Introduction: Non-invasive prenatal testing (NIPT) has been widely used to screen for common aneuploidies since 2011. While NIPT is highly sensitive and specific, false positive results can occur. One important cause of false positive results is confined placental mosaicism (CPM). This can occur through a mitotic nondisjunction event or through aneuploidy rescue. CPM is usually associated with normal fetal outcomes, but has been associated with intrauterine growth restriction, pregnancy loss, or perinatal death in some cases.

Case: Here we present a case associated with Confined Plasental Mosaicism (CPM) following NIPT. Patient was 30 years old (gravida 1 para 0) with increased risk in combined test. Because of increased risk in combined test NIPT applied to the patient. NIPT result was chromosome 2 aberration. With this result we did an amniocentesis to the patient. Amniocentesis exhibited a normal karyotype of the fetus. In detailed ultrasonography no fetal anomaly detected. She did a preterm labor with premature ruptures of membranes (PPROM) associated with IUGR (31 GW at 34 W). The karyotype analysis of the placenta showed Trisomy 2 with 88% CPM as being 47, XY,+2[22/25]/46,XY[3/25].

Conclusion: Abnormal NIPT results cannot be considered diagnostic. Diagnostic genetic testing such as amniocentesis should always be offered immediately after abnormal NIPT results are obtained. Even with normal karyotype results after abnormal NIPT results, we should follow up patients closely because of possible adverse perinatal outcomes such as IUGR or PPROM.

Keywords: IUGR, NIPT, placental mosaicism