A sac within a sac



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Background

Placental cysts are an uncommon ultrasound finding of variable clinical significance^{1,2}. Reports exist in the literature of an association with intrauterine growth restriction of the fetus, particularly in cases of large cysts^{1,3}. We report a case of a large placental cyst identified on ultrasound and noted on placental examination at delivery.

Case

A 30 year old G4P3 was referred for tertiary sonography at 20 weeks' gestation following morphology ultrasound, which had reported a cluster of amniotic bands. Tertiary ultrasound identified a sac like structure in the amniotic cavity that appeared attached to the amniotic membrane in proximity to the placental cord insertion. The woman received regular antenatal care and serial progress ultrasounds were performed which

She went into spontaneous labour at term and had a normal vaginal birth. The male infant weighed 4080g and Apgar was 7 and 9 at 1 and 5 minutes.

A collapsed cyst was demonstrated on the fetal side of the placenta at delivery. Histopathological examination of the placenta demonstrated membranous tissue arising from the placental disc close to the cord insertion, not clearly related to the umbilical cord nor related to the subchorionic space.

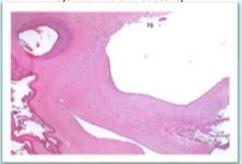
The outer surface facing the amniotic cavity was lined by reactive amniotic epithelium, and the findings were suggestive of a simple amniotic cyst.



Sagittal uterus demonstrating thin membrane seen in



Sagittal uterus demonstrating outpouching of cyst wall into amniotic cavity



Cyst and adjacent chorionic plate



Discussion

This case demonstrates an unusual presentation of a simple amniotic cyst with no detrimental impact on the fetus during gestation or at delivery, thus adding to the literature available regarding the clinical significance of this finding.

The case also demonstrates the importance of high quality sonography in antenatal differential diagnosis.

References

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