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Title: PLACENTAL MESENCHYMAL DYSPLASIA : A CASE REPORT

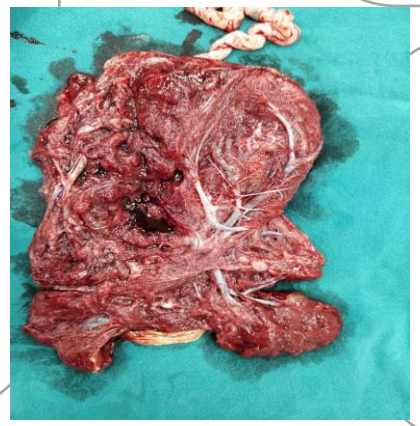
INTRODUCTION

·Placental mesenchymal dysplasia (PMD) is a rare placental vascular anomaly characterized by placentomegaly and grapelike vesicles. It is estimated to occur in 0.02% of pregnancies,but may be under- represented[1].Characteristic features of PMD are placental enlargement, dilated and tortuous chorionic vessels which shows thrombosis. It shows a focal distribution of cystically enlarged villi, in a background of grossly normal-appearing villous tissue; hence, the similarity to partial hydatidiform mole[2].In contrast to PHM, the histology of PMD features clusters of enlarged, stem villi and absence of trophoblastic proliferation or hyperplasia.

CASE DISCUSSION

A 29 Year G4P3L2D1 was referred from a peripheral civil hospital to NIMS Hospital, Jaipur at gestation of 33 weeks 6 days with intrauterine growth restriction and severe anemia.She had three previous vaginal delivery (G4P3L2D1). An ultrasonography done showed a live intrauterine fetus with normal skull, spine, and heart with cephalic presentation. The placenta was fundo-posterior and enlarged, measuring 8.9 cm in thickness with multiple irregular cystic areas measuring 57x66 mm were seen. No gross congenital anomalies were seen. Her antenatal period till date was uneventful.

On admission routine investigations and doppler ultrasound was done. On examination vitals were stable, pallor present , icterus absent.On per abdomen examination height of uterus was 30 weeks, Cephalic, Fetal Heart Rate present and regular. Doppler showed absent end diastolic flow in umbilical artery. An emergency lower segment caesarean section (LSCS) was done. Placenta send for histopathological examination



CONCLUSION AND DISCUSSION

· Women with PMD are at markedly increased risk of intrauterine fetal death and premature delivery. Patients should be counselled regarding potential complications such as fetal growth restriction, fetal death, premature delivery and maternal pre-eclampsia.The differential diagnosis for this appearance includes: partial hydatidiform mole, complete hydatidiform mole (CHM) with co-existent fetus, chorioangioma, and intervillous hematoma, infarct or nonspecific hydropic changes.[3]

PMD is reported to show a ‘‘stained-glass’’ appearance suggesting abundant blood flow in PMD while CHM shows little to no blood flow.[4]

Early admission to the hospital and intensive monitoring of fetal wellbeing status should be considered.[5] Grossly, it is characterized by placentomegaly, dilated chorionic vessels and enlarged hydropic or cystic villi.Microscopic findings include mesenchymal hyperplasia and edema of stem-cell villi.

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