



## Correspondence

## Is marginal sinus placenta previa a mild type of placenta previa?



Dear Editor:

We read with interest the report by Ishibashi et al. on the use of magnetic resonance imaging (MRI) to define a rarely discussed type of placenta previa call “marginal sinus placenta previa,” in which the placental marginal sinus just reaches the internal os, but the placental parenchyma is >2 cm from the internal os [1]. They reported their experience with 222 cases of placenta previa. Patients with marginal sinus placenta previa are at lower risk of uncontrolled hemorrhage requiring emergency cesarean section compared to those with a low-lying placenta or marginal placenta previa (0% vs. 17.3%,  $p = 0.02$ ), or those with partial and total placenta previa (0% vs. 25.9%,  $p < 0.01$ ). They also indicated that no patients with marginal sinus placenta previa required additional treatment with allogenic blood transfusion or uterine artery embolization for postpartum hemorrhage, despite more frequent use of intrauterine balloon tamponade than in those with partial and total placenta previa (37.0% vs. 16.7%,  $p = 0.03$ ). Some descriptions and data in the table are conflicting and may need further confirmation, but we congratulate the authors on their fine work.

Uncontrolled hemorrhage before planned cesarean section may be associated with increased maternal/fetal mortality and morbidity [2]. Early preterm cesarean section may be associated with adverse neonatal outcomes [3]. For obstetricians, the best management of placenta previa is surgical delivery just before the crisis of uncontrollable bleeding occurs. Therefore, Ishibashi's classification may help obstetricians to avoid performing an unnecessary preterm cesarean section in low-risk cases. However, it appears that Ishibashi's conclusions based on MRI classification are in conflict with those of a previous study based on ultrasound classification in Japan, reported by Hasegawa [4]. In that retrospective study of 182 cases of placenta previa, 32 had a marginal sinus, and 11 (34%) required emergency section due to uncontrolled

hemorrhage. Furthermore, of 8 cases with ultrasound findings of a marginal sinus confirmed at 20 weeks of gestation, 8 (100%) experienced an episode of bleeding, while only 3 of 27 cases (11%) with marginal sinus placenta previa experienced bleeding in Ishibashi's study. Is the large difference between the two studies explained by different definitions of a marginal sinus, or by different diagnostic results from use of different medical devices?

## Conflicts of interest

No conflicts of interest to declare.

## References

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