CMNT Centre de Maternité et de Néonatologie DE TUNIS

SOCIETE TUNISIENNE DE GYNECOLOGIE OBSTETRIQUE
الجمعية التونسية لطب أمراض النساء و التوليد

Place du ballonnet intravasculaire dans la prise en charge des placentas accretas

Sirine Bayar, Pr Hassine Saber Abouda, Dr Karoui Abir, Dr Menjli Sana,
Dr Aloui Haithem ,Dr Mahdi Farhati, Pr Bedis Chennoufi
Service C, Centre de maternité et de néonatologie de Tunis

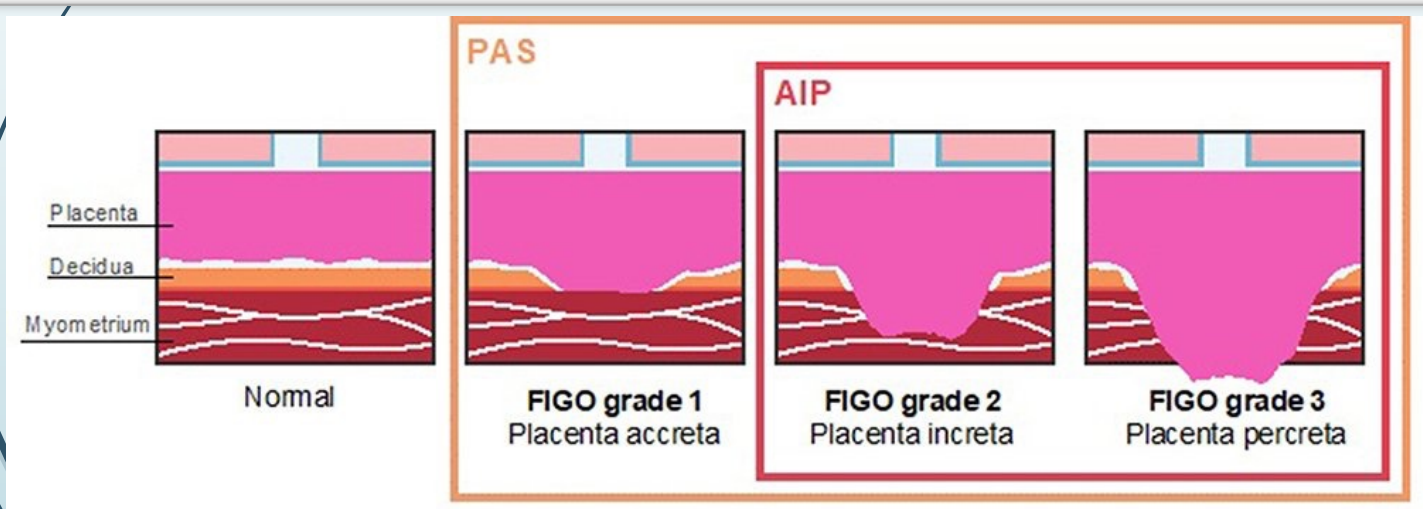
Qu'est ce que le placenta accreta?

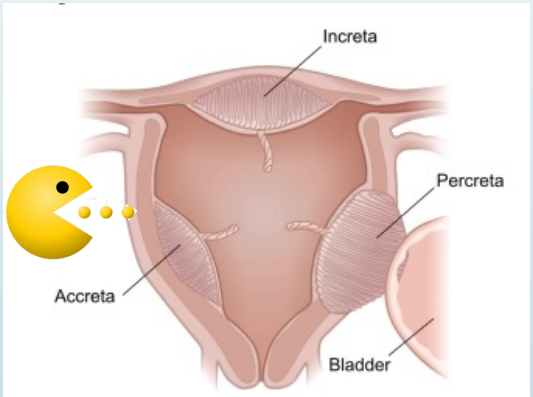
06/02/2018

Grade 1: abnormally adherent placenta (placenta adherent or creta) - attached directly to the surface of the middle layer of the uterine wall (myometrium) without invading it

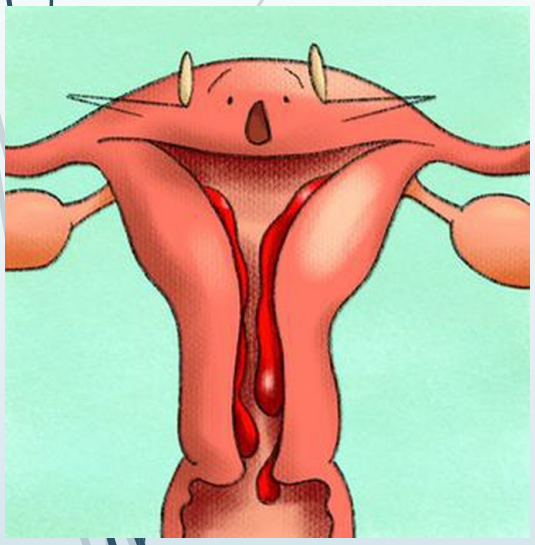
Grade 2: abnormally invasive placenta (increta) - invasion into the myometrium

Grade 3: abnormally invasive placenta (percreta) invasion may reach surrounding pelvic tissues vessels and organs.

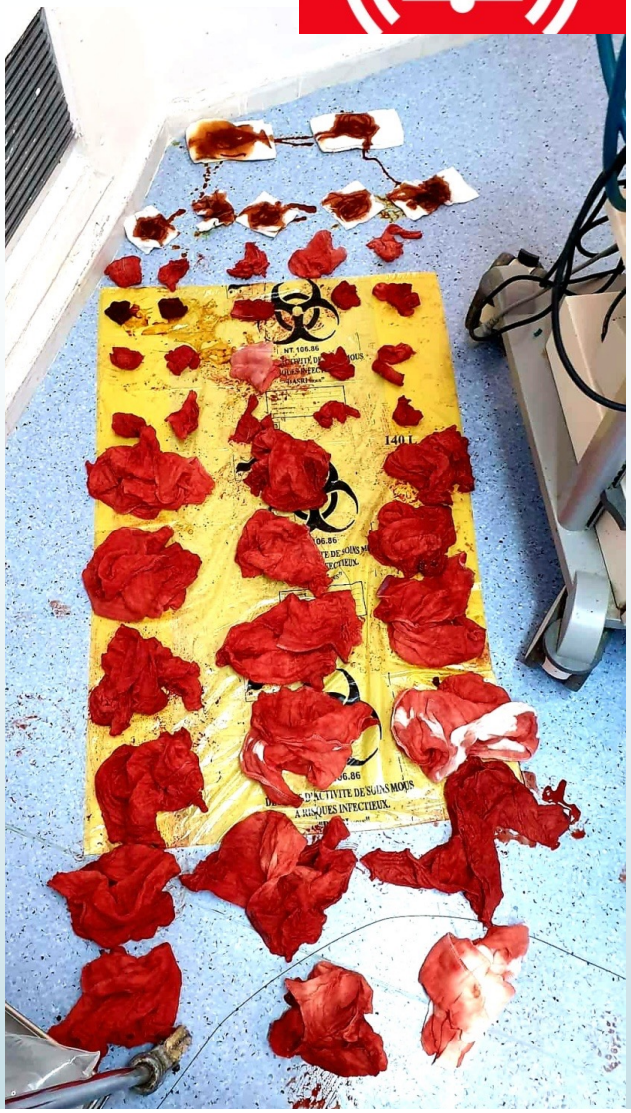




Hémorragie du post partum!!

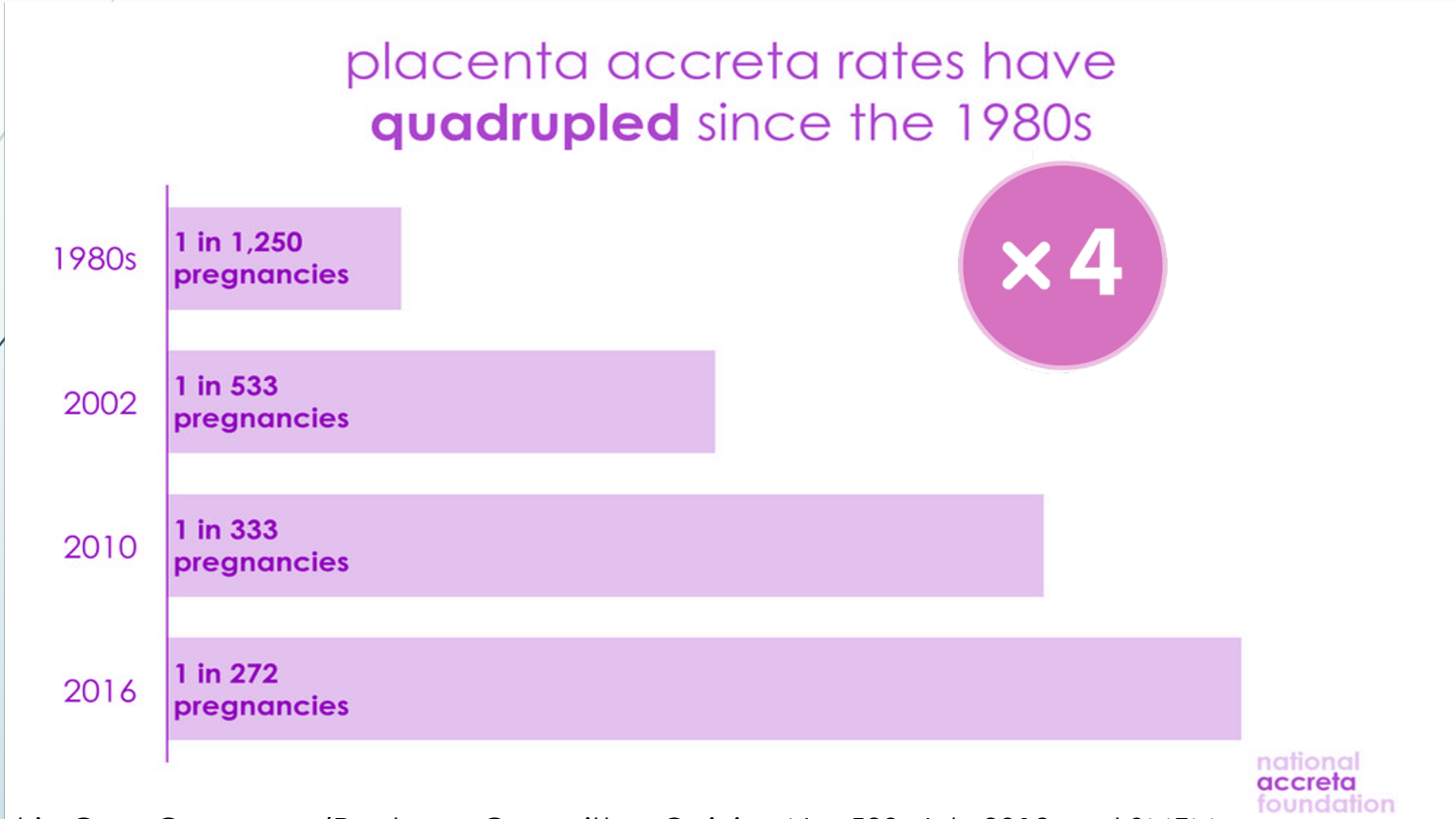


- Principale cause d'hystérectomie d'hémostase*
- Morbidité maternelle
- Morbidité fœtale



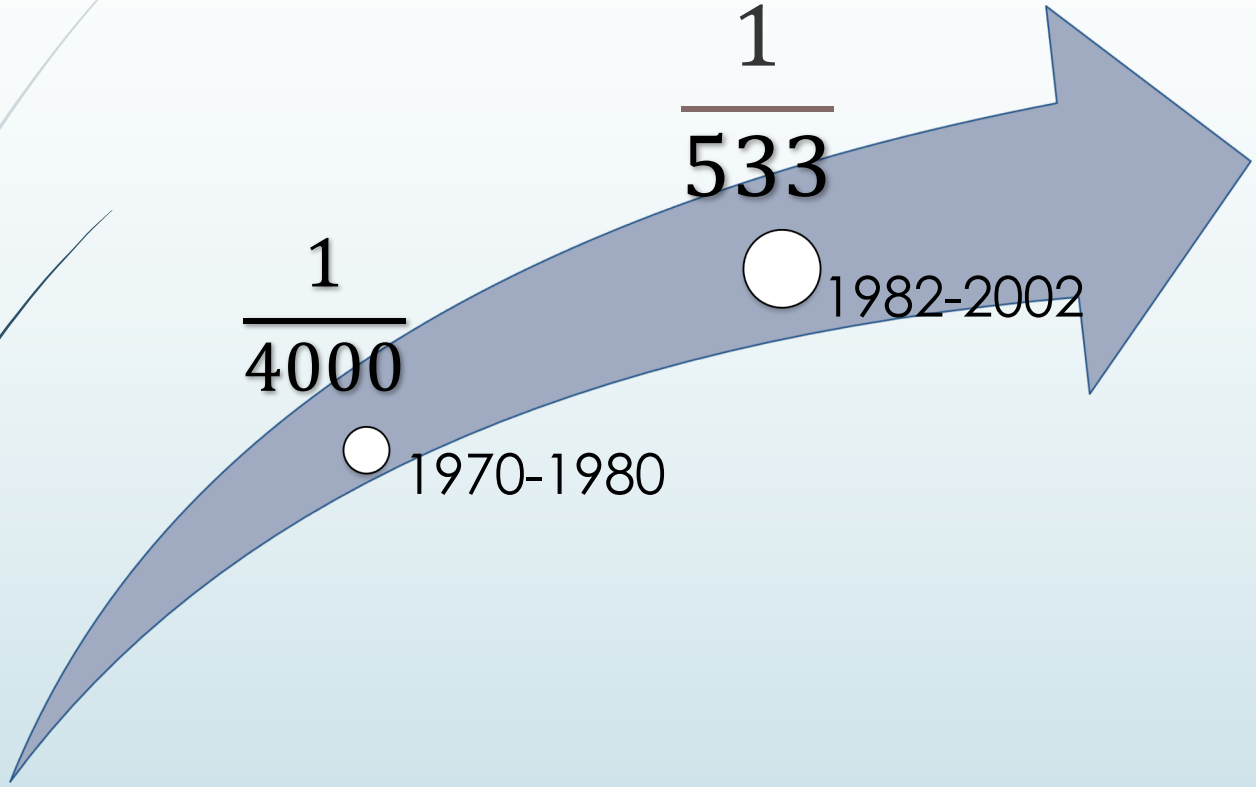
Daskalakis G, Anastasakis E, Papantoniou N, Mesogitis S, Theodora M, Antsaklis A. Emergency obstetric hysterectomy. *Acta Obstetricia et Gynecologica Scandinavica*. 2007

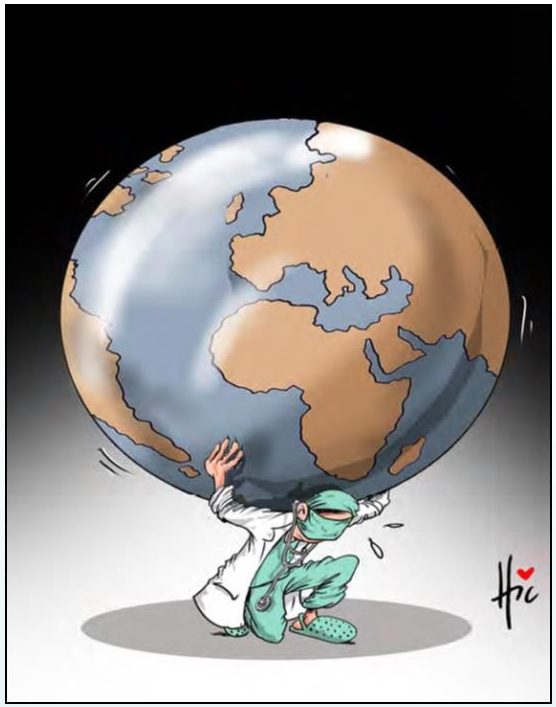
Incidence du SPA aux Etats Unis



Obstetric Care Consensus (Replaces Committee Opinion No. 529, July 2012 and SMFM Clinical Guideline #1, November 2010) I #7 smfm.org

Prévalence du placenta accreta en Amérique

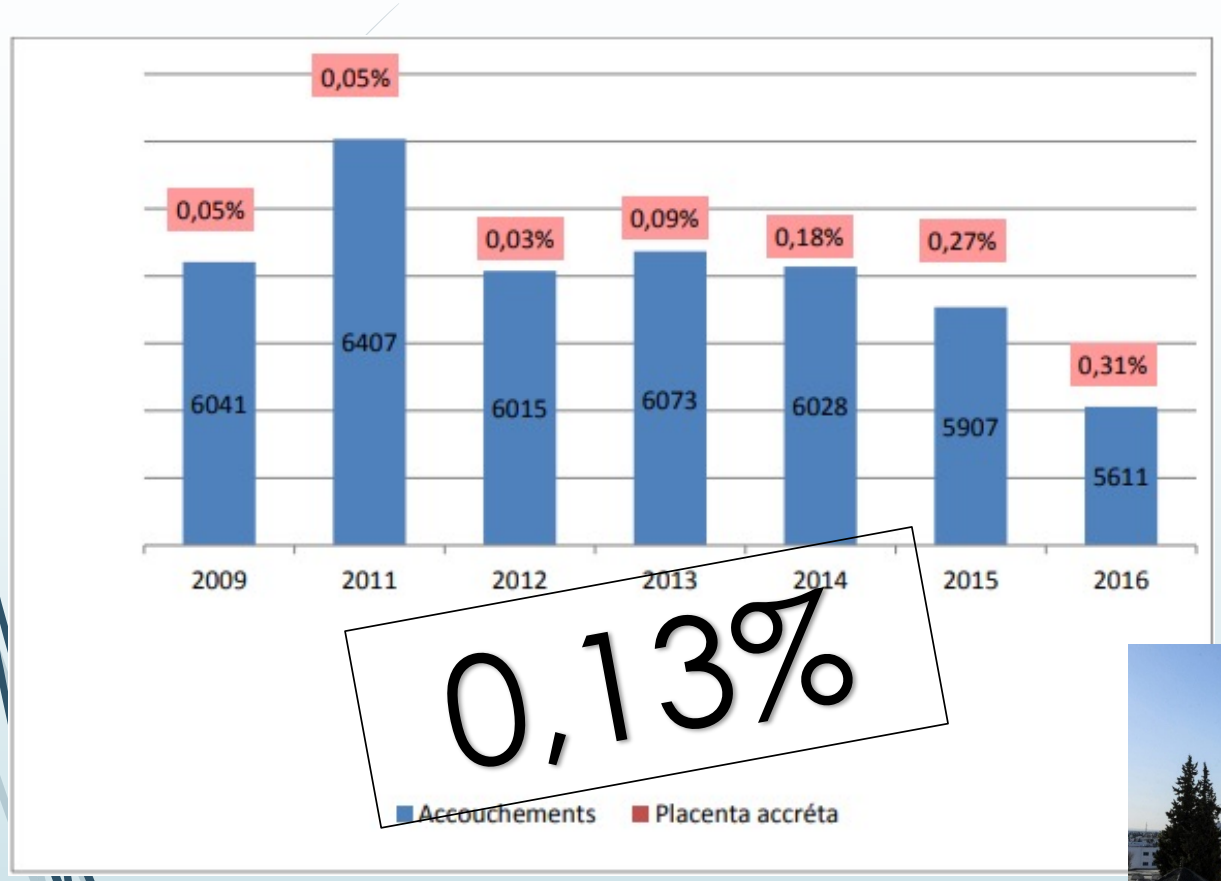


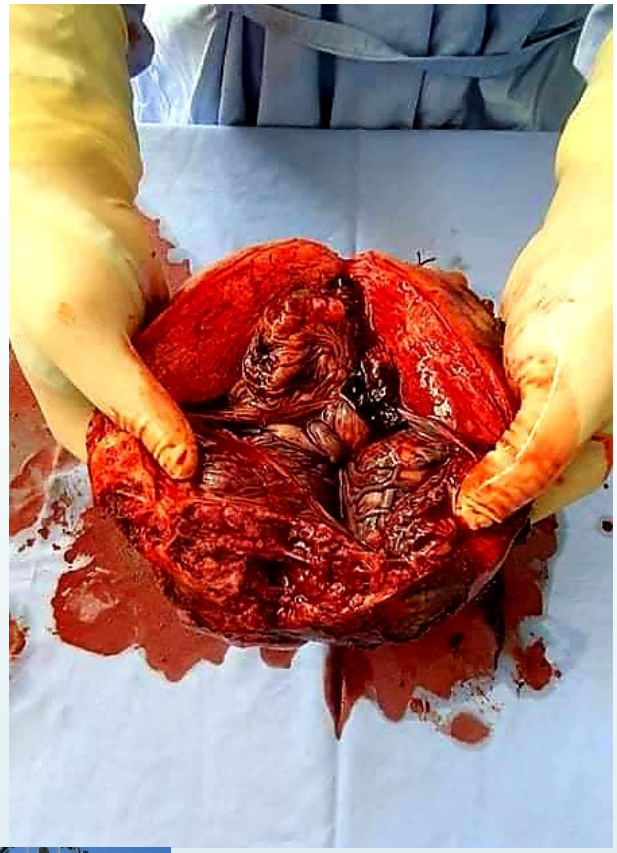


AJOG American Journal of Obstetrics & Gynecology

Wu S , Kocherginsky M , Hibbard JU . Abnormal placentation: twenty-year analysis . Am J Obstet Gynecol 2005

Incidence du SPA en Tunisie





CMNT Centre de Maternité et de Néonatologie DE TUNIS

Prise en charge

- Traitement conservateur avec maintien du placenta in utéro
- Traitement conservateur avec excision du lit d'insertion placentaire
- Césarienne-hystérectomie

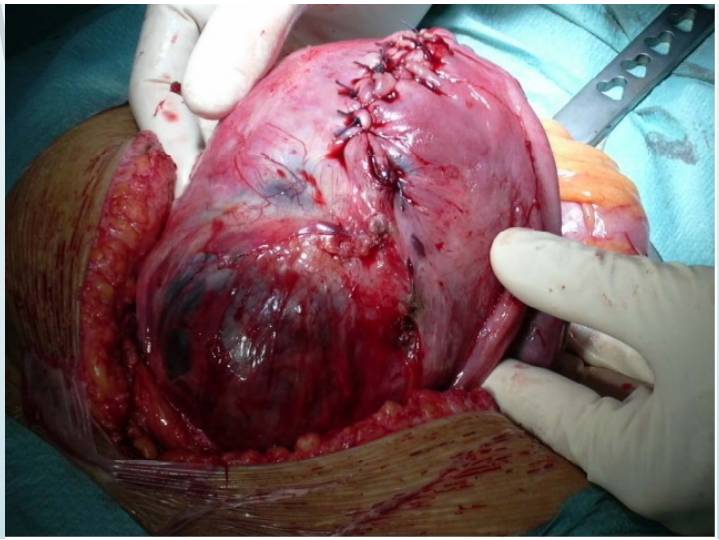
International Journal of
GYNECOLOGY & OBSTETRICS

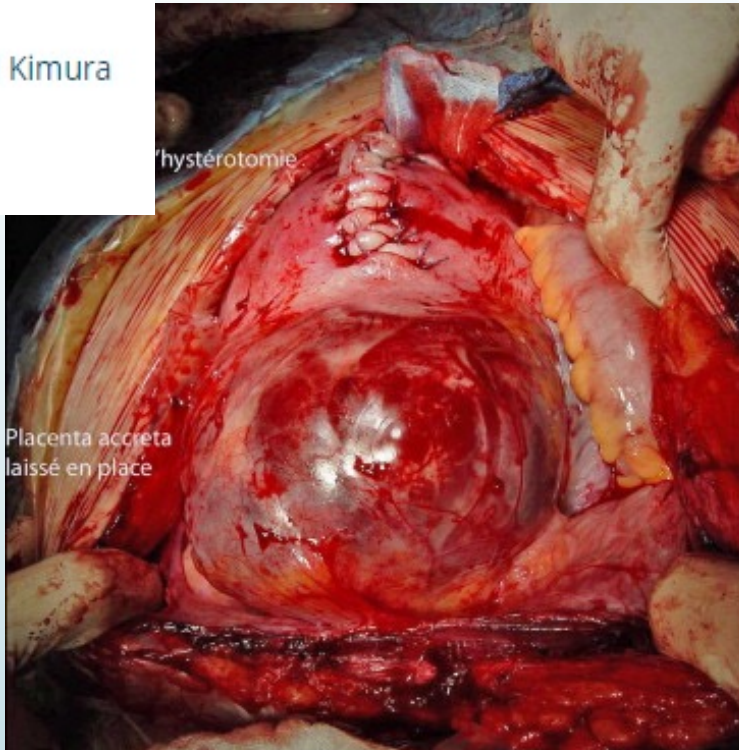
REVIEW ARTICLE

Conservative management of placenta percreta

Shinya Matsuzaki ✉, Kiyoshi Yoshino, Masayuki Endo, Aiko Kakigano, Tsuyoshi Takiuchi, Tadashi Kimura

First published: 30 November 2017 | https://doi.org/10.1002/ijgo.12411 | Citations: 42





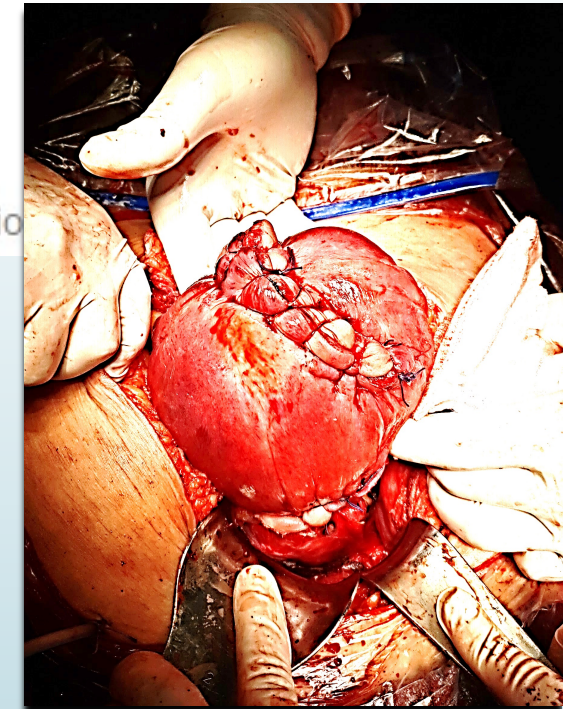
AOGS Acta Obstetricia et Gynecologica Scandinavica
Open Access

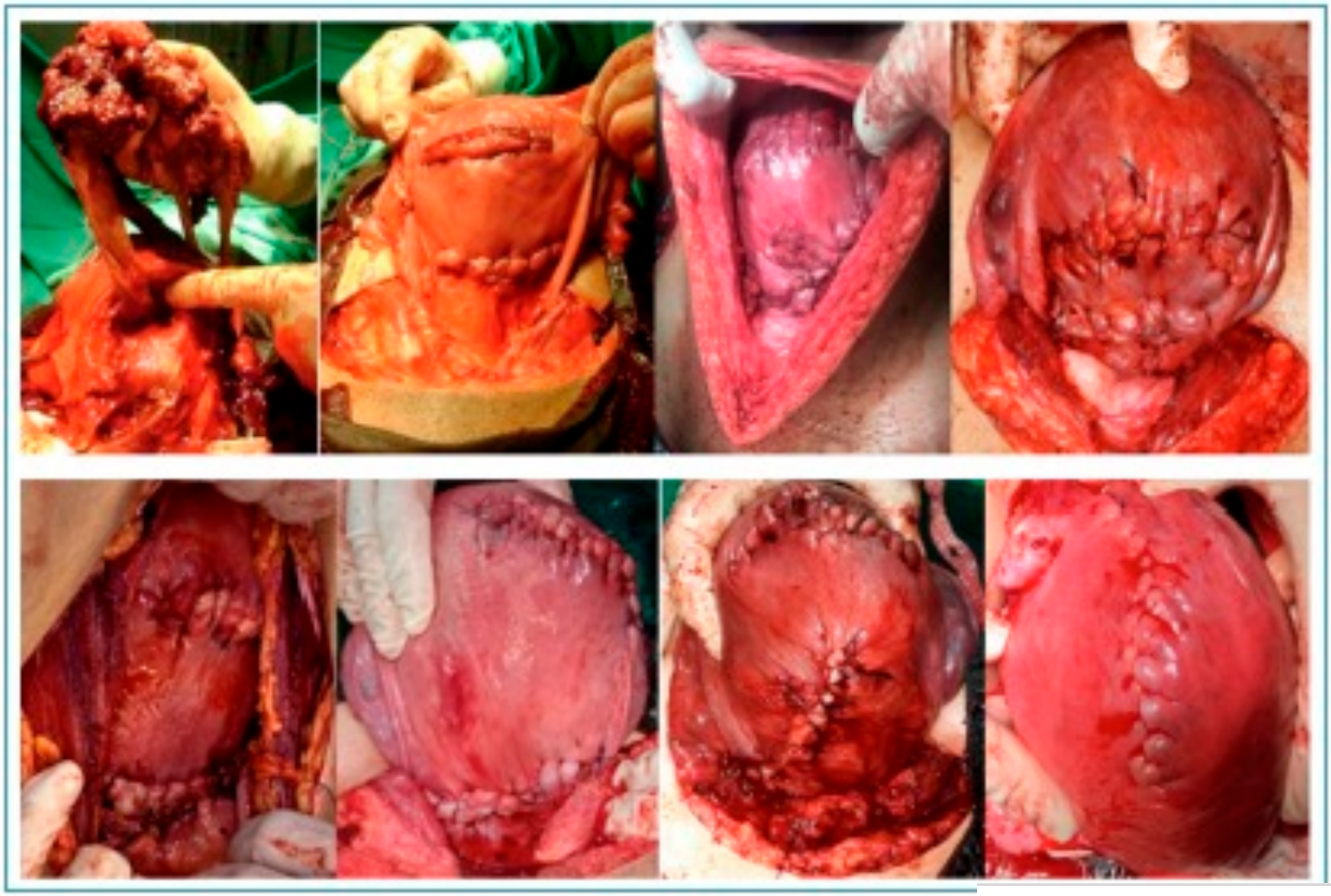
Free Access

Anterior placenta percreta: surgical approach, hemostasis and uterine repair

José M. Palacios Jaraquemada, Mario Pesaresi, Juan C. Nassif, Susana Hermosid

First published: 15 July 2004 | https://doi.org/10.1111/j.0001-6349.2004.00517.x | Citatio



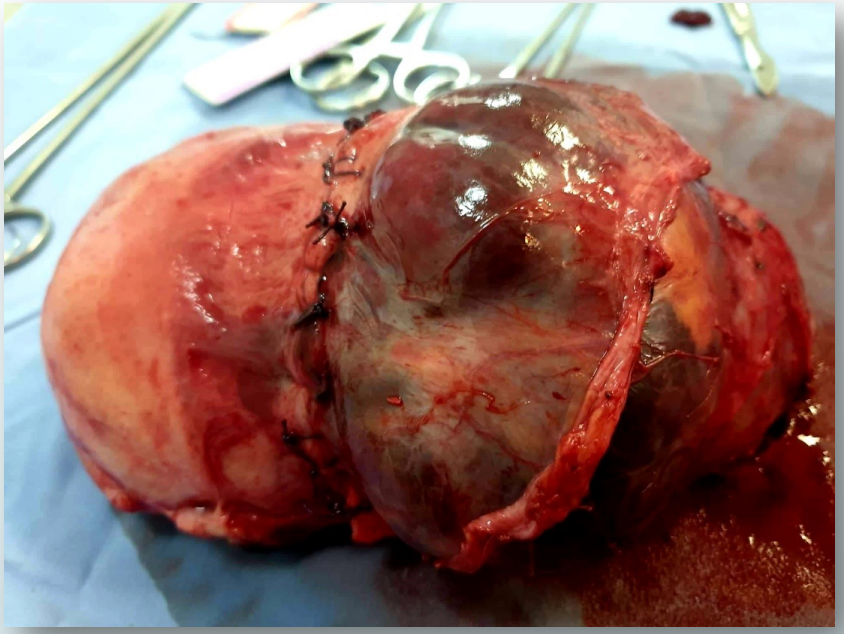


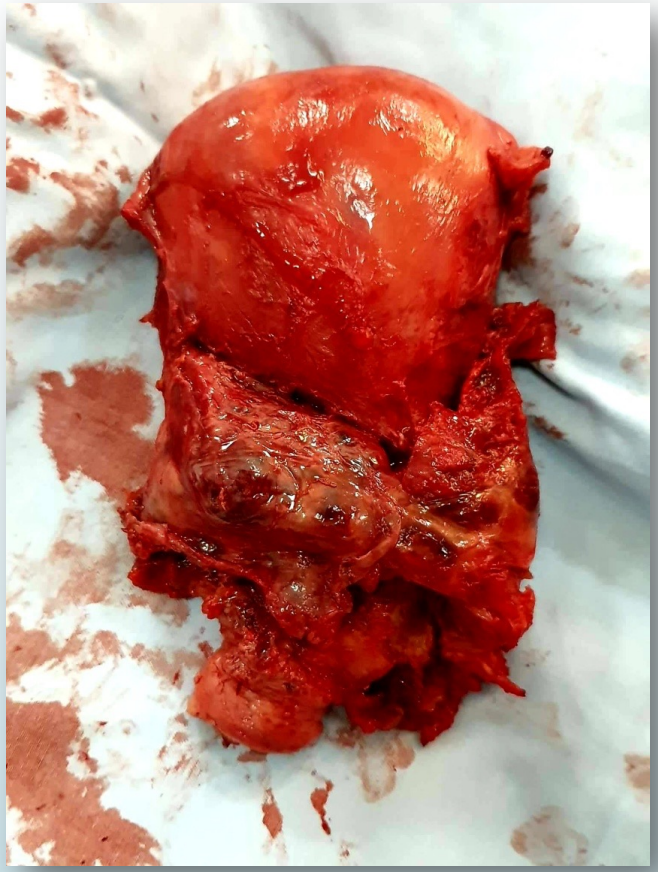
FEBRASGO POSITION STATEMENT • Rev. Bras. Ginecol. Obstet. 43 (09) • Sept 2021 • https://doi.org/10.1055/s-0041-1736371 COPY

Management of placenta accreta spectrum Number 9 - September 2021

Álvaro Luiz Lage Alves Lucas Barbosa da Silva Fabrício da Silva Costa Guilherme de Castro Rezende

La césarienne – hystérectomie






Anesthesia: Estimated Blood Loss?
Surgeon: Let's call it 50cc's
Operating Room

Tamponnement par ballonnet de l'artère iliaque interne

- 1997
- Hopital Sainte-Justine, Université Montréal
- Hystérectomie
- 2000 mL

Notre expérience

- 2 ans
- Service C du centre de maternité de Tunis
- 3000 accouchement / an
- Série de 26 patientes

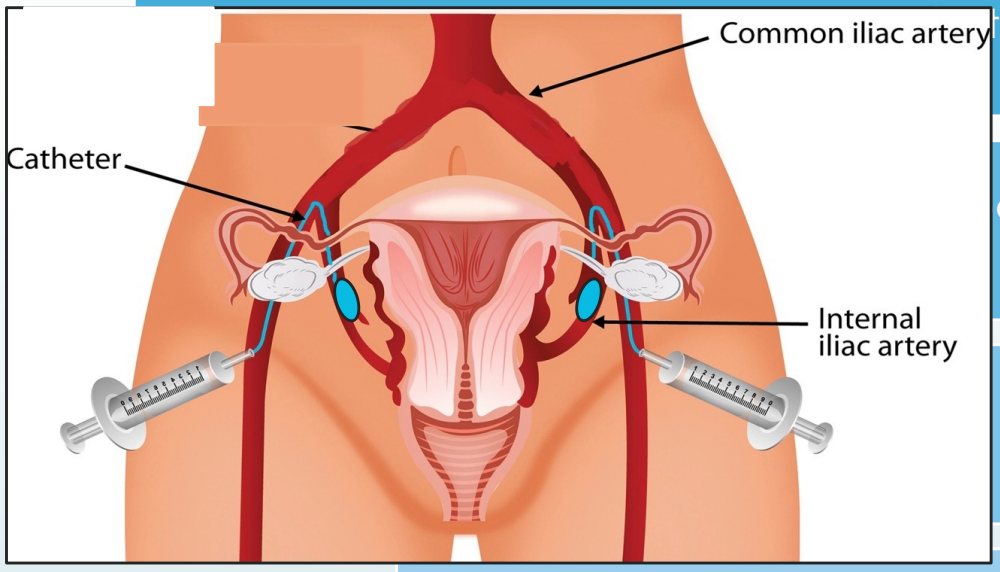
Groupe 1	Groupe 2
Avec mise de ballonnet	Témoins
8	18

Objectifs

- Pertes sanguines
- Transfusion
- Durée opératoire
- Complications
- Durée de séjour en USI
- Durée d'hospitalisation

Technic

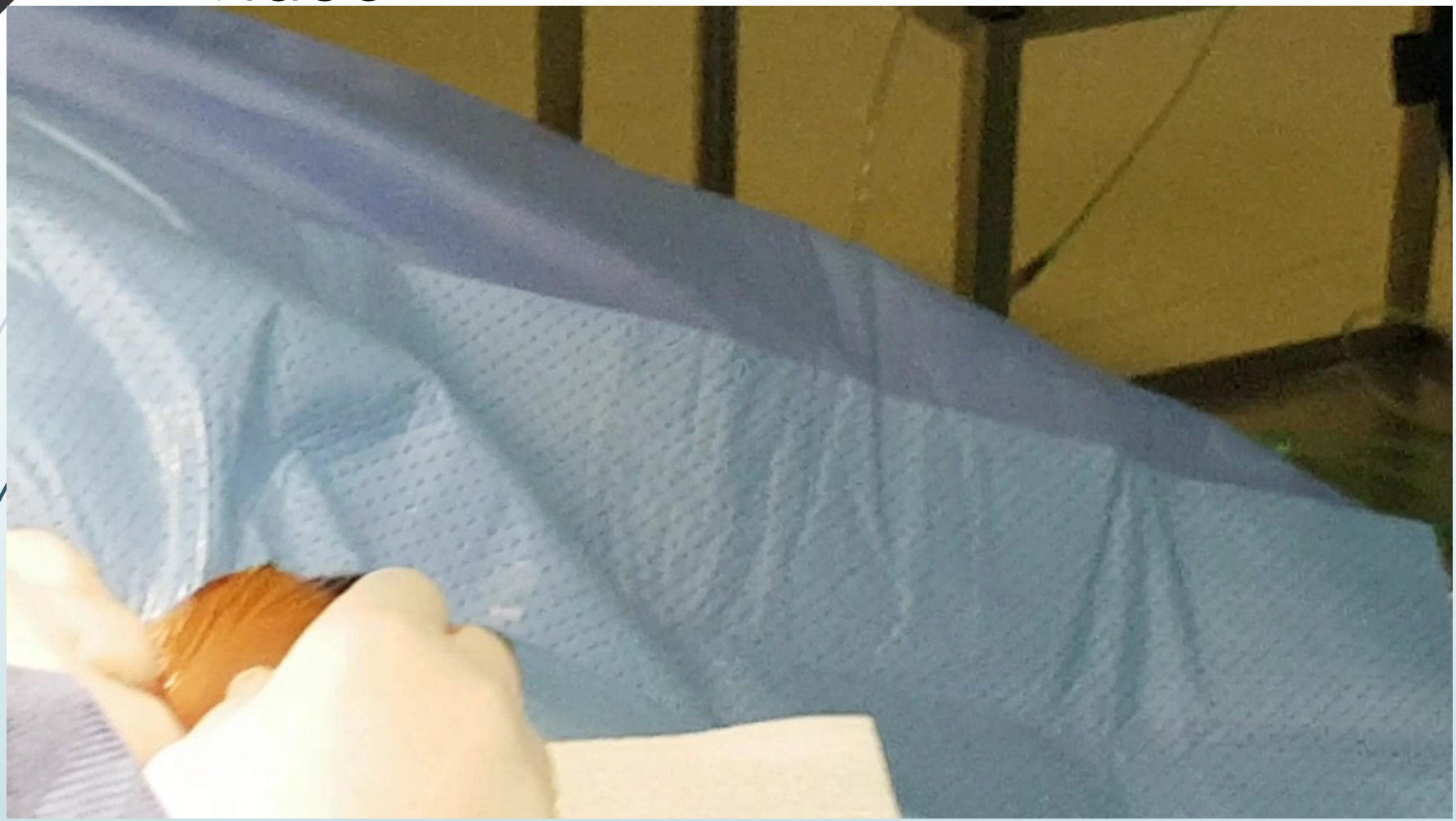
la mise en place préopératoire de cathéters à ballonnet via les artères fémorales dans les branches antérieures des artères iliaques internes



Vérification de l'hémostase (Radiologue sur place)+++++

dégonflement

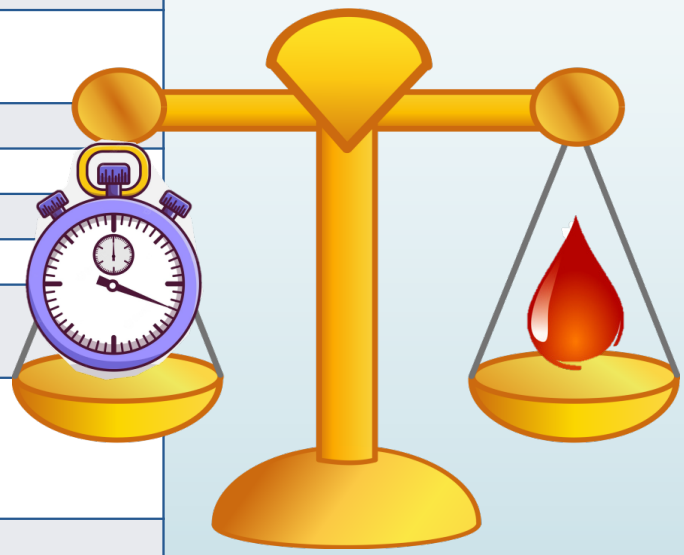
Vidéo



Résultats

	Groupe témoin (n=18)	Groupe d'étude (n=8)	p
Age	36,00 ± 4,16	37,63 ± 4,03	0,18
Gestité	4,5 ± 2,45	4 ± 1	0,26
Parité	3,25 ± 1,14	3,25 ± 1,03	0,34
Nombre de cicatrices	2 ± 0,9	2,25 ± 1	0,27
IRM placentaire	18 (100%)	8 (100 %)	
Terme à l'accouchement	36 ± 1	36,3 ± 0,5	0,27

	Groupe témoin (n=18)	Groupe d'étude (n=8)	p
Pertes sanguines estimées	2748 ± 2089	1699 ± 1110	0,09
Taux de réduction de l'hémoglobine (ΔHb)	2,57 ± 1,67	1,6	0,08
Nombre de CGR Transfusés	5,78 ± 5,45	2,5 ± 1,51	0,06
Durée de l'intervention	120 ± 60	140 ± 40	0,06
Césarienne-Hystérectomie	15 (57,6 %)	7 (26,9 %)	0,5
Traitement conservateur	4 (15,3 %)	1 (3,8 %)	0, 21
Complications :			
Plaie vésicale	1 (3.8 %)	0	0,3
Plaie urétérale	0	0	
Plaie digestive	0	0	
Infection puepérale	0	0	
Durée de séjour en unité de soins intensifs	1,39 ± 1,46	1,5 ± 1,77	0,4
Durée de séjour hospitalier	6,2 ± 2,9	5,6 ± 1,84	0,29



- ↘ Besoins en transfusion
- ↘ Pertes sanguines
- Meilleure visibilité en peropératoire
- Pas de modification du temps opératoire

Contents lists available at ScienceDirect

European Journal of Radiology

journal homepage: www.elsevier.com/locate/ejrad

Internal iliac artery balloon occlusion in the management of placenta accreta: A systematic review and meta-analysis

Deku Liang, Hu Zhao, Dandan Liu, Yonghong Lin *

Table 3
Estimated blood loss volume (ml).

480

Study (y)	PTABO group		Control group	
	n	Mean (SD)	n	Mean (SD)
Shrivastava (2007)	19	3345.08 (2578.33)	50	3140.33 (1426.45)
Cali (2014)	30	846.67 (280.06)	23	1156.52 (576.69)
Tan (2007)	11	1058 (921.9)	14	2211 (921.9)
Fan (2017)	74	1236 (138.2)	89	1694 (144.3)
Cho (2017)	18	1950 (2094)	59	1150 (2094)
Picel (2017)	90	2360 (1620)	61	3290 (2710)
Feng (2017)	30	2271.67 (4107.09)	11	2177.78 (3037.03)
Zhou (2019)	58	1338.02 (777.03)	25	1841.04 (1036.2)
McGinnis (2019)	12	2577.86 (1375.05)	12	2799.17 (1286.27)
Chen(2019)	83	3594.12 (2371.3)	31	3957.5 (1989.35)
Peng(2020)	48	1504.17 (1123.44)	56	1108.04 (1008.32)
Cho (2020)	17	2319 (3119)	25	4435 (3119)

PTABO, prophylactic trans-catheter arterial balloon occlusion.

Twelve trials including 946 patients reported estimated blood loss volume. The prophylactic trans-catheter arterial balloon occlusion group had a lower estimated blood loss volume than the control group (–0.525 mL, [95 % CI, –1.112 to –0.061], p = 0.079) (Table 3 and Fig. 5). Heterogeneity was high in this comparison (p = 0.00, I^2=93.7%) (Table 2)

Meta-Analysis > Eur J Radiol. 2021 Jun;139:109711. doi: 10.1016/j.ejrad.2021.109711. Epub 2021 Apr 20.

THE JOURNAL OF
Obstetrics and Gynaecology Research

Original Article | Open Access

Study of the utility and problems of common iliac artery balloon occlusion for placenta previa with accreta

Yoshihisa Ono, Yoshihiko Murayama, Sumiko Era, Shigetaka Matsunaga, Tomonori Nagai, Hisato Osada, Yasushi Takai, Kazunori Baba, Satoru Takeda, Hiroyuki Seki

Bleeding during CH for placenta previa with accreta can be decreased by CIABO. This study also confirmed the safety of CIABO in regard to maternal lower limb ischemia and fetal radiation exposure during balloon placement.

First published: 03 January 2018

Original Research

AJOG American Journal of Obstetrics & Gynecology

OBSTETRICS

Perioperative prophylactic internal iliac artery balloon occlusion in the prevention of postpartum hemorrhage in placenta previa: a randomized controlled trial

Simon Chun Ho Yu, MD[1]; Yvonne Kwun Yue Cheng, MRCOG[1]; Wing Ting Tse, MRCOG; Daljit Singh Sahota, PhD; Man Yan Chung, MRCOG; Simon Sin Man Wong, FRCR; Oi Ka Chan, MSc; Tak Yeung Leung, MD

TABLE 2
Intraoperative and postoperative outcomes by intention-to-treat analysis

	Occlusion group (n = 19)[a]	Control group (n = 20)	*P* value
Intraoperative blood loss (mL)	1451 [1024–2388]	1454 [888–2300]	.945
Postpartum hemorrhage ≥1500 mL	9 (47.4%)	10 (50.0%)	.869
Postpartum hemorrhage ≥1000 mL	15 (78.9%)	15 (75.0%)	.999
Length of surgery (min)	49 [30–62]	37 [30–51]	.204
Any transfusion at operation	11 (57.9%)	10 (50.0%)	.621

Randomized Controlled Trial > Am J Obstet Gynecol. 2020 Jul;223(1):117.e1-117.e13.
doi: 10.1016/j.ajog.2020.01.024. Epub 2020 Jan 21.

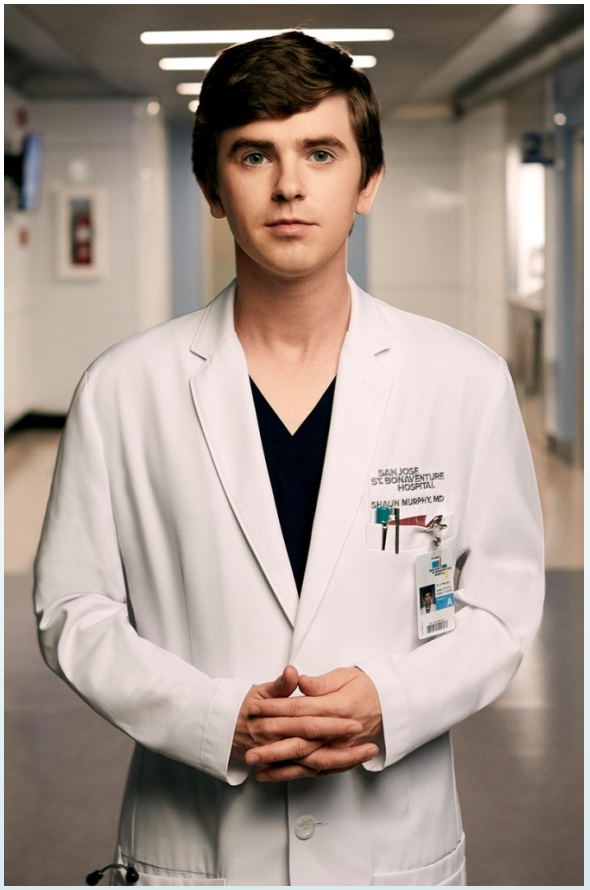
Conclusion

Procédure controversée

Onéreuse

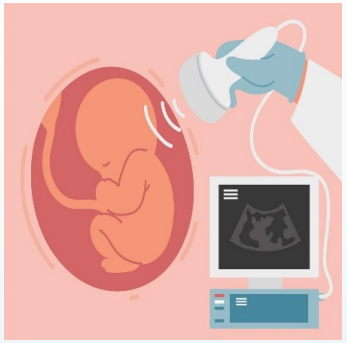

Radiologue
Anesthésiste
Obstétricien

- Courbe d'apprentissage ++++



TAKE HOME MESSAGE

Challenge obstétrical



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Diagnostic anténatal

Traitement conservateur

Recherche +++

Merci pour votre attention

Sidi Bou Said (Tunis, Tunisie)