



The utility of 11-13+6 weeks scan and maternal biochemistry in differentiating between cystic lesions of placenta; a case report

Elayedatt RA, Kumar SV

NAHAS Hospital., Parappanangadi, Malappuram Dist, India

Objective

To demonstrate the additional utility of the 11-13+6 weeks scan and maternal biochemistry in differentiating rare but potentially serious pathological cystic placental lesions.

Methods

Description of two cases, one of Hydatidiform mole(HM) and the other of Placental mesenchymal dysplasia(PMD) diagnosed in the first trimester of pregnancy. Case 1: A 28 year old gravida 5 with previous 4 miscarriages, was a case of twin pregnancy coexistent with a HM, cesarean section was done at 29 weeks for antepartum haemorrhage (APH) to deliver a premature live male baby of 1120 gm. Case 2: A 25 year old gravida 1, was a case of Placental mesenchymal dysplasia (PMD) with a live male foetus developed IUGR and was terminated at 37 weeks to deliver a 2140 gm male baby. Both the above cases had multiple cystic lesions replacing the normal placental parenchyma in ultrasound. The comparative features are tabulated below.

Results

Hydatidiform mole Placental mesenchymal dysplasia 1. Parity G5 A4 G1 2. PAPP-A (Mom) 1. 24 0. 8 3. B-Hcg (Mom) 36 1. 45 4. Ultrasound(placenta) Multicystic, Vascular Multicystic, Vascular 5. Karyotype normal normal 6. Association & Outcome APH, preterm termination IUGR, terminated at 37 weeks. 7. Histopathology Complete mole Placental mesenchymal dysplasia 8. Followed up with B-Hcg -.

Conclusion

Differentiating cystic placental lesions is important to provide counselling regarding prognosis and follow up of the different pathological lesions. PMD has greater impact on the foetus. The risk includes association with chromosomal abnormalities IUGR and still birth. HM has great impact on the mother with risks of pre eclampsia, APH, preterm labour. The foetus can be affected with prematurity. There is also the risk of chromosomal abnormality and associated anomalies. The feature varies depending on whether it is a complete mole, partial mole or twins with coexisting HM. Cases of HM require postnatal follow-up for Persistent Trophoblastic disease whereas it is not required in PMD. HM has a future recurrence risk which is not so with PMD. The other differential diagnosis of cystic placental lesions include major retroplacental hematomas and placental venous lakes.



