# Arterial Thrombosis After REBOA in a Case of Morbidly Adherent Placenta

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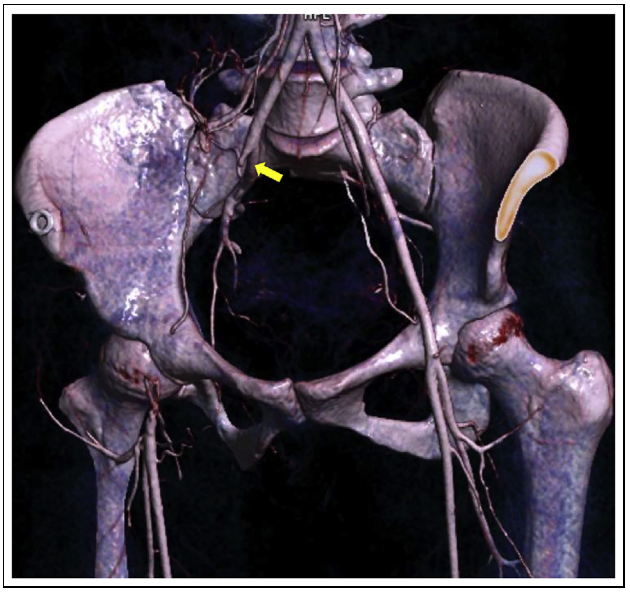
A G3, P2 patient with 2 previous cesarean deliveries and morbidly adherent placenta (MAP) required cesarean delivery and hysterectomy at 30 weeks gestation due to vaginal bleeding. As a strategy for massive bleeding prevention and treatment, a preoperative resuscitative endovascular balloon of the aorta (REBOA) was performed. Total aortic occlusion time was 60 minutes. Cervix and bladder involvement was documented at laparotomy. Intraoperative bleeding was 3372 mL. The patient had a favourable postoperative course, but she re-presented 4 weeks later with intermittent claudication.

The Figure (volume rendering angiographic reconstruction) shows a complete occlusion of the right external iliac (arrow) and common femoral arteries. There is collateral flow through the gluteal (inferior) and circumflex arteries that provide contrast to the superficial femoral artery via the deep femoral artery. The distal femoral arteries are normal.

REBOA has become an inviting option as prophylaxis for or as an adjunct during massive hemorrhage in MAP surgery.[1] However, REBOA has also been associated with complications in 0.8%–10% of cases.[2] The incorporation of REBOA into MAP interdisciplinary teams must be carried out within a clear management protocol, with monitoring for possible complications.

**Consent:** Consent to publish this image was obtained from the patient.

**Figure.**



## REFERENCES

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