



## A case of placental mesenchymal dysplasia

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### Objective

Placental mesenchymal dysplasia (PMD) is a rare vascular anomaly characterized by mesenchymal stem villous hyperplasia which is also called “pseudo-partial mole”. The prevalence of PMD is 0, 02% in pregnancies. The first description was made by Moscoso et al. in 1991 and there were 212 cases of placenta mesenchymal dysplasia published in medical literature by 2013. It is important to distinguish PMD from partial hydatidiform mole, a twin pregnancy with a coexisting healthy fetus and a complete mole, and placenta mosaicism, as there will be a difference in management and prognosis. Furthermore, it is crucial to manage PMD in order to prevent the associated genetic syndromes and severe pregnancy complications.

### Methods

This is a case report.

### Results

A 28-year-old multipara woman was referred to Hue University Hospital due to suspected partial mole at 16 weeks' gestation. An ultrasound examination revealed a fetus with normal anatomy corresponding to 17 weeks' gestation and two thirds of the placenta had small hypoechogenic cysts with “honeycomb” shape whereas the other areas were normal. The umbilical cord was inserted in normal placental area. An amniocentesis was offered and accepted which showed a normal karyotype of 46, XX. The management was fetal growth monitoring including Doppler studies and amniotic fluid every 4 weeks and this was normal. At 38 weeks' gestation, the woman delivered by cesarean section because of spontaneous rupture of membranes and previous cesarean section. The newborn was healthy and had no defects; the histopathology of the placenta showed focally dilated and cystic villi with no trophoblastic proliferation.

### Conclusion

PMD is a rare condition which has some similar features on ultrasound with partial mole pregnancy. Therefore it is important to carefully evaluate the morphology to make a suitable diagnosis. Amniocentesis should be considered in these cases. Although placental mesenchymal dysplasia is considered to be benign, it still requires thorough fetal growth and pregnancy monitoring as pregnancy complications may occur.



