We present a case of a 34 year-old gravida 3, para 1 with placental mosaicism and early-onset oligohydramnios. Her first child was born at gestational age (GA) 27+4 with an emergency Caesarean Section due to severe pre eclampsia.

Case report
At the first trimester ultrasound screening (GA 13+0) the risk for trisomy 21 was risen - 1:64, PAPP-A 0,149 MoM, hCG 0,486 MoM. CVS was performed and tetraploidy was found in 85-90% of the sample cells – karyotype 46,XY/92,XXYY. At GA 16+0, amniocentesis was performed to specify the extent of mosaicism. A normal male karyotype 46,XY was attained and confined placental mosaicism was diagnosed.

At GA 19+6 oligohydramnios was discovered in ultrasound – deepest vertical pocket (DPV) depth 1cm. No anatomic anomalies or abnormalities in fetal blood flow indices were found. TORCH analyses showed no recently acquired infections.

From GA 20+6 to 28+3, 6 amniinfusions with 200-300 mL of saline solution were performed, DPV increased up to 3,3 cm. After the 3rd procedure a leakage of amniotic fluid occurred. Betamethazone for fetal lung maturation and antibiotic treatment were started.

Delivery
Caesarean Section at GA 30+0 was planned. A premature baby, Apgar 8-8, 1276g (25th percentile) was born. The child required ventilation support due to IRDS and developed bronchopulmonary dysplasia (as a result of prematurity).

Conclusion
Placental chromosomal mosaicism (CPM) is a phenomenon occurring in 1-2% of CVS procedures. In 85-90% of cases the mosaicism is confined to the placenta, the remaining instances are true fetal mosaicism. CPM is associated with IUGR, but its connection to isolated oligohydramnios has not been widely studied.