Placental mesenchymal dysplasia with hepatic mesenchymal hamartoma: a case report

Boo HY¹, Chung JH¹, Han YJ¹, Kim MY¹, Lee YH²,¹ Division of Maternal-fetal Medicine, Department of Obstetrics and Gynecology, ²Department of Radiology, Cheil General Hospital and Women’s Healthcare Center, Dankook University College of Medicine, Seoul, Korea.

INTRODUCTION

Placental mesenchymal dysplasia (PMD) is a rare placental condition characterized by placentomegaly and grapelike vesicles. We report a rare case of PMD with associated hepatic mesenchymal hamartoma (HMH), which resulted in intrauterine fetal death.

CASE

A 34 years old woman visited our center after succeeding pregnancy by intrauterine insemination. At 12 weeks of gestation, thick placenta with anechoic spaces was noticed with normal appearing fetus in ultrasound scan. Chorionic villus sampling was done in each normal and abnormal placenta. The karyotype in both samples were normal. However, the QF-PCR result showed increased ratio of paternal to maternal alleles, indicating androgenetic/biparental mosaicism and PMD was suspected.

At 27 weeks of gestation, multiple septated cystic masses were noticed in fetal abdomen. Fetal ovarian cysts were suspected and aspiration of the cysts was done to reduce the mass effect. However, the complex cysts remained and at 36 weeks of gestation, fetal death was confirmed. After termination of pregnancy, pathological diagnosis of the placenta confirmed PMD. Autopsy was done for the dead fetus and HMH was confirmed.

CONCLUSION

In pregnancies complicated with PMD, the fetus is phenotypically normal in most reported cases. However, other fetal abnormalities can often coexist including HMH. Therefore, accurate prenatal diagnosis and meticulous fetal surveillance is recommended when PMD is suspected.