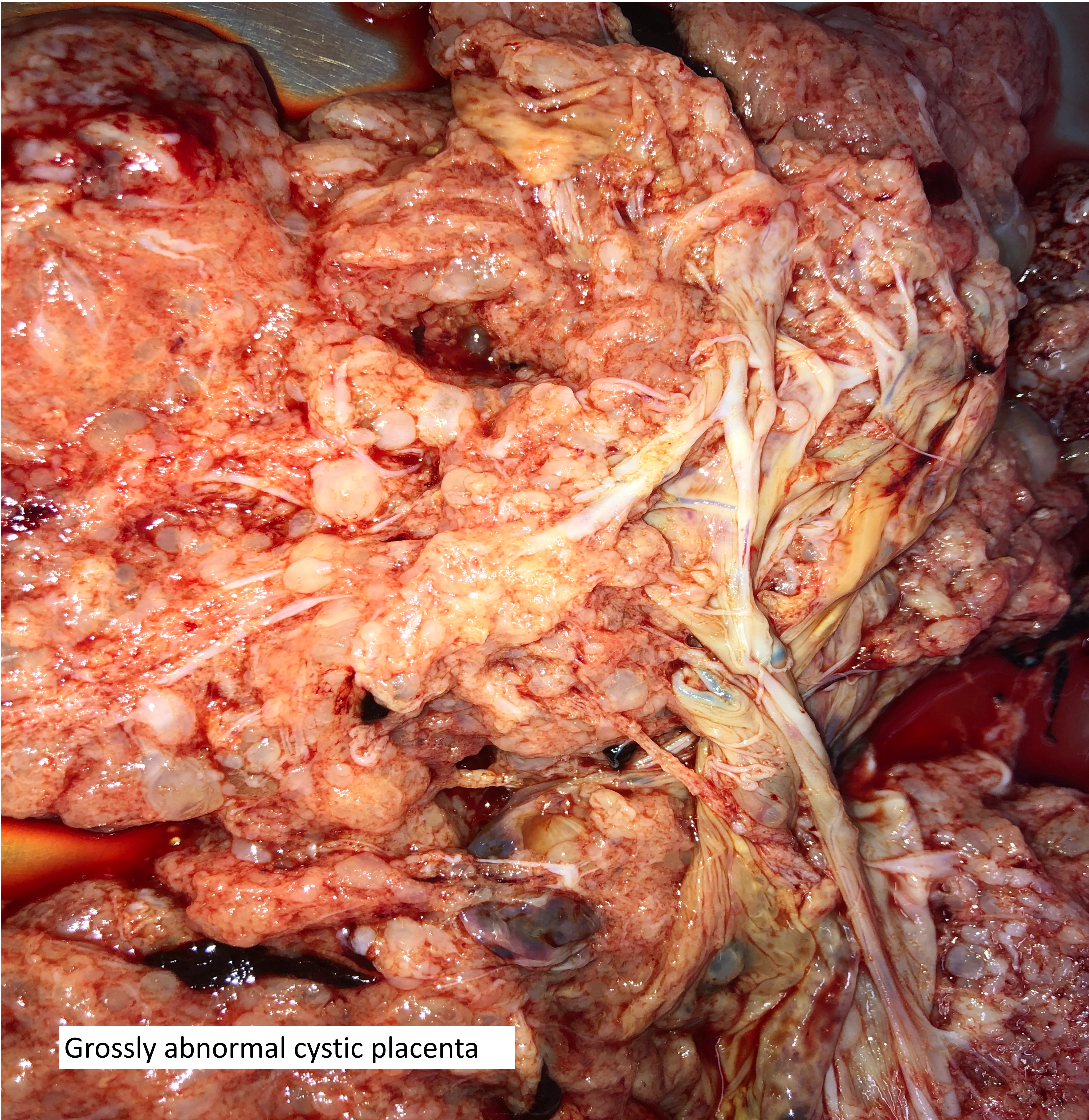




Grossly abnormal cystic placenta

This low risk P4 presented at 19/40 with swelling, severe hypertension and intrauterine demise. The combined test had been declined at her dating scan which was reported to be unremarkable. Her pre-eclampsia was secondary to placental atypyp and the nephrotic picture resolved in the weeks postpartum.

This case demonstrates the value of angiogenic markers in cases of diagnostic uncertainty and suggests significant bleeding risk and placentally mediated hypertensive disorder in advanced partial molar pregnancy.

Parameter	
Obstetric history	4 low risk pregnancies, now 19/40 and 29 years old.
BMI	21kg/m ²
Blood pressure	>160/110mmHg then controlled on tds labetalol
Oedema	Pitting to knees
Fetal well being	IUD
PCR	1113mg/mmol
ACR	456.1mg/mmol
Serum Creatinine	94umol/L
Serum albumin	28g/L
PLGF	49pg/mL
S-Flt	35498pg/mL
S-flt:PLGF	724
β-hCG	Not tested at presentation – normal by 6/52
Cytogenetics + Histology	Triploidy and partial mole
Outcome	Good, but bled after misoprostol at 1cm dilated – vertical hysterotomy and 3.2L loss.