

Moreover, in the study of Dwyer et al.,¹⁴ US had sensitivity of (93 %) (95% CI, 80–100%) and specificity of (71 %) (95% CI, 49–93%)

Lopes et al.,¹⁹ revealed that the sensitivity of the US was 87.5%, with a PPV of (65.1%), and a NPV (75.0%).

Berkley et al.,²⁵ reported that US is a brilliant instrument for the PA diagnosing in cases with risk for this irregularity. Its sensitivity was concluded to be ranged from (77-87 %) with specificity of (96-98 %), a PPV of (65-93 %), and a NPV of (98 %).

Warshak et al.,²⁴ matched US and post-contrast MRI performances in the diagnosing and assessment of PA. They concluded on 39 patients of approved PA with an un-paired investigation design. US has a sensitivity (77 %) and specificity (96 %), and MRI with gadolinium improvement had a sensitivity (88 %) and specificity (100 %). The high statistically values in the afore-mentioned report can be for the reason that they had accomplished routine trans-vaginal US as well as the trans-abdominal method in evaluating their involved patients in addition to gadolinium enhancement in their MRI test, in accordance to them it had clearer explained the outer placenta superficial comparative to the myometrium.²⁶

In conclusion, the PA prevalence is growing, and physicians must be knowledgeable of this entity and its scanning characteristics. US still the greatest sensitive and commonest utilized scanning method for the PA diagnosing as it is precise, cheap, and noninvasive and fast. This way has enjoyed great fame as it is extensively obtainable, case friendly, and comparatively cheap.

CONCLUSION

Ultrasonography has good sensitivity for PA diagnosing; whereas, specificity doesn't seem to be as good as described in other reports. US still the greatest sensitive and commonest utilized scanning method for the PA diagnosing as it is precise, cheap, and noninvasive and fast. This way has enjoyed great fame as it is extensively obtainable, case friendly, and comparatively cheap.

REFERENCES

1. Silver, RM. and Branch, DW. Placenta accreta spectrum. *New England Journal of Medicine* 2018; 378(16), 1529-36.
2. Nunes C, Carvalho RM, Araújo C, et al. Placental accreta diagnosing by ultrasonography: a "gold standard"? Diagnóstico de placenta accreta por ecografía: "gold standard"? *Acta Obstet Ginecol Port.* 2014; 8(2), 136-40.
3. Morgan EA, Sidebottom A, Vacquier M, et al. The effect of placental location in cases of placenta accreta spectrum. *American journal of obstetrics and gynecology*, 2019.
4. Jauniaux E, Collins S. and Burton G. J. Placenta accreta spectrum: pathophysiology and evidence-based anatomy for prenatal ultrasound imaging. *American journal of obstetrics and gynecology.* 2018; 218(1), 75-87.
5. Meng X, Xie L. and Song W. Comparing the diagnostic value of ultrasound and magnetic resonance imaging for placenta accreta: a systematic review and meta-analysis. *Ultrasound in medicine & biology.* 2013; 39(11), 1958-65.
6. Berkley E. M. and Abuhamad A. Ultrasound Diagnosis of the Morbidly Adherent Placenta *Placenta Accreta Syndrome* 2017; 39-52.
7. Bowman ZS, Eller AG, Kennedy AM, et al. Interobserver variability of sonography for prediction of placenta accreta. *Journal of Ultrasound in Medicine.* 2014; 33(12), 2153-2158.
8. Rezk MAA, and Shawky M. Grey-scale and colour Doppler ultrasound versus magnetic resonance imaging for the prenatal placental accreta diagnosing. *The Journal of Maternal-Fetal & Neonatal Medicine* 2016; 29(2), 218-23.
9. D'antonio F, Iacovella C, Palacios-Jaraquemada J, et al. Prenatal identification of invasive placentation using magnetic resonance imaging: systematic review and meta-analysis. *Ultrasound in Obstetrics & Gynecology* 2014; 44(1), 8-16.
10. El Wakeel A, Azab S, and Rahman HMA. Role of ultrasound, Doppler, and MRI in the placental accreta diagnosing. *Menoufia Medical Journal* 2018; 31(3), 1023.
11. Borg H, Ahmed M, Ossman HA, et al. Alarabawya, Color Doppler ultrasound in placental accreta diagnosing, 2018.
12. Fitzpatrick KE, Sellers S, Spark P, et al. Incidence and risk factors for placenta accreta/increta /percreta in the UK: a national case-control study. 2012; *PLOS ONE* 7: e52893.
13. Jang DG, Lee GSR, Yoon JH, et al. Placenta percreta-induced uterine rupture diagnosed by laparoscopy in the first trimester: case report. *Int J Med Sci* 2011; 8: 424-7.
14. Dwyer BK, Belogolovkin V, Tran L, et al. Prenatal placental accreta diagnosing: sonography or magnetic resonance imaging? *Ultrasound Med* 2008; 27:1275–81.

15. Khodair S, Elsokary A and Elabdien Mz, Antepartum Evaluation of Placenta Accreta in Women with Placenta Previa by Color Doppler, Power Doppler Ultrasound and MRI: A Prospective Study, *Med. J. Cairo Univ* 2020; 88(2): 505-12.
16. Ornaghi S, Maraschini A, Donati S, Regional Obstetric Surveillance System Working Group. Characteristics and outcomes of pregnant women with placenta accreta spectrum in Italy: A prospective population-based cohort study. *PLoS one* 2021; 16(6), e0252654.
17. Hamisaa M, Mashalya E, Samer F, et al, Role of Doppler US and MRI in placental accreta diagnosing, *Alexandria Journal of Medicine*, Volume 51, Issue 3, ; 225-30
18. Shweel M, Nadia F.El Ameen, Mohamed A.Ibrahiem, Ahmed Kotib, Placenta accreta in women with prior uterine surgical operation: Diagnostic accuracy of Doppler ultrasonography and MRI, *The Egyptian Journal of Radiology and Nuclear Medicine* 2012; 43: 3: 473-80
19. Lopes ES, Feitosa FEL, Brazil AV, et al. Assessment of Sensitivity and Specificity of Ultrasound and Magnetic Resonance Imaging in the Placental accreta diagnosing. *Rev Bras Ginecol Obstet* 2019; 41(1):17-23.
20. Satija B, Kumar S, Wadhwa L, et al. Utility of ultrasound and magnetic resonance imaging in prenatal placental accreta diagnosing: A prospective study. *Indian J Radiol Imaging* 2015; 25:464-70.
21. Pagani G, Cali G, Acharya G, et al. Diagnostic accuracy of ultrasound in detecting the severity of abnormally invasive placentation: a systematic review and meta-analysis. *Acta Obstet Gynecol Scand* 2018; 97: 25–37.
22. Bonnie B, Victoria T, Lan R, et al. Prenatal placental accreta diagnosing: sonography or magnetic resonance imaging? *J Ultrasound Med* 2008; 27: 275-1281.
23. Levine CA, Hulka J, Ludmir W, et al, Placenta accreta: evaluation with color Doppler US, power Doppler US, and MR imaging, *Radiology* 1997; 205: 773-7.
24. Warshak CR, Eskander R and Hull AD. Accuracy of ultrasonography and magnetic resonance imaging in the placental accreta diagnosing. *Obstet Gynecol* 2006; 108: 573–81.
25. Berkley EM and Abuhamad AZ, Prenatal Placental accreta diagnosing, Is Sonography All We Need?, <https://doi.org/10.7863/ultra.32.8.1345>, 2013.
26. Lax A, Prince MR, Mennitt KW, et al. The value of specific MRI features in the evaluation of suspected placental invasion. *Magn Reson Imaging* 2007; 25: 87–93.