

# Placenta membranacea associated with a normal pregnancy and term vaginal delivery

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## Background

Placenta membranacea is a rare placental pathology. It is characterised by the presence of chorionic villi completely or partially covering the fetal membranes.<sup>1-2</sup>

Although extension of the chorionic villi is variable, women with partial placenta membranacea typically present with the same signs and symptoms as women with the complete form.<sup>3</sup> Women frequently experience antepartum haemorrhage with or without postpartum haemorrhage.<sup>2</sup> Caesarean section, preterm birth and neonatal death are common complications.<sup>2</sup>

Term delivery is uncommon as early delivery is often necessary to prevent severe maternal and fetal complications.<sup>4</sup>

## Case

A 29-year-old G1 P0 woman of Asian descent presented in spontaneous labour at 37 weeks' gestation. She had an uncomplicated labour and a normal vaginal delivery of a live female infant weighing 2500 g. The Apgar score was 9 and 9 at 1 and 5 minutes, respectively.

Active management of the third stage was performed; however, firm controlled cord traction was required to deliver the placenta. There was minimal blood loss at delivery and postpartum.

Review of the antepartum medical record revealed an uneventful pregnancy. A morphology scan at 18 weeks' gestation and a 36-week ultrasound scan described a posterior placenta that was not low lying.

Retrospective examination of the ultrasound scans identified placenta on both the anterior and posterior uterine walls; however, placenta membranacea was not suspected

## Discussion

- The anomaly develops between weeks 8 and 10 of development with a failure of the chorion laeve to atrophy. This develops into chorionic villi which are inappropriately located over the membranes<sup>1</sup>
- Complications are common and include antepartum haemorrhage (83%), postpartum haemorrhage (50%), abnormal adherence and positioning of the placenta (30%) including placenta accreta and placenta praevia<sup>2</sup>
- Pregnancy reaching term and vaginal delivery of a live infant are exceedingly rare outcomes of this placental pathology.
- This is the first described case of an uncomplicated pregnancy and vaginal delivery of a woman with a partial placenta membranacea.
- Early diagnosis can enable planning to prevent complications. However, ultrasound scan may fail to diagnose placenta membranacea.
- In this case, the ultrasound was reported incorrectly as normal with the diagnosis only made following delivery of the placenta and histological analysis

## Conclusion

- **We report the first case of partial placenta membranacea in the context of a normal pregnancy and delivery.**
- **Ultrasound may fail to diagnose placenta membranacea**
- **Histopathology is essential for diagnosis**

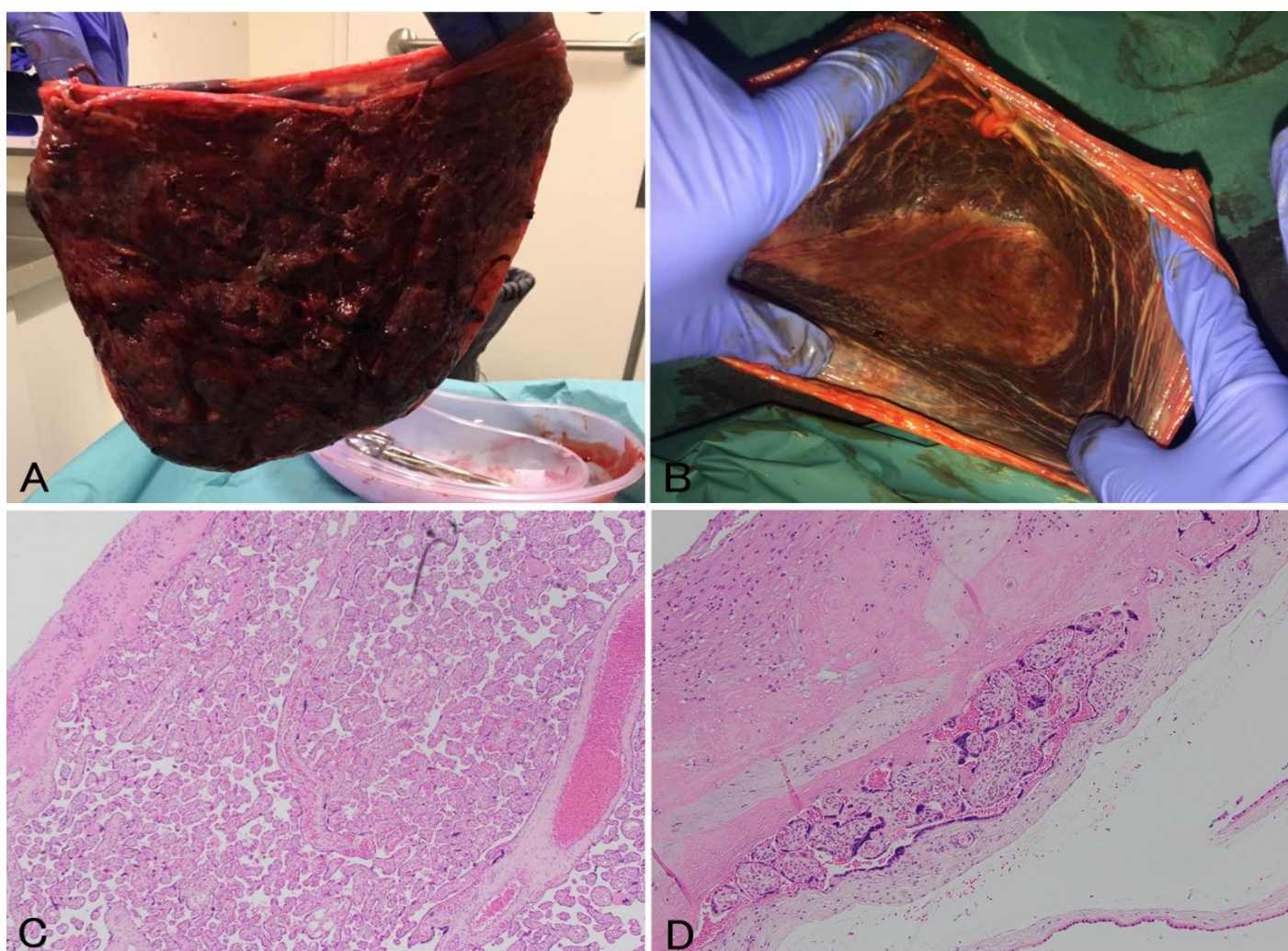


Figure 1. (A, B) Gross appearance of placenta at delivery, with placental membranes covered in a thin layer of placental tissue. (C, D) Villi within the membranes, consistent with placenta membranacea, microscopic

## REFERENCES

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