

EP 08.62 Severe fetal growth restriction as a result of placenta implantation on an intrauterine myoma.

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Case report:

- 34 year old **primipara**, with GDM
- Medical history: LPSC fibroid removal
- Combined 1st trimester screening test: T18 - risk 1/92; NIPT – risk for trisomy 16; amniocentesis - normal karyotype.
- An anomaly scan in the 22nd week: fetus too small for the gestation.
- Weekly US examinations, maturation therapy with **betametasone at 29⁺⁰ weeks**.
- US at admission (29⁺² weeks): **severe IUGR, EFW 457 grams (< 1st centile)**, a normal BPP score and a positive a-wave in ductus venosus. A **10 cm diameter adenomyoma at the placental implantation site**.
- Normal blood pressure and blood glucose profile, **Sflt-1/PIGF ratio was 597.1** (increase from 269 two days earlier), no proteinuria, normal liver and renal function.
- **cCTG** twice daily and daily US for fetal and maternal blood flow.

- **30⁺⁰ weeks**: delivery room: normal BPP score and fetal blood flow, **decelerations** on the cCTG (**STV 5.3 ms**).
- Administration of **MgSO₄** for fetal neuroprotection, a Caesarean section was performed.
- Baby girl: **440 g, 29 cm long, Apgar score 7/8**.
- Half of the uterine cavity showed a myoma.
- Histologic examination (umbilical cord and placenta): a high-grade fetal and partial maternal vascular malperfusion of the immature placenta (<10% of predicted weight).
- **Normal girl's genetic findings** (Russel-Silver syndrome excluded).
- Discharged after 14 weeks: weight 2040g, oxygen therapy due to mild bronchopulmonary displasia.

Conclusion

This case highlights that a large uterine fibroid at the placental implantation site can significantly compromise uteroplacental blood flow and lead to severe fetal growth restriction.

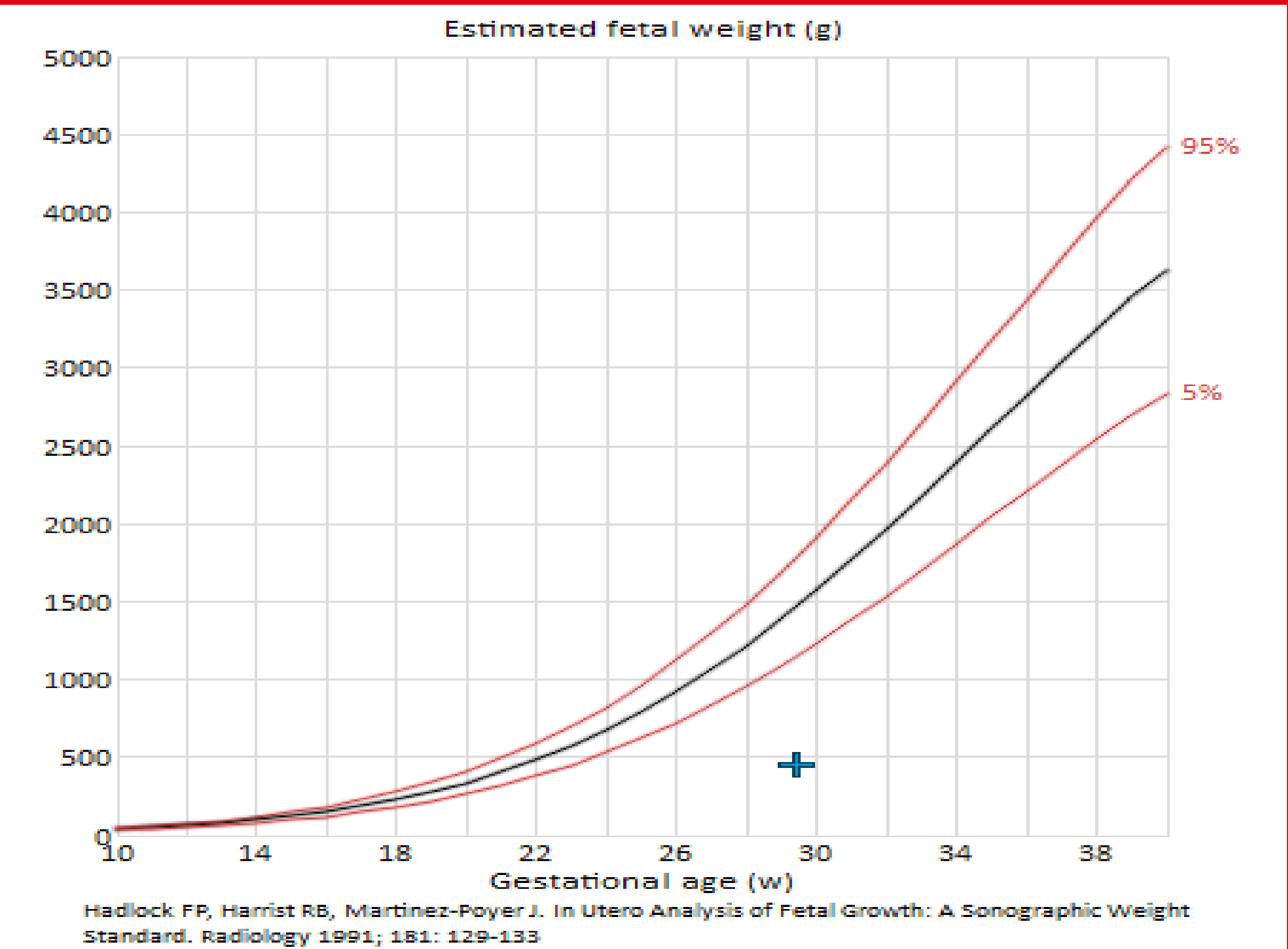


Figure 1. Diagram of EFW at 29⁺² weeks of gestation.



Figure 2. Ductus venosus flow at 29⁺⁴ weeks of gestation.

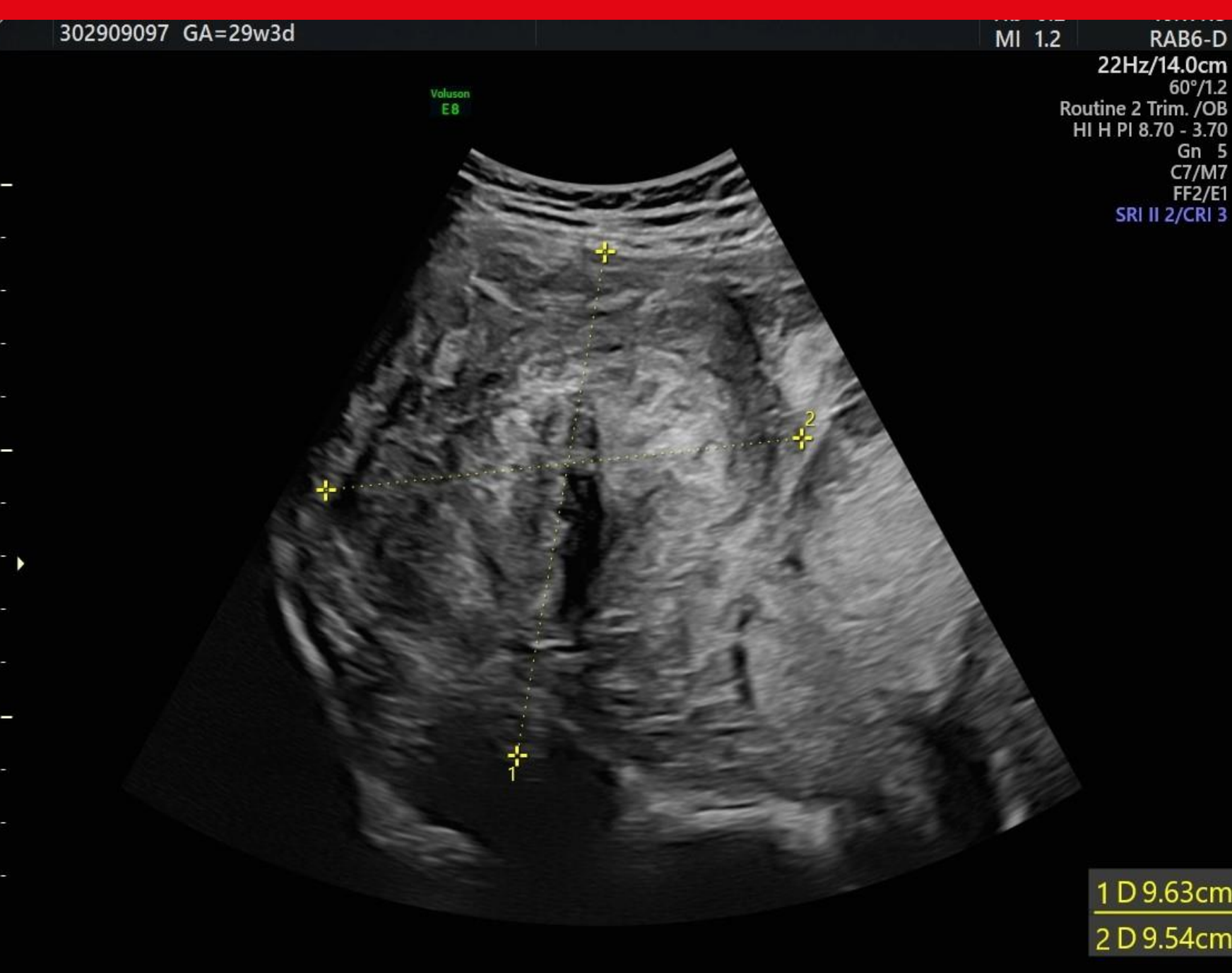


Figure 3. Adenomyoma behind placenta.