

PLACENTAL POLYP: ETIOLOGY AND DIFFERENT TREATMENT MODALITIES: SERIES OF RARE CASE REPORTS

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INTRODUCTION:

Placental polyp is a rare disease and it is a protruding mass coming out of uterus resulting from retained trophoblastic tissue. On presenting series of case reports our aim is to discuss different etiology and treatment modalities and the impact on patients. This would decrease mortality and morbidity presenting with severe hemorrhage.

CASE 1



HYSTEROSCOPIC VIEW OF PLACENTAL POLYP

A 28 year old lady G5P4+0 with irregular mild vaginal bleeding 8 months from the last child birth. Her local examination was done showed healthy vulva, vagina and cervix and bleeding coming from cervical os . On bimanual examination bulky AV non tender soft uterus. Blood tests were done including CBC, S. Beta H.C.G. and hormonal profile .Her Hb was 90g/L and Beta HCG was negative. Hormonal profile was normal. Ultrasound was done showed bulky uterus with suspicion of RPOCS followed by color Doppler ultrasound. The presence of blood flow by color Doppler was graded as absent (-) and vascularity by contrast MRI was also absent (-). Hysteroscopic guided resection of protruding mass was done and sent for

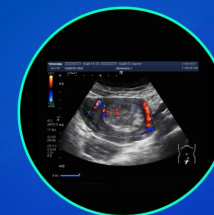
histopathology. After the procedure the recovery was smooth and followed up after 2 weeks. Her symptoms settled and the report confirmed our suspicion of diagnosis of trophoblastic tissue.

CASE 2

A 30 years lady P3+1 presented with irregular vaginal bleeding after 4 month of miscarriage. She has spontaneous expulsion of RPOCS with conservative management. Her beta H.C.G. was negative, Hb. was 109 g/L. Ultrasound was performed showed suspicion of RPOCS followed by Doppler ultrasound/MRI for flow. The flow on Doppler ultrasound was mild to moderate (+1). Contrast MRI also showed moderate vascularity (+1). On the basis of our symptoms diagnosis was made for placental polyp. Three cycle of oral methotrexate (2.5 mg, three times a day for 5 days were given). Six weeks after treatment patient was assessed. Doppler ultrasound was done which showed absent blood flow. Her menstruation resumed with a regular cycle after treatment.

CASE 3

A 35 years old lady P3+2 previous 3 scars presented with heavy continuous bleeding for the last 1 month after the last c section. There is history of recurrent blood transfusions during this duration. She presented, to emergency in our hospital. Blood tests were performed. Her Hb. was 70g/L . And Beta H.C.G. was negative. Ultrasound was performed followed by Doppler ultrasound and contrast MRI. They showed high blood flow i.e. high vascularity (+2). Her Hb. was optimized to 110 g/L. Initially hysteroscopic resection was done but homeostasis was not secured and ended up in hysterectomy with bilateral conservation of ovaries. Sample sent for histopathology. Her post operative recovery was smooth. She followed up in O.P.D.



PLACENTAL POLYP WITH INCREASES PSV ON DOPPLER ULTRASOUND

CONCLUSION

Placental polyp is a rare disease which may varies in severity of symptoms. The severity of the disease is assessed by Doppler ultrasound and contrast MRI. On the basis of these diagnostic tools we would be able to preserve fertility. A.V.M., pseudoaneurysm, invasive mole, P.S.T.T. should always be in differential diagnosis of placental polyp. Multiple treatment options would be successful on the basis of severity of symptoms and diagnostic tool studies.

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