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Conservative management of placenta accreta spectrum: is it time?



TO THE EDITORS: We read with great anticipation the PACCRETA prospective study and applaud the authors for this important work.¹ With the increasing incidence of placenta accreta spectrum (PAS), we welcome trials investigating conservative management. The findings supported the recent International Federation of Gynecology and Obstetrics guidelines on conservative management of PAS and will likely result in wider adoption of this technique.² However, we have concerns regarding broad acceptance in the United States, outside of research protocols and centers with experience with conservative management. Here we highlighted, why we continue to support the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine consensus statement on PAS, recommending hysterectomy as the standard management.³

First, the results of this study were not generalizable to the United States, where multidisciplinary care is common and has led to reduced morbidity and mortality for PAS. In contrast, only 19.4% of patients in this study benefited from such care.¹ In addition, when performing immediate hysterectomy, we followed clinical guidelines recommending against placental removal to minimize blood loss at delivery; however, in PACCRETA, surgeons attempted placental removal in most hysterectomy cases. Finally, the primary outcome in the conservative management group was similar to that reported for immediate hysterectomy in high-volume PAS centers.⁴

Thus, we encourage providers to take these results in the context of local resources and outcomes. Given the geographic differences between France and the United States, and the 1 in 5 incidences of emergent delayed hysterectomy in the PACCRETA study, we fear that broad adoption of this strategy will have consequences not studied in the PACCRETA population. There likely is a role for conservative management in certain settings, but we in the United States seek continued prospective investigations rather than widespread adoption. ■

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