# Placenta accreta spectrum disorder: A new standardized terminology is essential to better define this condition

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**Abbreviations**: AIP: abnormally invasive placenta, FIGO: the International Federation of Gynecology and Obstetrics, INOSS: The International Network of Obstetric Surveillance Systems, MAP: morbidly adherent placenta, PAS: placenta accreta spectrum

**Dear Editor,**

New strategies for the diagnostic and management for the increasing number of women presenting with "placenta accreta" are urgently needed worldwide. However, the lack of a uniform terminology for this condition, has made the use of published data difficult, in particular regarding the major differences in outcome between adherent accreta and invasive (increta and percreta) accreta. If not clearly defined the word "accreta" can have a "double" meaning with "accreta" used in a wider sense to include placental retention but also in a narrower sense, to include both adherent and invasive accreta.

The recent use of term "morbidly adherent placenta (MAP)" has added to the confusion. Morbidly adherent was originally used in the 19th century to describe placental retention but it has been increasingly use in particular in cohort series on prenatal imaging to include both adherent and invasive accreta. MAP is not only inaccurate but contradictory when the authors include both "adherent" cases and increta/percreta i.e. "invasive" cases in their series, and, thus, the term "morbidly" "adherent" should be abandoned or avoided. The same argument may hold for the use of the term "abnormally invasive placenta (AIP)" as it excludes adherent accreta.

The Japanese Society of Obstetrics and Gynecology originally decided to use "placenta accreta, increta, percreta" to describe this condition, which may prevent this "double" meaning of accreta. The International Network of Obstetric Surveillance Systems (INOSS) has recently defined the conditions of abnormally invasive placenta/placentation as "various degree of invasive growth of the placenta in the uterine wall, with an abnormally difficult or incomplete removal (including leaving the placenta in situ)".[1]

We think that using placenta accreta spectrum disorders (PAS) i.e. creta, increta, percreta) may better define the condition.[2-4] The term "Creta" or adherent accreta has been use by pathologists to the describe abnormal adhesion of villous tissue directly to the myometrium without interposing decidua, whereas increta/percreta defines placental invasion of the myometrium beyond the junction zone between the decidua and the myometrium. In the absence histological confirmation of an ultrasound or clinical diagnosis, it is not always possible to differentiate between the different degree of accreta placentation. Within this context, the use of "placenta accreta spectrum (PAS) disorders".

is inclusive and preferable to use. In addition authors should be encourage to separate adherent from invasive cases in their report and when possible support their findings with detailed histopathological data.

In March 2018, the International Journal of Gynecology and Obstetrics (Official Journal of the International Federation of Gynecology and Obstetrics (FIGO)) published a "themed issue" including the "FIGO consensus guidelines on placenta accreta spectrum disorders". For the above reasons, the term "placenta accreta spectrum" was used to standardize the terminology and promotes its use in future publications.[3,4] The Japanese society will therefore support the use of "PAS disorders". This 1:1 correspondence may also be welcomed.

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89 **Figure 1** Schema showing placenta creta, increta and percreta. The term ‘placenta accreta spectrum (PAS)
90 disorders’ covers placenta creta, increta and percreta. Creta is ‘adherent abnormality’ whereas increta/percreta
91 is ‘invasive abnormality’.
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