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## Adherent Placenta, sonographic overview

Shady Saleem

President at ASFMS, Egypt

Adherent placenta includes placenta increta, placenta excreta, and placenta accrete. Maternal morbidity and mortality can occur because of severe and sometimes life-threatening haemorrhage, which often requires blood transfusion. Although ultrasound evaluation is important, the absence of ultrasound findings does not preclude a diagnosis of adherent placenta; thus, clinical risk factors remain equally important as predictors of placenta accrete spectrum by ultrasound findings. There are several risk factors for placenta accrete spectrum. The most common is a previous caesarean delivery, with the incidence of placenta accrete spectrum increasing with the number of prior caesarean deliveries. Antenatal diagnosis of adherent placenta is highly desirable because outcomes are optimized when delivery occurs at a well-prepared hospital before the onset of delivery. So, it is very important to diagnose it before delivery. Ultrasound is a primary method for diagnose it. There are many ultrasound signs which can used to diagnose it as placental lacunea, absence of retroplacental space, thin myometrium less than 1mm and bulging of placenta inside the bladder.

## **Biography**

Dr. Shady Saleem is currently working as President of Arabic Society of Fetal Medicine and Surgery. Fellowship of Fetal Medicine from lean Donald University. Research fellow of Fetal Medicine at Fetal Medicine Unit, Cairo University from 2011 tell now. His academic background includes Consultant of Obs. & Gyn. at Ministry of Health Hospitals, Lecturer at many international Universities. He Participated and organized many ultrasound and fetal medicine courses as a trainer at Egyptian medical syndicate and Fetal Medicine Unit, Cairo University, Iraq ministry of health, Suadia ministry of health and Moritanea Ministry of health. Instructor for many courses at Arabic Society of Fetal Medicine and Surgery as Fetal abnormalities course, 3D and 4D in Obs. & Gyn. course, Fetal Echocardiography course and IVF course.

Contact@asfms.org