

A rare case of atypical placental site nodule in a caesarean scar niche

Dr Alexandra (Allie) Drew, Dr Julie Lindstrom
City Fertility; Rainbow fertility

BACKGROUND

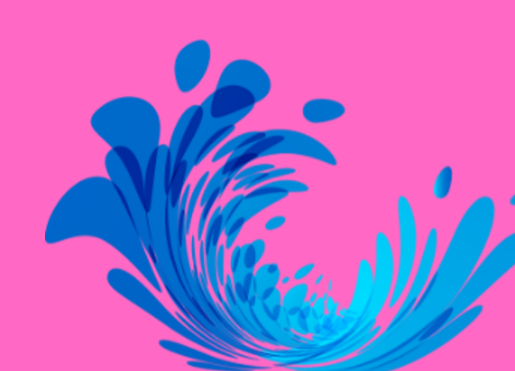
A placental site nodule (PSN) is rare benign tumour-like trophoblastic neoplasm. An atypical placental site nodule (APSN) shows more concerning features and is an intermediate lesion between PSN and trophoblastic tumours. Patients are often asymptomatic and discovered incidentally on curettage. Time from pregnancy to diagnosis can be several years and between 45-82% have a history of endometrial curettage or caesarean section. Investigation needs to occur to differentiate between placental site trophoblastic tumours, epithelioid trophoblastic tumours and non-trophoblastic diseases such as squamous cell carcinoma.

DISCUSSION

APSN is an uncommon condition that presents often after uterine surgical procedures following a pregnancy. It is thought to be due to abnormal involution of the placental site. The presence of APSN should be investigated clinically and radiologically with referral to the Trophoblast Centre. Atypical PCN is associated with malignant gestational trophoblastic disease and therefore requires imaging and removal.

CASE

35y F G2P1M1 was diagnosed with an atypical placental site nodule sitting in the caesarean scar niche on a background of chronic endometritis. She had an IVF pregnancy 14 months prior with a caesarean section. Following this time, her periods were regular. She presented to the IVF specialist to undergo another IVF treatment and on routine US, a small caesarean section niche of 9mmx3mmx5mm was seen. A hysteroscopy D&C was performed at the time of egg collection due to concern for a polyp in the lower uterine cavity. The curettings incidentally revealed a placental site irregularity with histopathology confirming an atypical placental site nodule in the caesarean scar niche. She had a negative serum HCG of <2. She was registered with QLD Trophoblast Centre. A repeat hysteroscopy D&C with a cold loop excision of remaining tissue from the C/S niche was performed. She was sent for CT head, chest, abdomen, pelvis and MRI of pelvis to assess for any metastatic disease and further beta HCG for baseline. The imaging was normal; however, the abnormal tissue was persistent in the niche despite removal on hysteroscopy. A laparoscopic resection of the caesarean section scar niche was performed by a gynaecology oncologist. It successfully removed the niche, showing no residual placental site nodule on histology. The patient was advised to not fall pregnant for 6 months and to have a caesarean section for subsequent deliveries. She had ongoing HCG levels as per the Trophoblast Centre protocol, these remained normal.



RANZCOG
Annual Scientific
Meeting 2022
GOLD COAST
Transformation: Making Waves



City Fertility
Global CHA IVF Partners



RAINBOW FERTILITY
your dream, our passion

References

1. Mendoza R, Lanjewar S, Gupta R. Placenta gestational trophoblastic disease. Pathology Outlines. Updated August 31, 2021. <https://www.pathologyoutlines.com/topic/placentaplacentalsitenodule.html>
2. Dholakia J, Chen W, O'Malley D, Ronnett B. A rare case of atypical placental site nodule with an emerging intermediate trophoblastic tumour. International Journal of Gynaecological Pathology. Published May 2020. https://journals.lww.com/intjgynpathology/Abstract/2020/05000/A_Rare_Case_of_Atypical_Placental_Site_Nodule_With.6.aspx