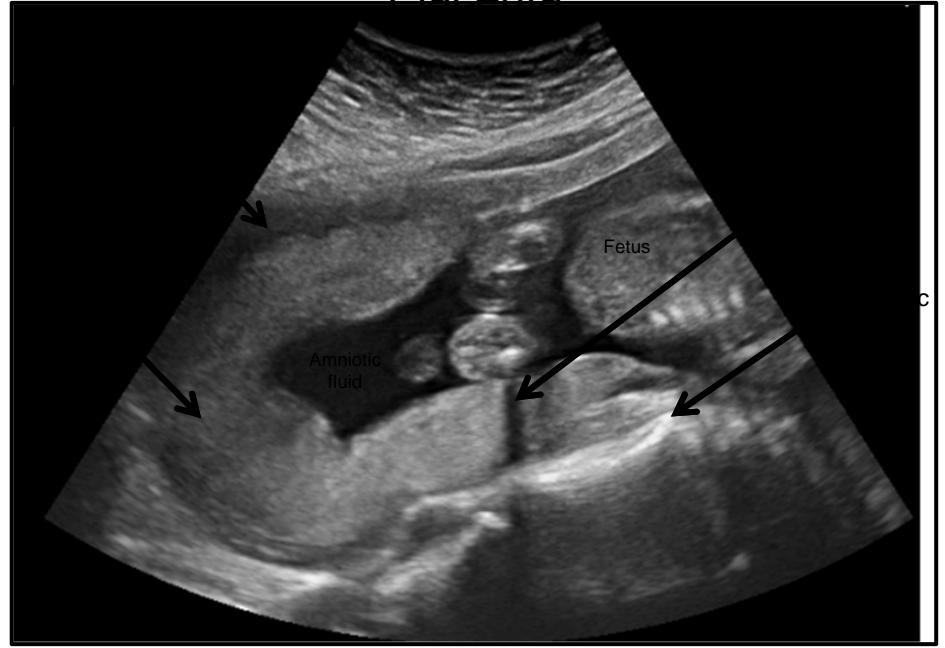
- Unfortunately, the diagnosis of placenta accreta can be easily missed, even by experienced imagers
- This tutorial is intended to educate medical providers on the sonographic appearance of placenta accreta, with attention to criteria for an adequate study and common pitfalls

Module Overview

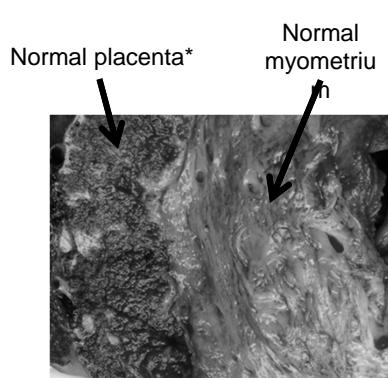
- Normal images
 - Fundal placenta
 - Gross pathology correlate
 - Posterior placenta
 - Placenta previa (detailed)
- Sample images by finding
 - Low Implantation
 - Placental Lakes
 - Myometrial Thinning
 - Interrupted Serosa
 - Color Doppler
- Pitfalls Quiz

What is normal?

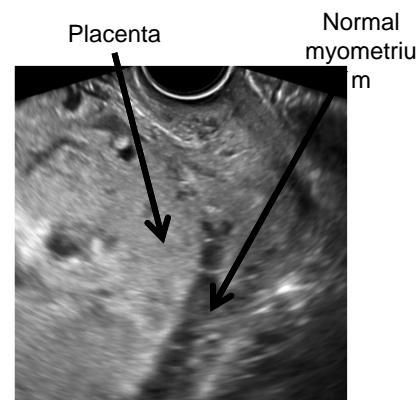
Normal Placental Anatomy with Fundal Placenta



Gross Pathology Correlate



*This patient had a focal percreta – a normal area is shown

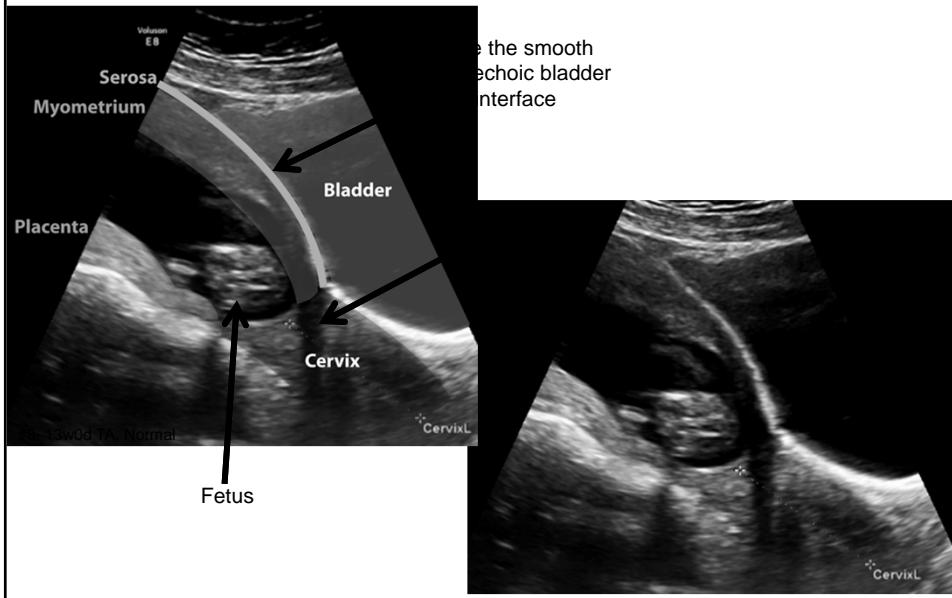


Path & TVUS images from patient #7 at 35w0d, Percreta

Myometrium is hypoechoic compared to placenta because it is less dense, with numerous larger vessels

Sonographic appearance of myometrium varies from entirely echolucent to shades of gray - it is always less echogenic than the placenta

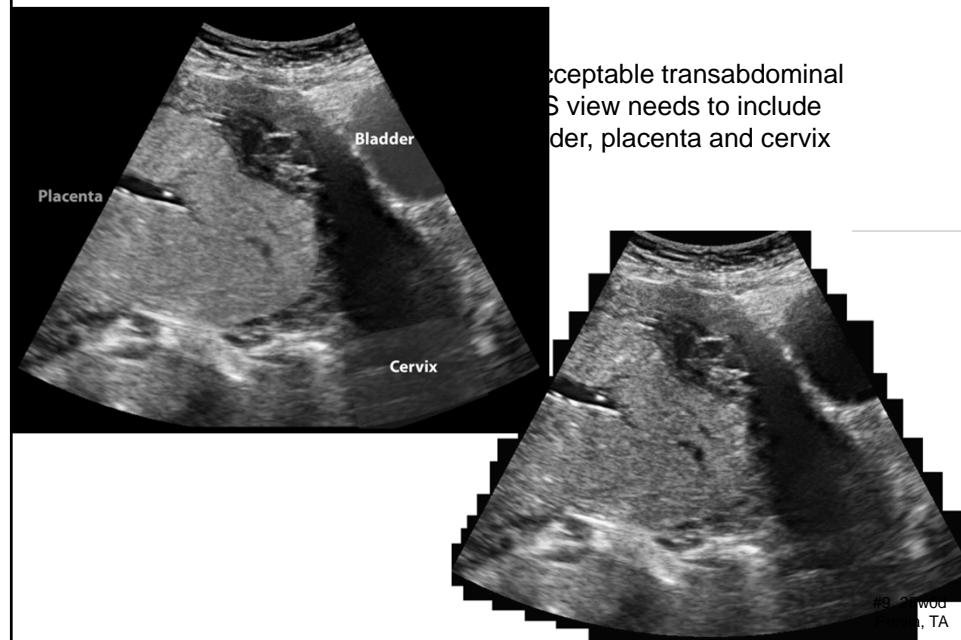
Normal Lower Uterine Segment with Posterior Placenta



Placenta Previa without Accreta

*The vast majority of
accretas occur in the
setting of placenta previa*

Previa: Lower Uterine Segment



Previa: Lower Uterine Segment



Previa: Lower Uterine Segment

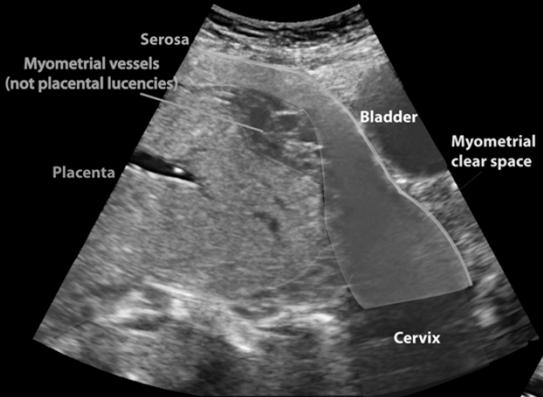


There should be a hypoechoic region between retroplacental vessels and serosa - the myometrial "clear space"

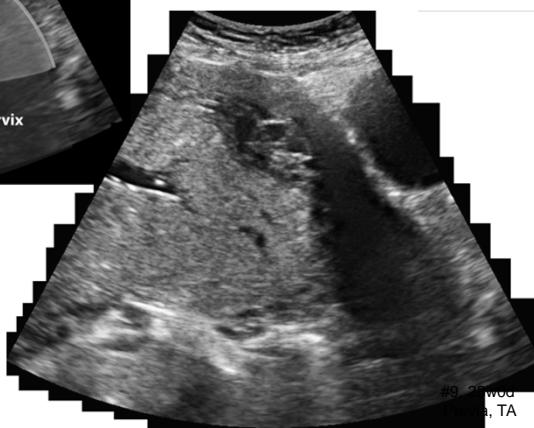


Twickler DM, Lucas MJ, Balis AB, Santos-Ramos R, Martin L, Malone S, Rogers B. Color flow mapping for myometrial invasion in women with a prior cesarean delivery. J Matern Fetal Med 2000; 9: 330 – 335

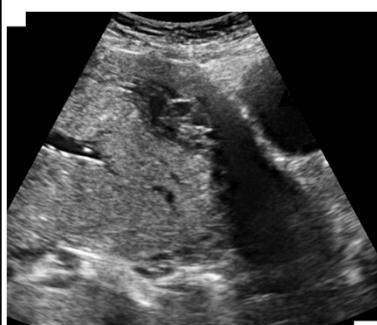
Previa: Lower Uterine Segment



Myometrial vessels should not be mistaken for placental luencies.



Previa: Lower Uterine Segment



#9, 28w0d TA, Previa



#9, 28w0d TV, Previa



PITFALL

Placenta accreta should not be ruled out without visualization of the bladder interface in two views; disruption of the serosa is most commonly seen at the bladder interface, and can be tricky to recognize

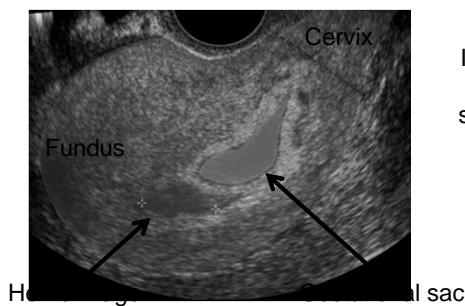
Signs of Accreta on Ultrasound

1. Low implantation in 1st trimester
2. Placental lakes
3. Myometrial thinning
4. Irregular placental interface
5. Abnormal color doppler

1. Low Implantation

Even in the early 1st trimester, accreta
is suggested by low implantation of
the gestational sac

1. Early low implantation



Implantation should be near the fundus –
a gestational sac closer to the cervix
should raise concern for placenta accreta

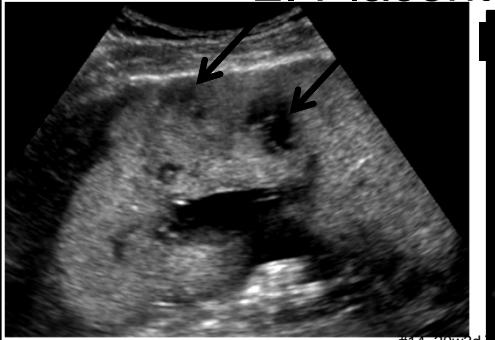
Note that an adequate image requires
visualization of the sac, fundus and
cervix



2. Placental Lakes

As the first thing to catch your eye, placental lakes should remind you to ask the patient about risk factors (*i.e.* surgical procedures), and prompt a search for less obvious signs

2. Placental Lakes



Numerous lakes, known as placental lucencies, give a "moth eaten" appearance

Normal placentas have a homogenous echotexture – though they may have a small number of less prominent lakes, particularly in the third trimester

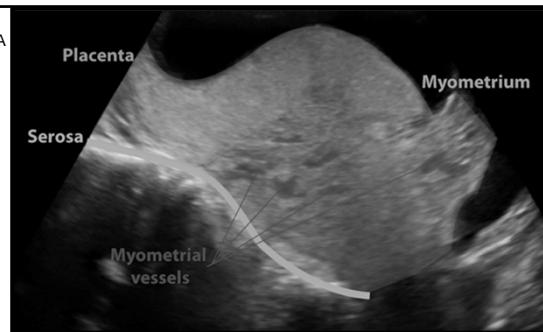
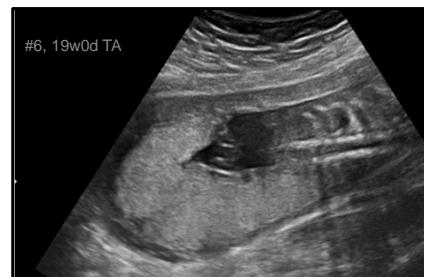


2. Placental Lakes



Lakes may be seen as early as the first trimester

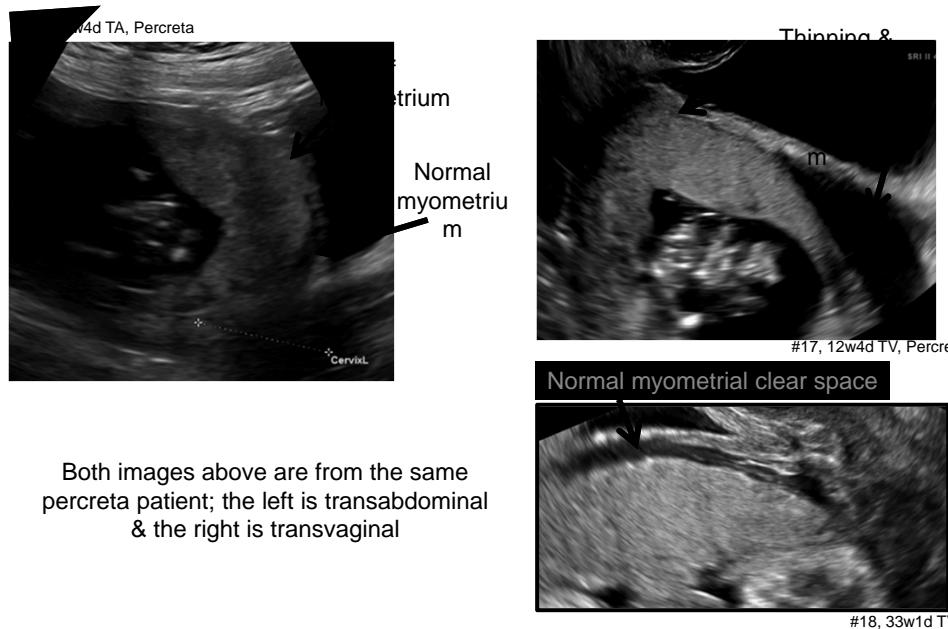
The images above are from the same placenta – at left in the 1st trimester, and at right in the 3rd trimester



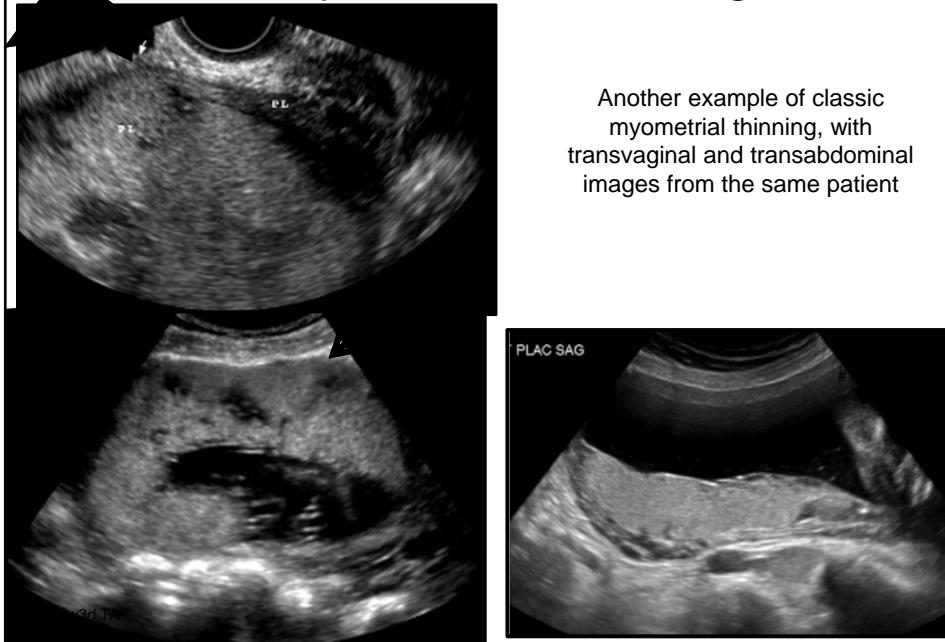
3. Myometrial Thinning

Myometrial thinning may be the only sign of an accreta in an initial scan but is frequently subtle; we suggest a low threshold for follow up

3. Myometrial Thinning



3. Myometrial Thinning

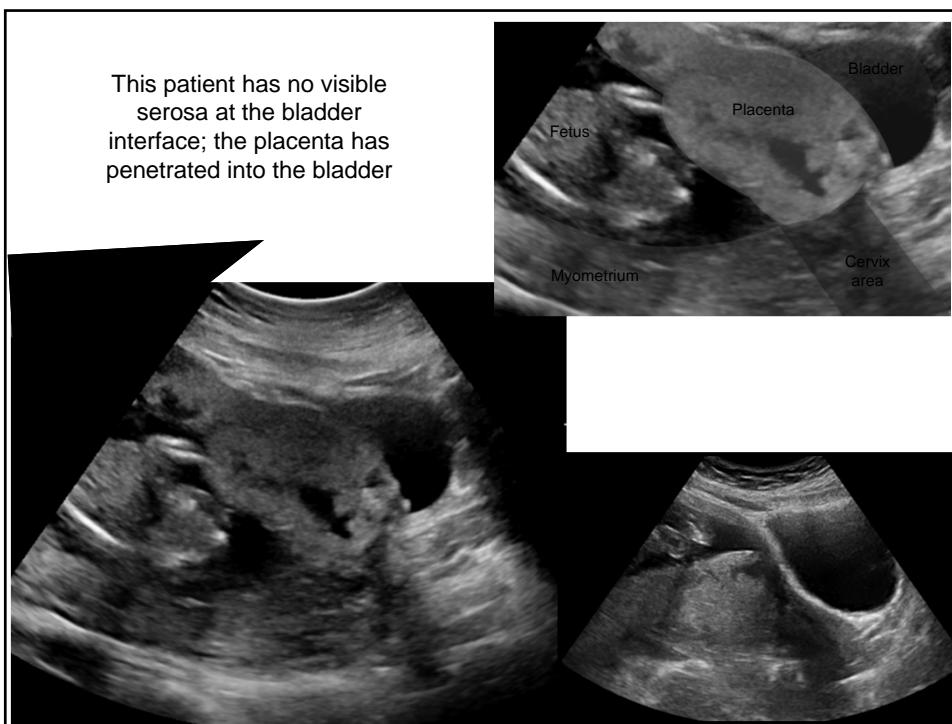
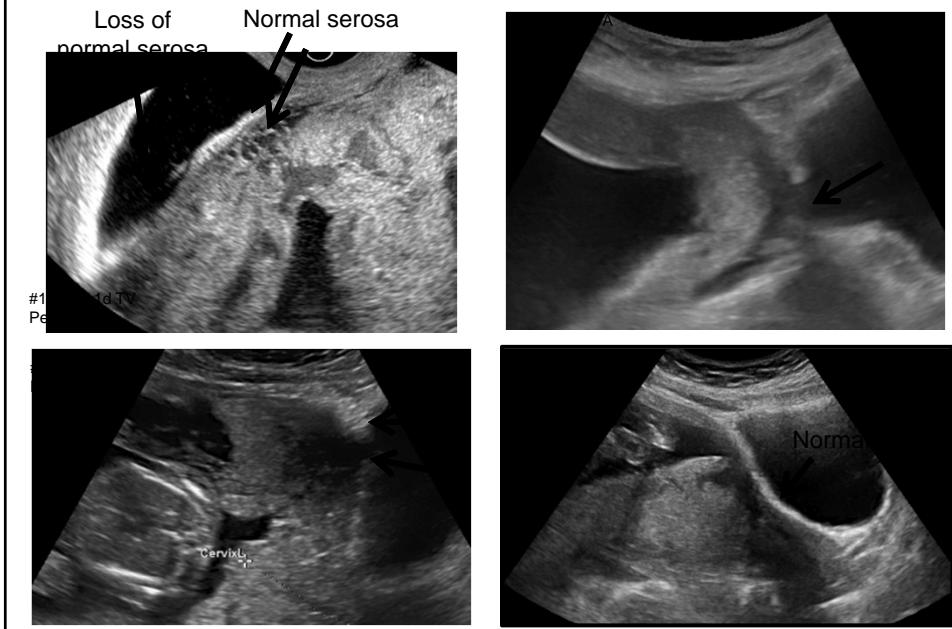


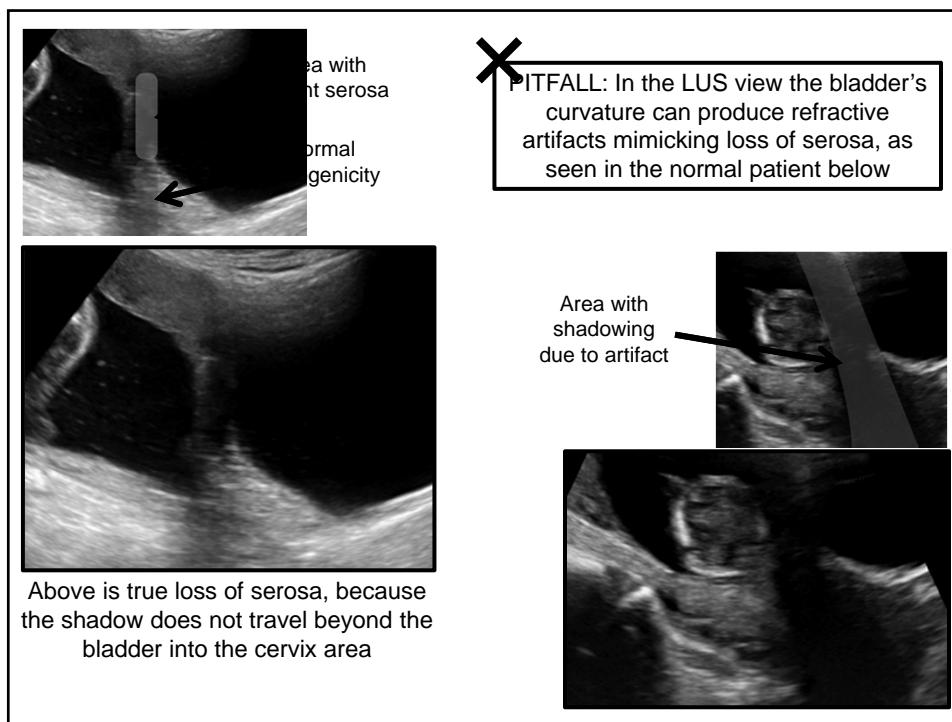
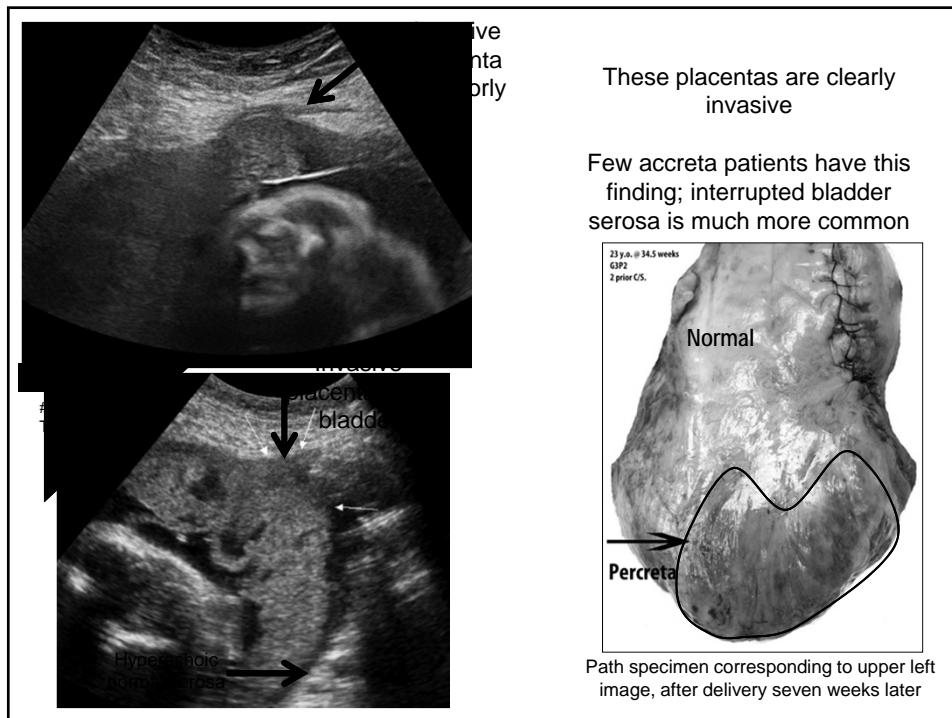
Another example of classic
myometrial thinning, with
transvaginal and transabdominal
images from the same patient

4. *Interrupted Serosa*

Most commonly seen in the
bladder view, but may be present
anywhere along the placental
interface

4. Interupted Serosa

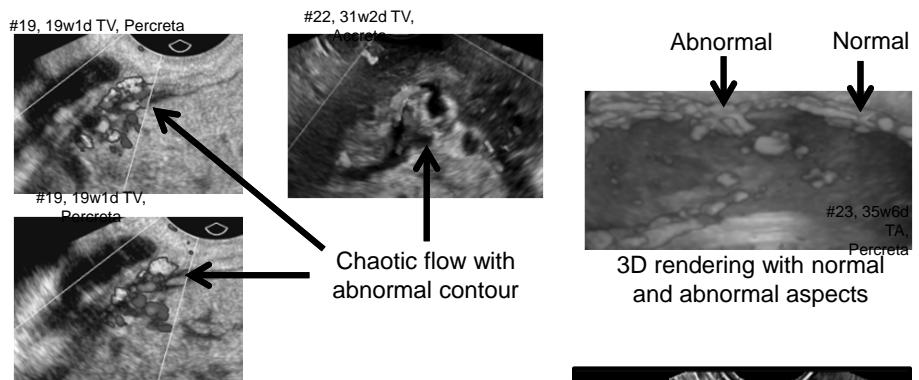




5. Abnormal Color Doppler

Look for an internal comparison – verify that there is a change from normal to accreta portions of the placenta, as normal can vary from patient to patient

5. Abnormal Color Doppler



Color doppler is abnormal due to chaotic flow or the contour & direction of flow



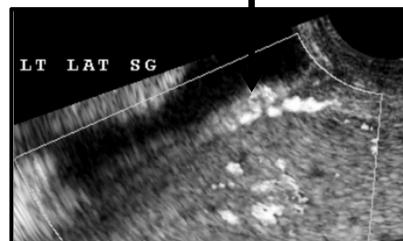
PITFALL: One normal image doesn't rule out accreta!

Abnormal area



#13, 32w4d TV, Percreta

Normal area



#13, R 32w4d TV, Percreta

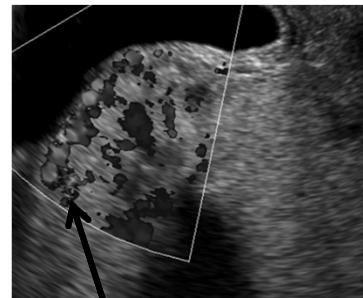
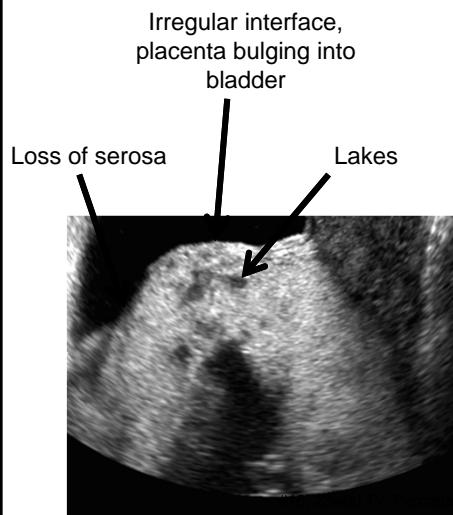
The images above are from the same scan - left shows abnormal flow (directed from the body of the placenta into the area of accreta), and right is normal (smooth contour and no markedly chaotic flow)

Using this internal comparison helps define normal for this patient, making the case for accreta more convincing

QUIZ



How do we know this is an accreta? Can you point out the findings?



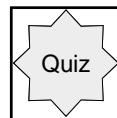
Is this an accreta?



This is an example of an inadequate image. Placenta accreta cannot be ruled out here because the bladder interface is not seen



At right is a better image; the bladder interface is visualized, allowing us to rule out accreta in this patient with previa



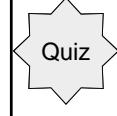
Both pregnancies are 8w5d
Which is the accreta?

SAG MID

#26, 8w5d ACCRETA



#27, 8w5d NORMAL



Are these placental lucencies or normal myometrial vessels?

How could we tell the difference?

#4, 19w4d TV



Answer: These are placental lucencies, but just the one image doesn't definitely tell you that.



This is tricky – the image on the left could be read as showing myometrial vessels, but when compared with the transverse view on the right it is more clearly part of the placenta, again demonstrating the need for multiple views

Quiz Why do we suspect accreta?

Hypoechoic myometrium Thinning & loss of myometrium Normal myometrium

#28, 29w4d TA, Increta #28, 29w4d TV, Increta

Normal

Quiz Is this interrupted bladder serosa?

We cannot say based on this image, as there is refractive artifact obscuring the anterior aspect of the bladder serosa.

CERVIX

A cleaner image shows that this percreta patient does have loss of serosa (she also has an irregular anterior interface)

Quiz

Label each image based on color doppler:
Normal or suspicious for accreta?

#4, 20w1d TV, Increta

SG LUS
#24, 33w1d TV, NORMAL

SAG PL
#9, 19w0d TV, NORMAL

LT SG
#4, 20w1d TV, Increta

References

- ACOG Committee on Obstetric Practice. ACOG Committee opinion. Number 266, January 2002: placenta accreta. *Obstet Gynecol* 2002;99(1):169–170.
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