

EP 15.18. An Unusual Case of Placental Mesenchymal Dysplasia delivered at Term.

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Case Presentation

A 27y G2 P1 at 14 weeks gestation was referred following the ultrasound diagnosis of a suspected partial molar pregnancy at her primary health centre. A chorionic villous biopsy done showed a normal 46, XX karyotype. Array CGH/FISH tests were also normal. Serial ultrasound scans showed a small-for-dates baby with normal interval growth and Doppler flow studies.

At 40 weeks an emergency CS was performed after brisk antepartum haemorrhage due to a Class 2 Placental Abruption. A 3,120g female infant was delivered with low Apgar scores and umbilical cord gas levels suggesting acute hypoxemia. The baby responded well to immediate postnatal resuscitative measures and had an uneventful neonatal course.

Placental Histopathology

Placenta histology showed placental mesenchymal dysplasia (PMD), a rare placental abnormality characterized by abnormal mesenchymal proliferation often with hydropic changes in the absence of abnormal trophoblastic proliferation.

Pathophysiology

PMD is a sporadic condition, characterized by normal looking terminal villi mixed with large, cystically dilated stem villi showing myxomatous stroma and abnormal thick-walled vessels.

PMD is associated with a range of pregnancy complications especially preterm labour, IUGR, and intra-uterine fetal death. Associations between PMD and Placental Abruption are not commonly reported.

Although most have a diploid karyotype, androgenetic biparental mosaicism is also reported. Congenital haemangiomas and hepatic mesenchymal hamartoma are other important associated conditions which must be screened for postnatally.

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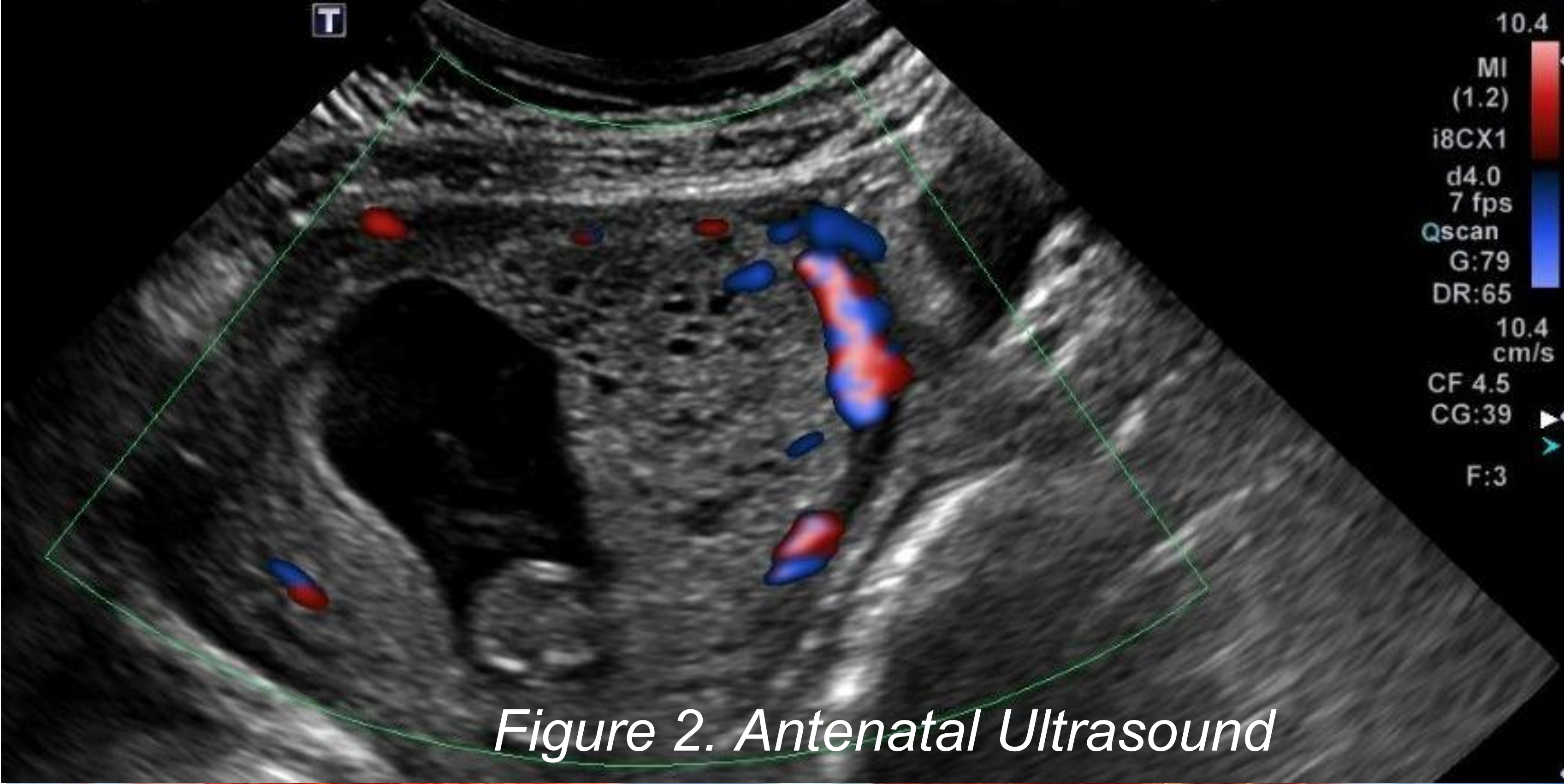


Figure 2. Antenatal Ultrasound

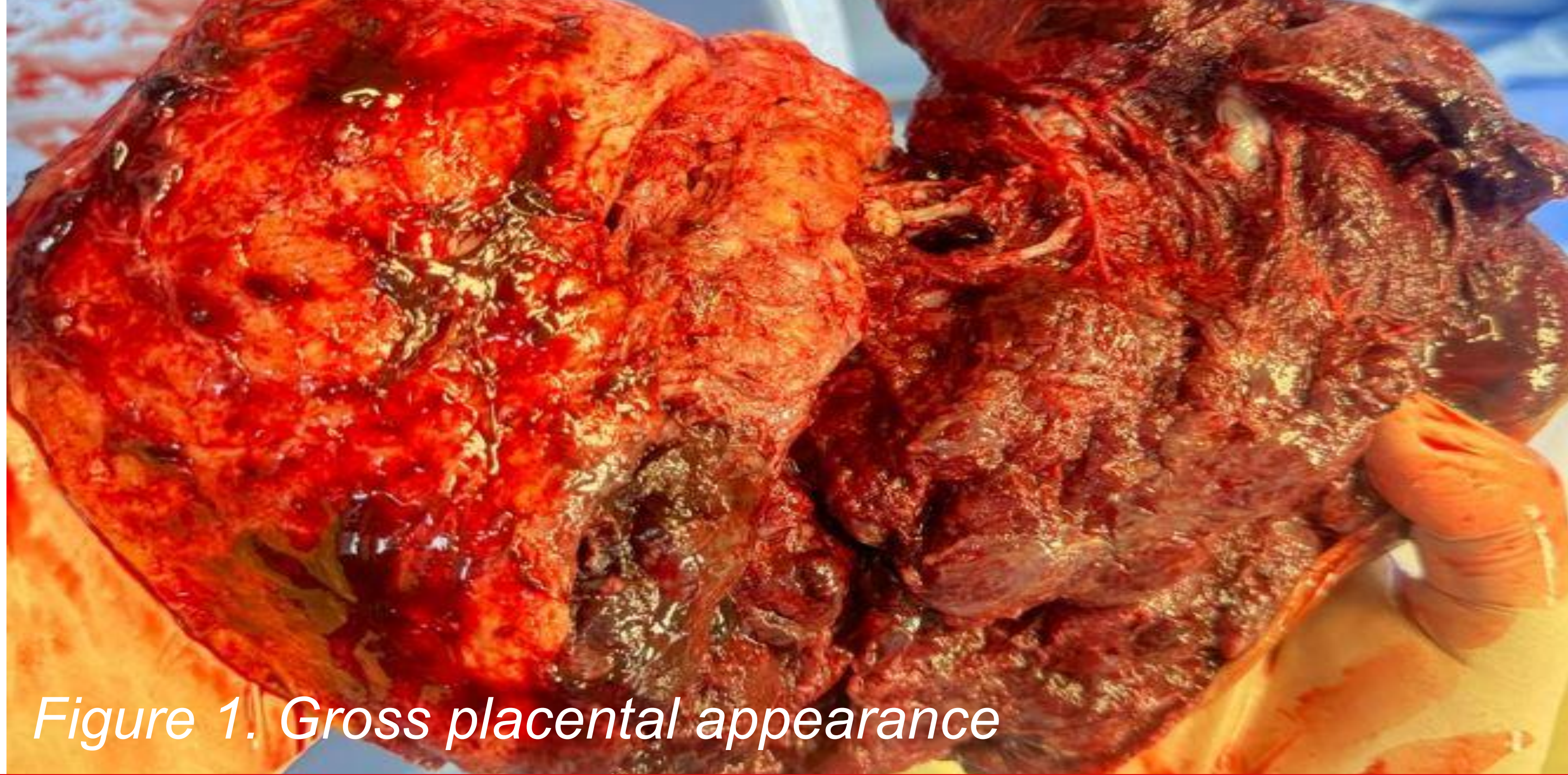


Figure 1. Gross placental appearance

Conclusion

This case illustrates the diagnostic complexity in 1st trimester cases presenting with placental abnormalities particularly suspected molar pregnancy, highlighting the value of MDT care, genetic testing and serial ultrasound monitoring. PMD though rare and not necessarily leading to poor perinatal outcomes, remains concerning, as reflected by the pregnancy outcome in this case.