The placental site nodule and its differential diagnosis: 2 case reports and review of the literature.

Sabur ST, Davis G.
Department of Obstetrics and Gynecology
Northern Beaches Hospital, New South Wales, Australia.

The placental site nodule (PSN) and its neoplastic counterpart epitheloid trophoblastic tumour (ETT) are forms of non-molar gestational trophoblastic disease that are thought to arise from incomplete involution of the placenta, particularly in women with previous uterine surgery e.g. caesarean section (CS) or curettage.[1] Presentation is varied and non-specific including abnormal uterine bleeding (AUB), amenorrhoea, infertility and incidental finding through abnormal cervical smear cytology.[2]

As symptoms usually occur long after the last pregnancy, average latent phase 3-years[2], placental pathology is not usually considered. However, it is extremely important for clinicians to distinguish these lesions due to emerging evidence that PSNs may have potential to develop malignant transformation to ETTs.[3-5]

We report 2 cases of PSN illustrating an interesting spectrum of pathological diagnoses with differing natural histories and management.

Case 1:
- 29-year-old, G2P2: 2 vaginal deliveries
- AUB 4-years after last delivery, non-responsive to medical management
  - ultrasound normal
  - hysteroscopy normal, endometrial curettage: PSN
- Endometrial ablation performed due to ongoing AUB
  - endometrial biopsy pre-ablation: normal

Case 2:
- 39-year-old, G3P2: suction curettage for miscarriage, 2 CS
- Pelvic pain 6-months after first CS
  - ultrasound: possible retained products of conception
  - hysteroscopy: scant material, curetting: PSN
  - symptoms resolved
- AUB 1 year following second CS
  - ultrasound normal
  - hysteroscopy normal, endometrial curettage: PSN, differential diagnosis ETT.
- Gyne-oncology review: hysterectomy performed.

These cases demonstrate the highly variable presentations of PSN. Diagnosis should alert practitioners to arrange ongoing follow-up, given the potential to develop ETT.

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Presenting author information:

Full name: Samara Tahreen Sabur
Email: samara.sabur@gmail.com
Contact number: +61403999140
Department of obstetrics and gynecology
Northern Beaches Hospital
105 Frenchs Forest Rd West,
Frenchs Forest, NSW, 2086, Australia.

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Biography:

Samara Sabur is a junior medical doctor, training in obstetrics and gynecology at the Northern Beaches Hospital in Sydney, Australia. She is currently completing a Master of Public Health through the University of Sydney and is an associate lecturer at the School of Medicine in University of Western Sydney. She has previously presented research at the European Congress of Obstetrics and Gynecology as well as the Australasian Gynecological and Endoscopy Society annual scientific meeting.