

## Case Report: Pregnancy with Risk of Placenta Accreta with Gynecologic Problems

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### ABSTRACT

**Introduction:** Pregnancies with gynecologic complications, such as ovarian cysts, uterine myomas, and placenta accreta, may increase the risk to both mother and fetus. Ovarian cysts, although often benign, can cause complications such as torsion. Uterine myomas are found in 10-20% of pregnancies and have the potential to cause bleeding, premature birth, or fetal position disruption. Placenta accreta, common in patients with a history of caesarean section, requires early diagnosis to prevent massive bleeding. Management involves routine ultrasonography, conservative therapy, and surgery when necessary. A multidisciplinary approach to patient education is essential. This case report aims to assess a pregnancy with Gynecologic complications accompanied by placenta accreta. **Case Report:** A 39-year-old woman, GIII P2002, 8-9 weeks pregnant with a history of two SCs, presented with complaints of abdominal pain and bleeding. Examination revealed pregnancy in the SC scar niche and uterine myoma. Diagnosis included Cesarean Scar Pregnancy (CSP), uterine myoma, and iatrogenic buli rupture. The patient underwent One Step Conservative Surgery (OSCS) for CSP and myomectomy, and postoperative medical therapy. **Discussion:** This condition involves high risks, including severe bleeding, uterine rupture, and organ injury such as the bladder. Treatment includes antenatal screening with ultrasound and MRI, conservative surgery, and a multidisciplinary approach to prevent complications. Postoperatively, intensive care, psychological support, and patient education are required for optimal recovery. **Conclusion:** Pregnancies with a history of SC, uterine myoma, ovarian cyst, and placenta accreta require early diagnosis, surgical planning, and a multidisciplinary approach. Prevention through contraception and psychological support can improve pregnancy outcomes and reduce the risk of complications.

**Keywords:** myoma uteri; placenta accrete; cyst.

### INTRODUCTION

Pregnancy can be affected by gynecological conditions such as ovarian cysts and uterine myomas, as well as the danger of placenta accreta, which can lead to major difficulties. In addition to potentially causing excruciating pain and ovarian torsion, ovarian cysts, particularly large or disjointed ones, can disrupt ovulation and impair fertility. Cyst development during pregnancy may raise the risk of bleeding or affect the position of the fetus. Consequently, careful management of pregnancies with ovarian cysts necessitates careful observation and suitable therapy<sup>(1)</sup>.

With a prevalence of roughly 40–60% in women of reproductive age, myoma uteri is a benign tumor of the uterus that frequently affects these women. About 10–28% of myoma cases can result in complications, despite the fact that many are asymptomatic and only discovered during routine prenatal exams. The most frequent side effect is abdominal pain brought on by red degeneration of the myoma, which happens when the myoma tissue dies from a lack of blood flow. Large myomas can also

interfere with fetal positioning and raise the risk of preterm labor, as well as the risk of placenta previa which can influence the birth process<sup>(1,2)</sup>.

Numerous studies and medical reports from 2022–2023 show that gynecological issues during pregnancy, like ovarian cysts and myomas, are becoming more widely recognized and diagnosed in Indonesia and around the world. According to recent research, the majority of ovarian cysts during pregnancy are benign and frequently do not require medical intervention, despite the fact that their prevalence is predicted to stay low at about 2-3% worldwide. However, additional treatment is necessary for cysts that enlarge or develop consequences including rupture or torsion. Although there is no recent data on ovarian cysts in Indonesia, the issue is becoming more frequently detected through pregnancy monitoring with ultrasonography<sup>(3)</sup>.

One of the main issues during pregnancy is still myomas, also known as uterine fibroids, which affect 10–20% of expectant mothers.

About 10-15% of pregnant women in Indonesia have myomas, according to several studies. While a majority of these conditions don't create any significant symptoms, they might lead to issues like bleeding or early delivery, which call for additional medical care. However, placenta accreta, which happens when the placenta adheres too deeply to the uterine wall, is a major worry globally, particularly for women who have had a cesarean surgery in the past. According to estimates, placenta accreta occurs in around 1 in 2,500 to 5,000 pregnancies; however, the likelihood rises for women who have had a cesarean section in the past. Placenta accreta is also becoming more common in Indonesia; most cases are found in pregnancies following numerous cesarean sections, necessitating more intense medical care<sup>(4)</sup>.

Overall, despite the lack of comprehensive statistics on the frequency of these instances in Indonesia, healthcare providers are beginning to understand the significance of closely monitoring gynecological issues during pregnancy. If these issues are not addressed right away, the health of the mother and fetus may be in danger, although many consequences can be prevented or successfully managed with improved prenatal surveillance and medical technological advancements<sup>(1)</sup>.

According to research, ovarian cysts, myomas (fibroids), and the possibility of placenta accreta are examples of gynecological issues that might impact pregnancy prospects and result in a number of pregnancy-related illnesses. Large cysts or complications like torsion might reduce the odds of getting pregnant by roughly 10–20%, even though the majority of cysts are benign and do not affect fertility. The kind of cyst and the disturbance it produces will determine this<sup>(3)</sup>. Ten to twenty percent of pregnant women have myomas, which can reduce fertility by as much as twenty to thirty percent. This is particularly true if the myoma is inside the uterus or obstructs the oviduct, which affects the implantation of the embryo. Furthermore, myomas might result in improper fetal position, early birth, or miscarriage. In contrast, placenta accreta, which happens when the placenta adheres too deeply to the uterine wall, is not directly linked to infertility but can result in major pregnancy issues like excessive bleeding, early birth, and even necessitate a hysterectomy. Women with a history of prior cesarean sections are more likely to get placenta accreta, which raises the risk. Many of these issues can be effectively addressed with appropriate medical care, even though in certain situations they may reduce the likelihood of becoming pregnant. Regular medical monitoring is therefore crucial during pregnancy, particularly for women with a history of gynecological issues such as cysts and myomas<sup>(1,3,4)</sup>.

In general, obstetrics and gynecology must work together to handle gynecological issues during pregnancy, and careful observation is necessary to protect both the mother and the fetus.

It is impossible to overstate the significance of patient education, communication, and information (IEC) in postoperative care and pregnancy with gynecological issues. Appropriate counseling can help patients feel less anxious, better understand their health, and make better decisions about their care. A coordinated medical team comprising obstetric, surgical, and anesthetic doctors can help minimize postoperative problems and maximize patient recovery<sup>(2)</sup>.

The aim of this case report is to assess a pregnancy with gynecologic complications accompanied by placenta accreta.

### CASE PRESENTATION

A 39-year-old mother with GIII P2002 was admitted 8-9 weeks pregnant with complaints of nausea accompanied by mucus and blood discharge since 1 day before MRS. The patient had a history of 2x Sectio Caesaria (BSC) in 2011 and 2014 for indications of postdate pregnancy in the first Sectio Caesaria (SC) and indications of SC scars in the second delivery. The patient has never used hormonal birth control or other long-term birth control, only using condoms. The patient had ANC (Antenatal Care) 3 times at the clinic. The results of the last ANC examination suspected that the gestational bag was attached to the previous cesarean section scar, then the patient was referred to a type A hospital. The results of the physical examination were BP: 111/69 mmHg, N: 98×/min, RR: 20×/min, Temperature: 36.2oC, SpO2: 98% and the results of supporting examinations such as ultrasonography showed that there was a pouch of pregnancy in the niche close to the OUI, the distance between the niche to the cervix was ± 0.40 cm, CL: 2.46, RMI: 0.46, there was a myomatous mass in the fundus measuring 4.2 × 4.2 × 5.1 cm according to FIGO type 2-5, there was a lutein cyst measuring 2.2 × 2.05 cm. The patient was diagnosed with GIII P2002 7-8 weeks, CSP, BSC 2×, U > 35 years old, myoma uteri FIGO (International Federation of Gynecology and Obstetrics) 2-5, Secondary Primitua. The actions given to the patient were Cesarean scar pregnancy (CSP), myomectomy, and sterilization (MOW) with the One Step Conservative Surgery (OSCS) technique.

On the first day of post-Cesarean Scar Pregnancy (CSP) and myomectomy examination with One Step Conservative Surgery (OSCS) technique, the patient's general condition was monitored well with BP: 123/78 mmHg, body temperature 37°C, pulse:78×/min, RR: 20×/min, and SpO2: 98%, with BW:65kg, TB:148 cm. Physical examination showed that the conjunctiva was not pale, there was edema on the upper and lower extremities, there was a postoperative wound, and an abdominal drain was installed on day 1 with a discharge of 50cc / 3 hours. Postoperative laboratory examinations were Hb:12.1 mg/dL, HCT:38.1 L/L, WBC:18,400 10<sup>3</sup>/μL, PLT:276,000 10<sup>3</sup>/μL.

With diagnoses are Post OPCS, Myomectomy, Sterilization day 1 (ai. CSP, Subserous Uterine Myoma FIGO Type 7), Post Repair Buli, Install Abdominal Drain day 1 (ai. Rupture Buli). The patient received RL infusion therapy: D5 = 2: 1 for 24 hours, ceftriaxone injection 2 × 1 gram, ibuprofen injection 3 × 400 grams, paracetamol injection 3 × 1 gram, metoclopramide injection 3 × 10 mg, tranexamic acid injection 3 × 500 mg (k/p). Then MEOWS (Modified Early Obstetrics Warning Score) monitoring was carried out, providing medical therapy according to the doctor's advice, conducting pain assessment, providing IEC regarding post-CSP wound care and providing psychological support for mothers with counseling, support groups with other mothers who experienced similar conditions, education, psychosocial therapy, spiritual assistance, relaxation techniques, and ongoing support from family and medical personnel. The condition of pregnancy post-OPCS cannot be maintained.

## DISCUSSION

Placenta accreta was one of the pregnancy complications that a 39-year-old woman with a chance pregnancy who had a history of two Sectio Caesarea (SC) and gynecological issues like cysts and myomas confronted. When the placenta attaches to the uterine wall more deeply than usual, it can cause placenta accreta, a pathological condition that interferes with the birth process and increases the risk of severe bleeding during or after labor. Placenta accreta, in which the placenta adheres to the myometrium; placenta increta, in which the placenta develops into the myometrium; and placenta percreta, in which the placenta penetrates the myometrium and may infiltrate neighboring organs, are the three kinds of this syndrome<sup>(5)</sup>. Each of these forms has different potential complications, with placenta percreta being the most life-threatening to both mother and fetus.

The uterine wall wound from a cesarean section can change the structure and function of the uterus, making it easier for the placenta to attach deeper to the uterine lining. This makes the third pregnancy of a mother who has had two SC surgeries a significant risk factor for placenta accreta in subsequent pregnancies. Research indicates that women who have had two or more cesarean sections are more likely to get placenta accreta in their following pregnancies<sup>(6,7)</sup>. Early identification lowers the risk of serious bleeding and aids in better surgical planning. More focused medical measures, such as a hysterectomy done during delivery to save the patient's life, are made possible by a proper diagnosis. Preoperative planning in placenta accreta management is crucial to preventing complications, as is appropriate referral and a multidisciplinary team approach at the Placenta Accreta Referral Center<sup>(8)</sup>.

Additionally, the mother's ovarian cysts and uterine myomas make this pregnancy uncomfortable. Depending on their size and location, uterine myomas—benign tumors in the uterine wall—can impact pregnancy by causing bleeding, fetal position

impairment, or even preterm labor. In addition to raising the risk of miscarriage or early birth, myomas in the uterus cavity or obstructing the oviduct can reduce the likelihood of embryo implantation. Myomas are thought to affect 10–20% of pregnant women, and while most of them don't pose serious issues, large or strategically placed myomas can raise the chance of difficulties<sup>(1)</sup>.

In contrast, ovarian cysts, although frequently asymptomatic, may become problematic if they grow into enormous cysts or if they develop symptoms like torsion (twisting). If not treated right away, large cysts can put pressure on other reproductive organs, create excruciating pain, and endanger the mother's and the fetus's health. Even though ovarian cysts typically have little effect on fertility, in certain situations, especially if they are large or complex, cysts that interfere with ovulation or induce hormonal imbalances can make it more difficult to conceive again<sup>(3)</sup>.

Pregnant women over 35 are more likely to experience a variety of obstetric difficulties, particularly if they are 39 years old, as in this instance. Placenta accreta is one of the higher dangers and necessitates extensive medical care, frequently a hysterectomy. In addition to placenta accreta, women over 35 are more likely to experience placenta previa, a disease in which the placenta covers the cervix entirely or partially. This condition can raise the risk of cesarean birth and cause hazardous bleeding during pregnancy and labor. Older women are also more likely to experience preterm labor, which increases the baby's risk of premature birth and long-term health issues. Decreased egg quality and a higher risk of genetic disorders, such as Down syndrome, are also a concern at this age<sup>(9)</sup>.

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She experienced severe bleeding and abdominal pain, which are common signs of uterine myoma. Pregnant women with myoma uteri may experience significant stomach pain, bleeding, and other symptoms. Changes in urination patterns are another indication. Pregnant women may experience an urge to urinate more frequently even when their

bladder is not full due to a larger myoma pressing on it<sup>(11)</sup>. In addition, myomas can also cause breathing difficulties or shortness of breath, due to pressure on the diaphragm or lungs from the large size of the myoma<sup>(12)</sup>. Lower back pain is another common symptom, where the myoma puts pressure on surrounding body structures, which can cause strain on the back<sup>(13)</sup>. Myomas can also affect fetal position, with the potential to cause breech presentation or other abnormal positions<sup>(5)</sup>. Premature uterine contractions or premature birth may also occur in some cases<sup>(14)</sup>. Myoma pressure on blood vessels can cause swelling of the legs or other parts of the body, and sustained bleeding due to myoma can lead to anemia<sup>(15)</sup>. Therefore, careful monitoring is essential for pregnant women with uterine myomas to prevent further complications.

To properly diagnose placenta accreta in these situations, ultrasonography and MRI evaluation are crucial. As a non-invasive technique, ultrasound can reveal symptoms like increased vascularization in the placental region and the loss of the hypoechoic zone—dark-looking tissue surrounding the tumor—between the placenta and myometrium, which suggests a deeper and aberrant placental attachment<sup>(13)</sup>. The mother's ultrasound revealed that the placenta was situated less than 0.5 cm from the cervix. Additionally, a myomatous tumor was present, which exacerbated the disease and complicated care<sup>(16)</sup>.

The patient was diagnosed with placenta accreta in addition to a 4.2 × 4.2 × 5.1 cm uterine myoma that was found in the uterus fundus and became an aggravating issue because it was so close to the placenta. Myomas can affect the uterus's contractility or the implantation process, raising the possibility of problems including bleeding and fetal position impairment. Additionally, myomas make surgical treatments that involve placenta removal or labor hemorrhage management more difficult<sup>(12,17)</sup>. Patients with cysts, in addition to myomas, necessitate careful observation and complicated medical management. Fluid-filled sacs called ovarian cysts develop on the ovary and can have an impact on fertility and the ovulation cycle. Large ovarian cysts can also result in pregnancy-related problems like bleeding, excruciating stomach discomfort, or ovarian torsion, which is the twisting of the ovary that impairs blood flow<sup>(18)</sup>.

The patient experienced a rare condition known as Cesarean Scar Pregnancy (CSP), which happens when pregnancy grows on scar tissue from a prior cesarean surgery. CSP needs to be managed properly because of the significant risk of uterine rupture and severe hemorrhage. With a pregnancy pocket found in the niche and just ± 0.40 cm from the cervix, supportive investigation confirmed the diagnosis of CSP, which has a very high risk of rupturing if left untreated carefully<sup>(19)</sup>. In order to remove the myoma and gestational sac without destroying the uterus and preserve future reproductive function, the patient had One Step Conservative Surgery (OSCS) to treat the CSP and myomectomy concurrently.

However because the bladder is involved in the surgery, there is also a significant chance of severe bleeding and harm to the surrounding organs, including iatrogenic bulb rupture. The myoma and placenta's close proximity to these organs adds complexity to this<sup>(20)</sup>.

In addition to CSP difficulties, this pregnancy complication should take into account the connection between placenta previa and iatrogenic bladder rupture. Heavy bleeding during pregnancy or childbirth may result from placenta previa, a condition in which the placenta covers all or part of the birth canal. Placenta previa problems are more likely to occur in patients with a history of CSP and uterine fibroids close to the cervix or fundus. Placental implantation abnormalities that arise in tissues affected by fibroids or in locations where cesarean surgery has been performed can occasionally result in placenta previa. In addition to increasing the risk of heavy bleeding, the placenta covering or close to the cervix may impede childbirth or surgical procedures like CSP surgery, which could result in bladder rupture or damage to other organs<sup>(18)</sup>.

In patients with CSP or placenta previa, surgical treatments that cause bladder rupture increase the risk of postoperative bleeding, infection, and other problems, including reduced kidney function or even sepsis if left untreated. In patients with placenta previa, iatrogenic bladder rupture can potentially worsen the prognosis for pregnancy and necessitate more careful treatment and rigorous management situations<sup>(18,21,22)</sup>. Bladder rupture is not a common outcome of CSP with placenta previa, although both conditions are associated with a higher risk of major obstetric problems, such as severe hemorrhage and organ damage. In order to prevent additional harm to the bladder and other organs, patients with CSP and accreta placenta require special attention when it comes to surgical planning, bleeding control, and constant observation for indications of postoperative problems<sup>(20,22)</sup>.

Using contraceptives appropriately can help prevent gynecological problems like fibroids, placenta accreta, and others. For mothers with a history of cesarean operations or other gynecological issues, contraception can help lower the number of unwanted pregnancies and lower the risk of complications. Hormonal contraceptives, such as birth control pills or implants, can lower the risk of cyst or fibroid formation and help control menstrual periods<sup>(6,7)</sup>.

According to postoperative evaluations, problems such as postoperative wounds, edema in the limbs, and the requirement for abdominal drainage to manage leftover bleeding have occurred, despite the patients' generally stable condition. In addition to close monitoring utilizing the Modified Early Obstetric Warning Score (MEOWS) to identify any indications of further difficulties, including infection or bleeding, postoperative medical management include the administration of antibiotics, analgesics,



and antihemorrhagics (Chauhan et al., 2019). To prevent infections and encourage the best possible healing, doctors recommend performing routine pain evaluation and providing KIE (Communication, Information, and Education) regarding postoperative wound care. Additionally, patients receive psychological care, which includes counseling to help them manage the stress and anxiety brought on by potentially fatal pregnancy problems. This strategy involves setting up support groups with other moms going through comparable circumstances so that they can exchange stories and build camaraderie. Additionally, patients receive education about spiritual accompaniment to improve emotional resilience and psychosocial therapy to lessen anxiety. While continuous support from family and medical professionals is essential for the patient's long-term mental and physical healing process, relaxation techniques like deep breathing and meditation are also taught to assist reduce stress<sup>(23,24)</sup>.

A cautious approach is necessary to manage pregnant instances with the aforementioned problems, taking into account the severity and possible effects on the mother and fetus. The majority of ovarian cysts can be treated without the need for medical intervention; all that is needed is routine ultrasonography screening to make sure the cysts don't worsen or expand. In order to protect the mother and stop additional ovarian damage, surgical procedures such as laparoscopy may be necessary if a cyst is causing pain or torsion (twisting)<sup>(3)</sup>. The size, location, and symptoms generated determine how fibroid cases are managed. Close monitoring is important if fibroids result in bleeding or improper fetal placement. In certain situations, cesarean section may be required to lower the risk of early labor or harm to the mother and unborn child. Medical therapies or operations like myomectomy (removal of fibroids), which is rarely done during pregnancy, may be explored if fibroids impair fertility by blocking the fallopian tubes or causing implantation difficulties<sup>(1)</sup>. Accreta placenta, on the other hand, calls for a more intricate strategy. Planning a safe delivery depends on early diagnosis using MRI and ultrasound. A hysterectomy, or removal of the uterus, may be essential in some circumstances to stop severe postpartum hemorrhage and cesarean intervention is typically required in cases of severe accreta placenta. In order to manage accreta placenta, a trained medical team must closely monitor the mother's and the fetus's health both during and after childbirth<sup>(4)</sup>.

Mothers' psychological care ought to be a crucial component of medical care. In order to help moms deal with the stress and worry brought on by serious medical issues, a psychosocial strategy combining psychological counseling is essential. In addition to offering crucial emotional support, individual or group therapy can give patients precise information about the treatments they are receiving and any potential side effects. Additionally, during this difficult pregnancy period, spiritual support and relaxation methods like deep breathing or meditation

can be very helpful in lowering anxiety and boosting mental calm. To improve the mother's mental health, education on how to deal with everyday stress and worry is also essential. Mothers' mental stability during treatment and recuperation after surgery is greatly aided by the social support of friends, family, and medical professionals. This strategy can help moms feel more powerful, supported, and capable of handling current physical and mental obstacles<sup>(23,24)</sup>.

## CONCLUSIONS

Pregnancies complicated by gynecological issues, such as uterine fibroids and ovarian cysts, increase the risk of bleeding, fetal positioning disturbances, and premature birth. Routine observation using ultrasonography and MRI is essential for effectively planning management strategies. Additional complications such as Cesarean Scar Pregnancy (CSP) require extra attention to avoid injury to surrounding organs, such as the bladder. Appropriate medical management, including psychological support, counseling, and education, is critical to reduce maternal anxiety. Prevention through appropriate contraception is also recommended to minimize the risk of complications in subsequent pregnancies. A comprehensive multidisciplinary approach can improve pregnancy outcomes and reduce the risk of serious complications.

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