



Vellosidades coriales “raras”

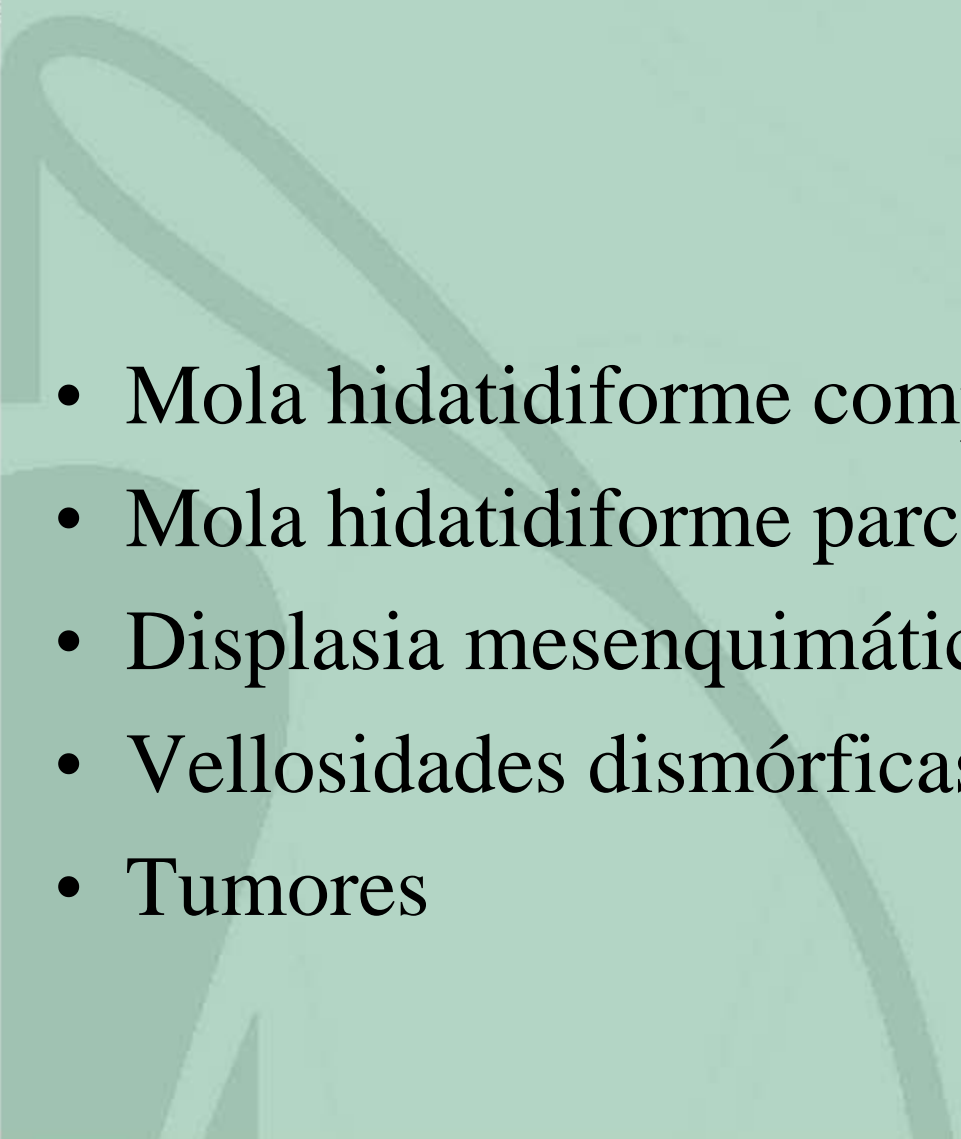
Enfermedad trofoblástica, displasia mesenquimal y tumores

Curso corto sobre patología placentaria

Alfons Nadal

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Hospital Clínic Universitat de Barcelona

- 
- Mola hidatidiforme completa
 - Mola hidatidiforme parcial
 - Displasia mesenquimática
 - Vellosidades dismórficas
 - Tumores



¿Mola hidatiforme o mola hidatidiforme?

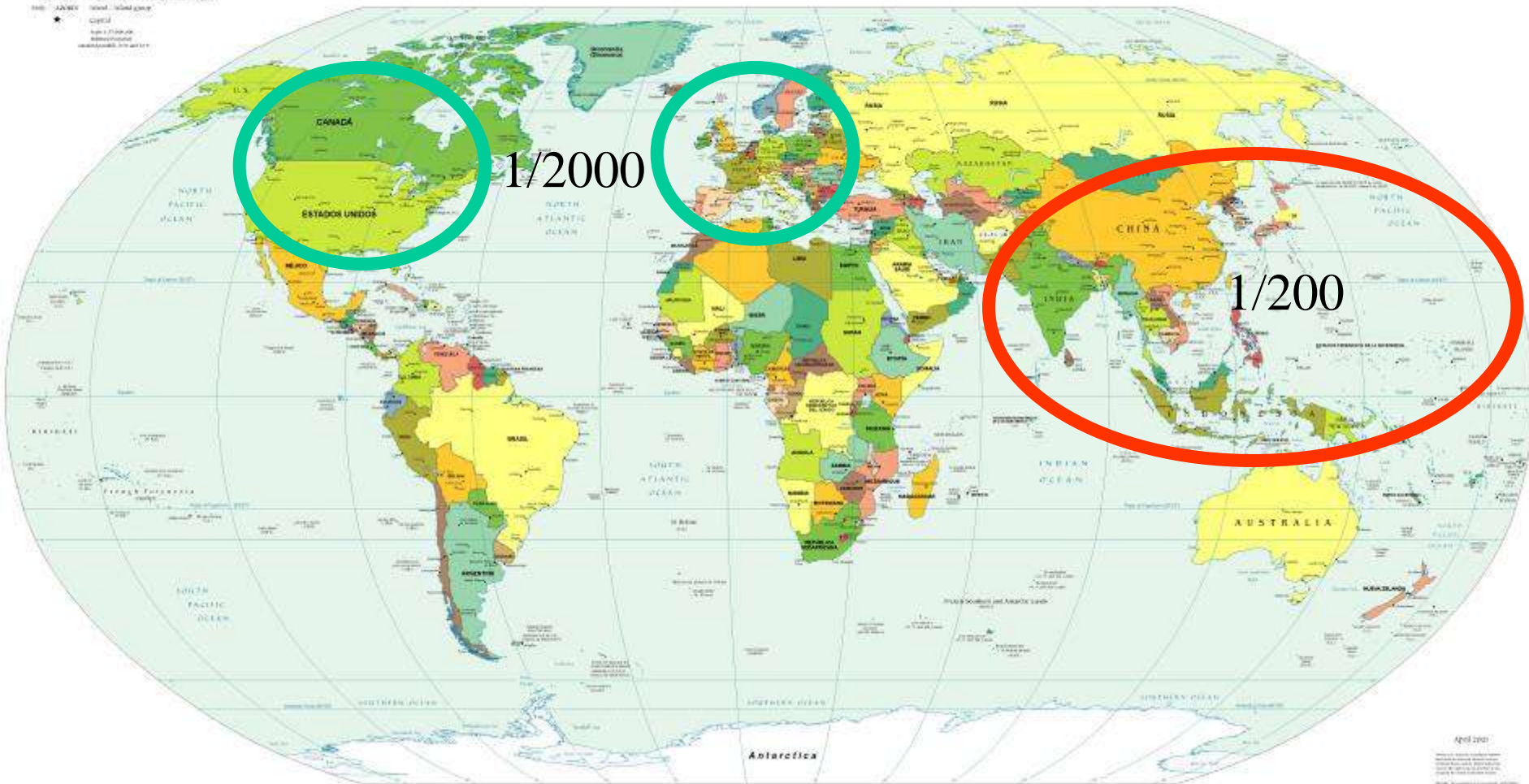
Hidatiforme = hidatidiforme

“Con forma de hidátide”



Political Map of the World, April 2001

- **INTELLIGENCE**
 - **DEFACTO**
 - **DE JURE**
 - ★ **CAPITAL**
- Map scale: 1:100,000,000
Map projection: Robinson
Map date: April 2001



April 2001
Map scale: 1:100,000,000
Map projection: Robinson
Map date: April 2001



Mola completa

- Material abundante
- Vesículas visibles
- Vellosidades hidrópicas
- Cisternas
- Hiperplasia del trofoblasto
 - Circunferencial
 - Cito y sincitiotrofoblasto



9539, B11

0

1

2

3

4

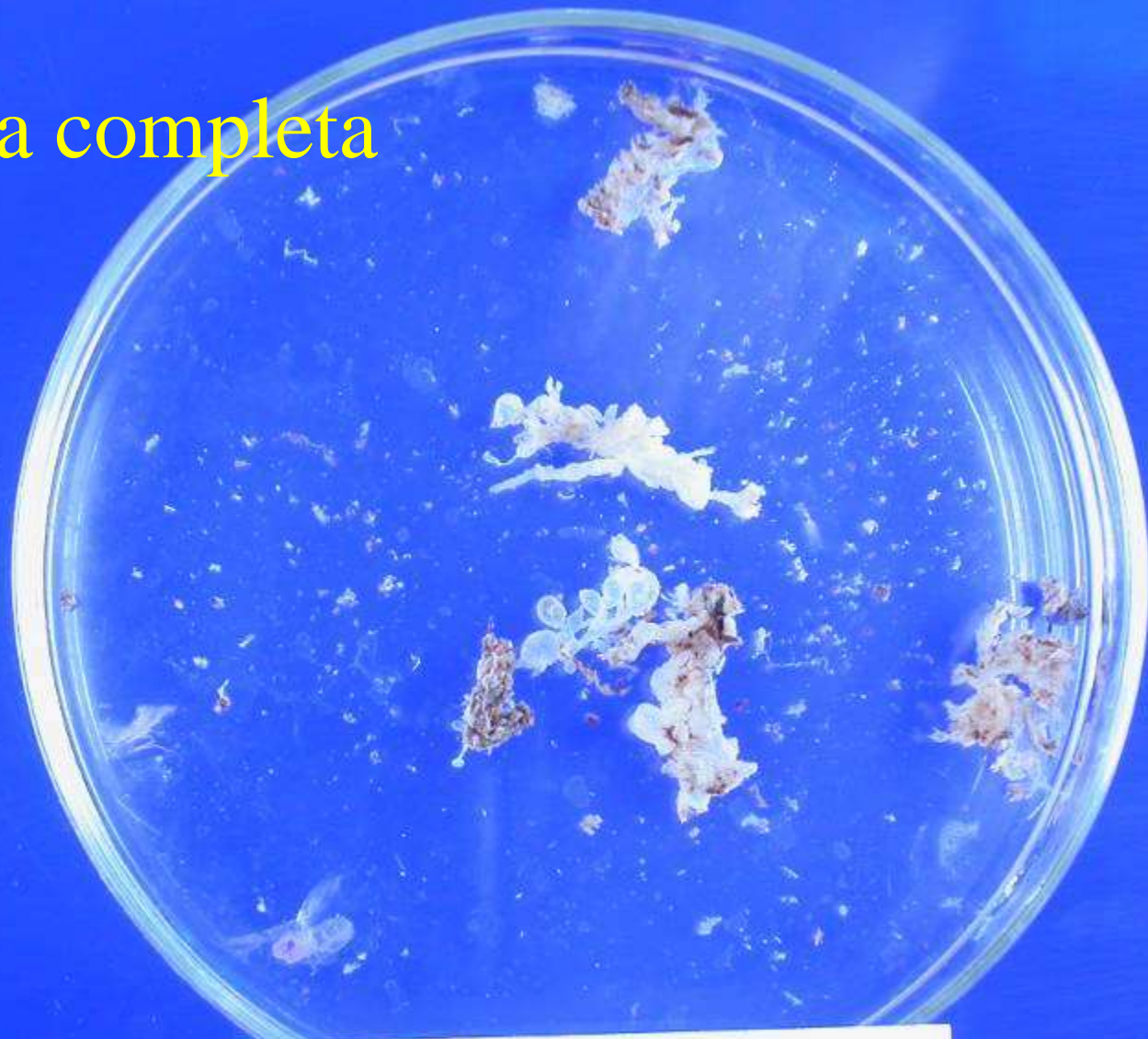
5



9539, B11

ANATOMIA PATOLÒGICA. HOSPITAL CLÍNIC. BARCELONA

Mola completa



B08.26559

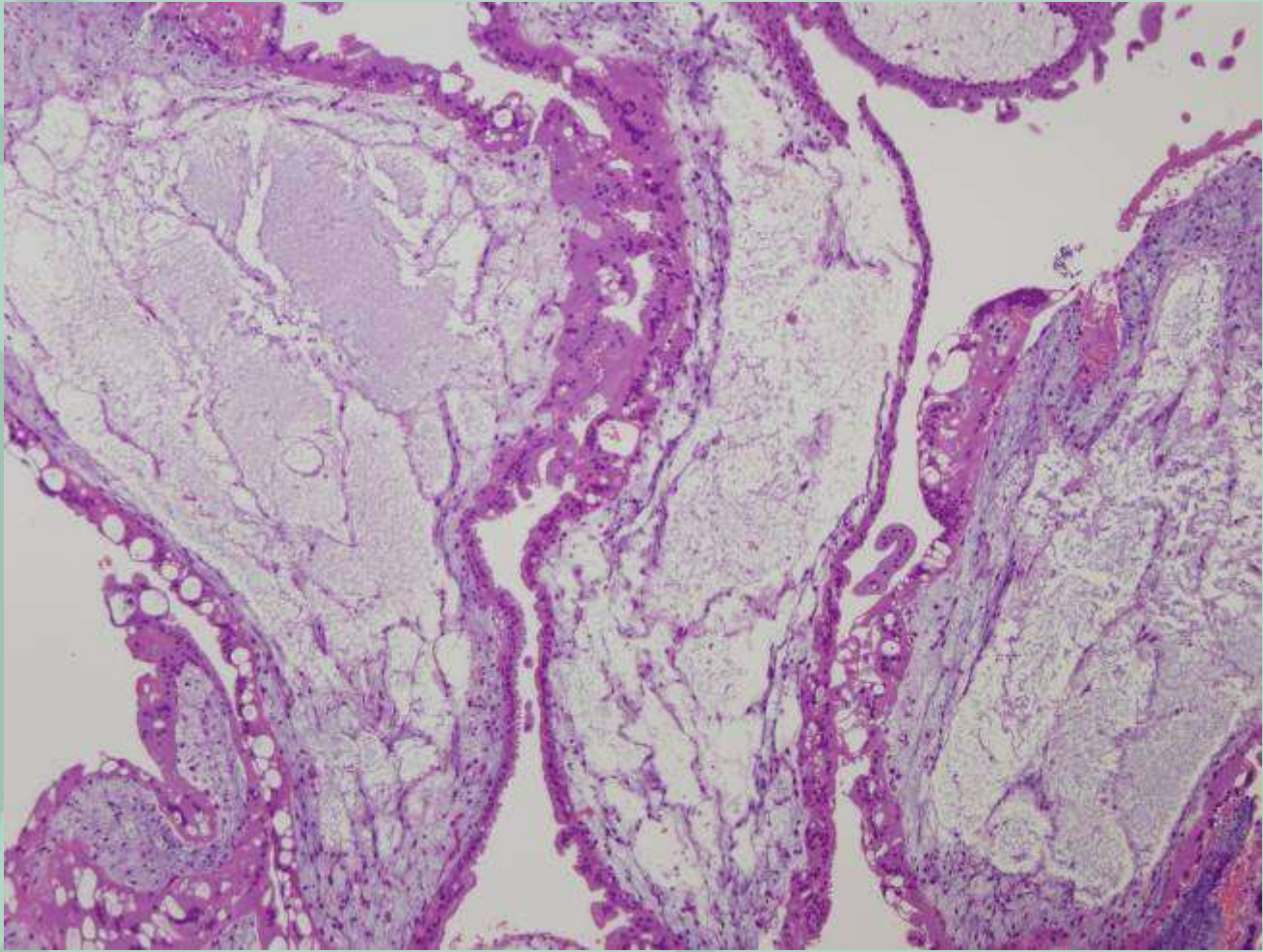


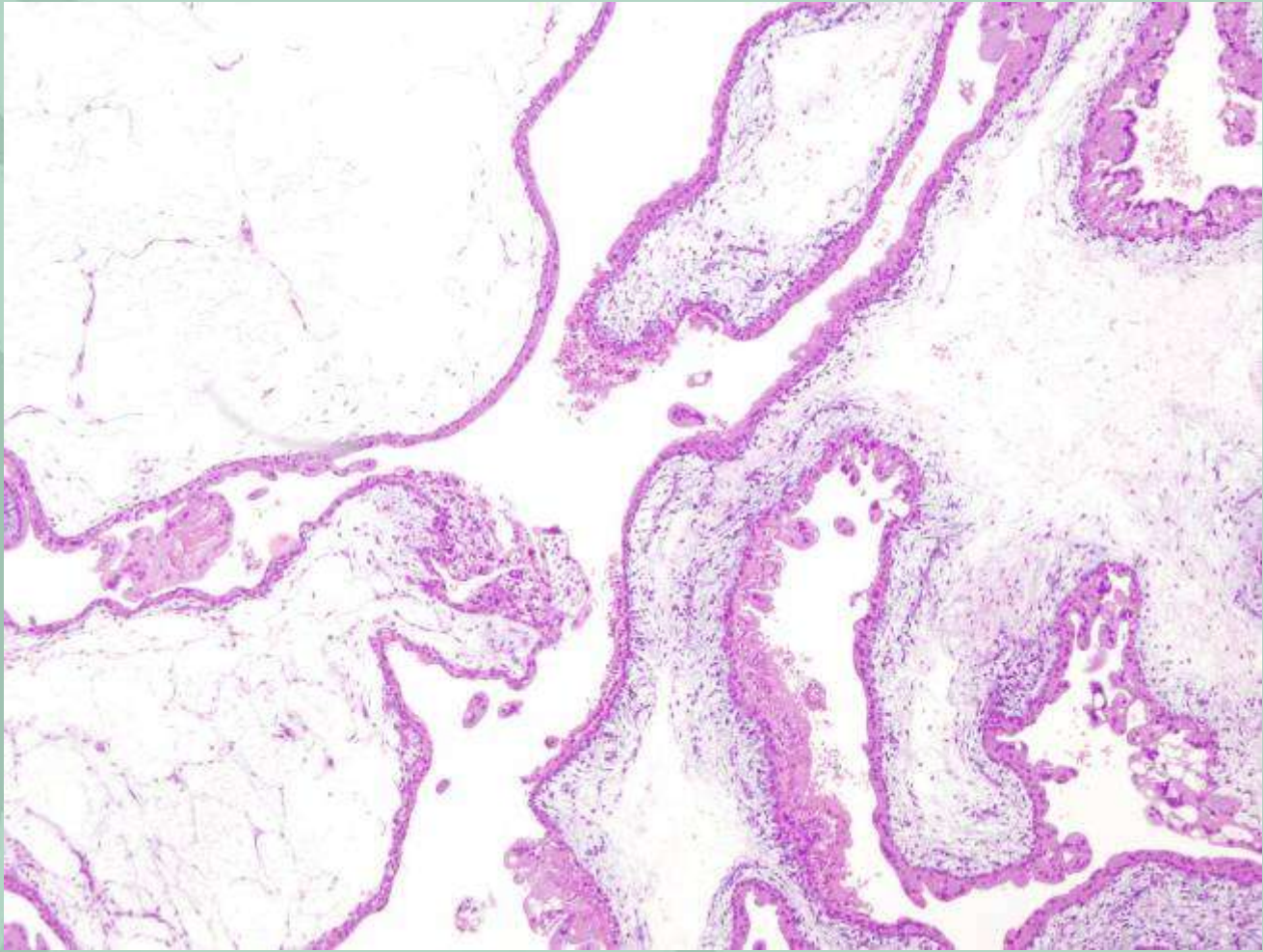
B17083/03

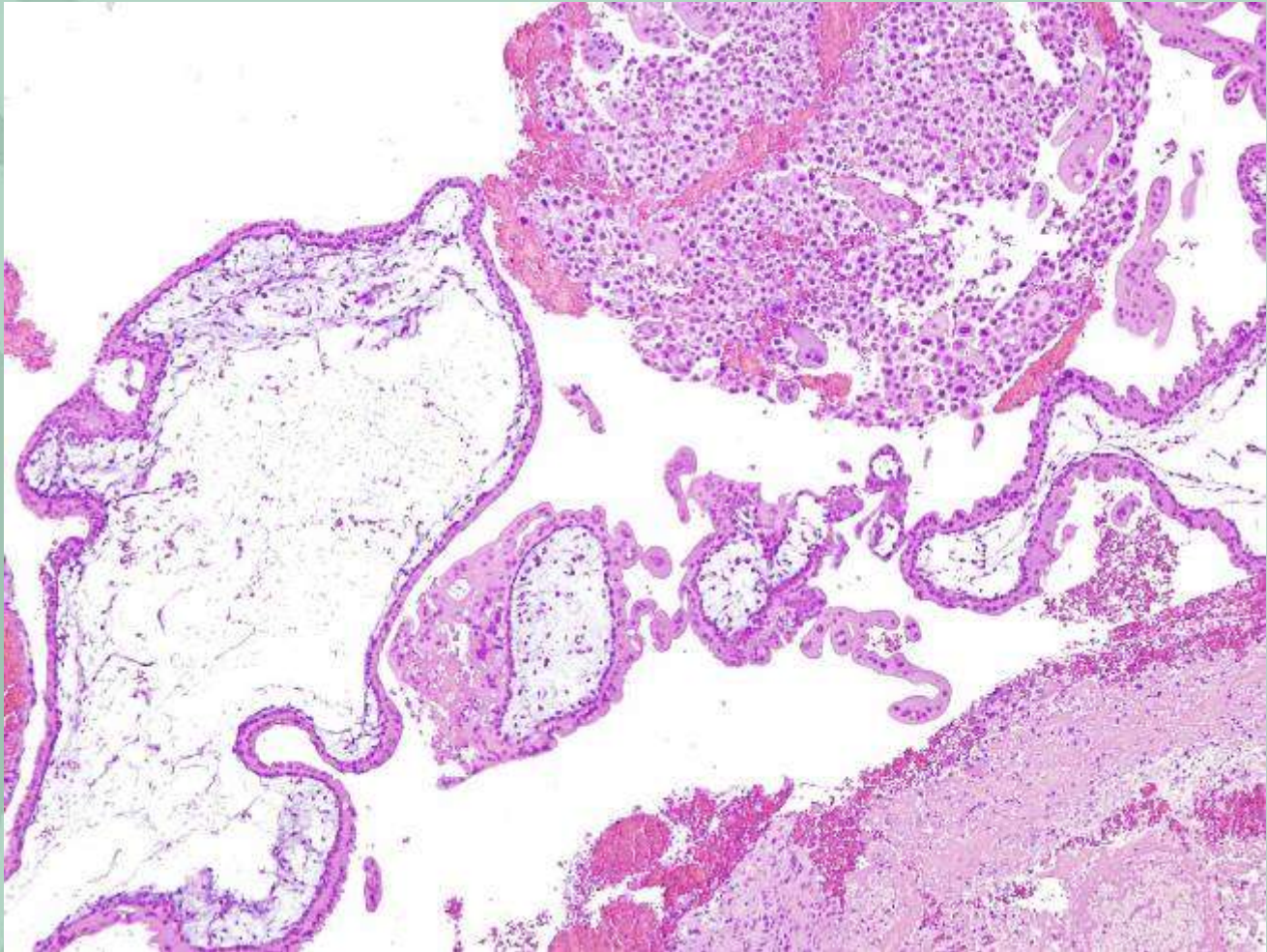
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1

2



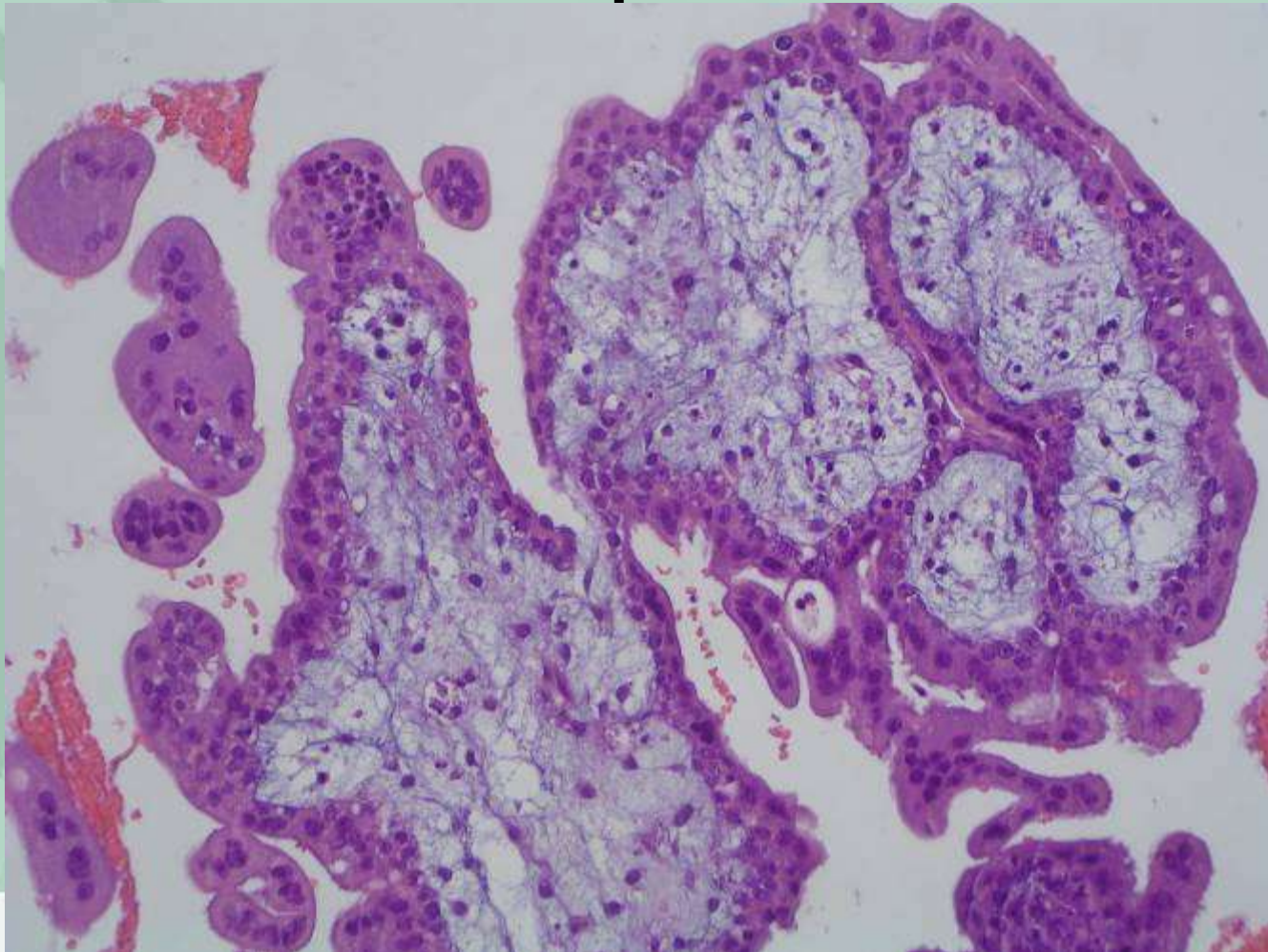




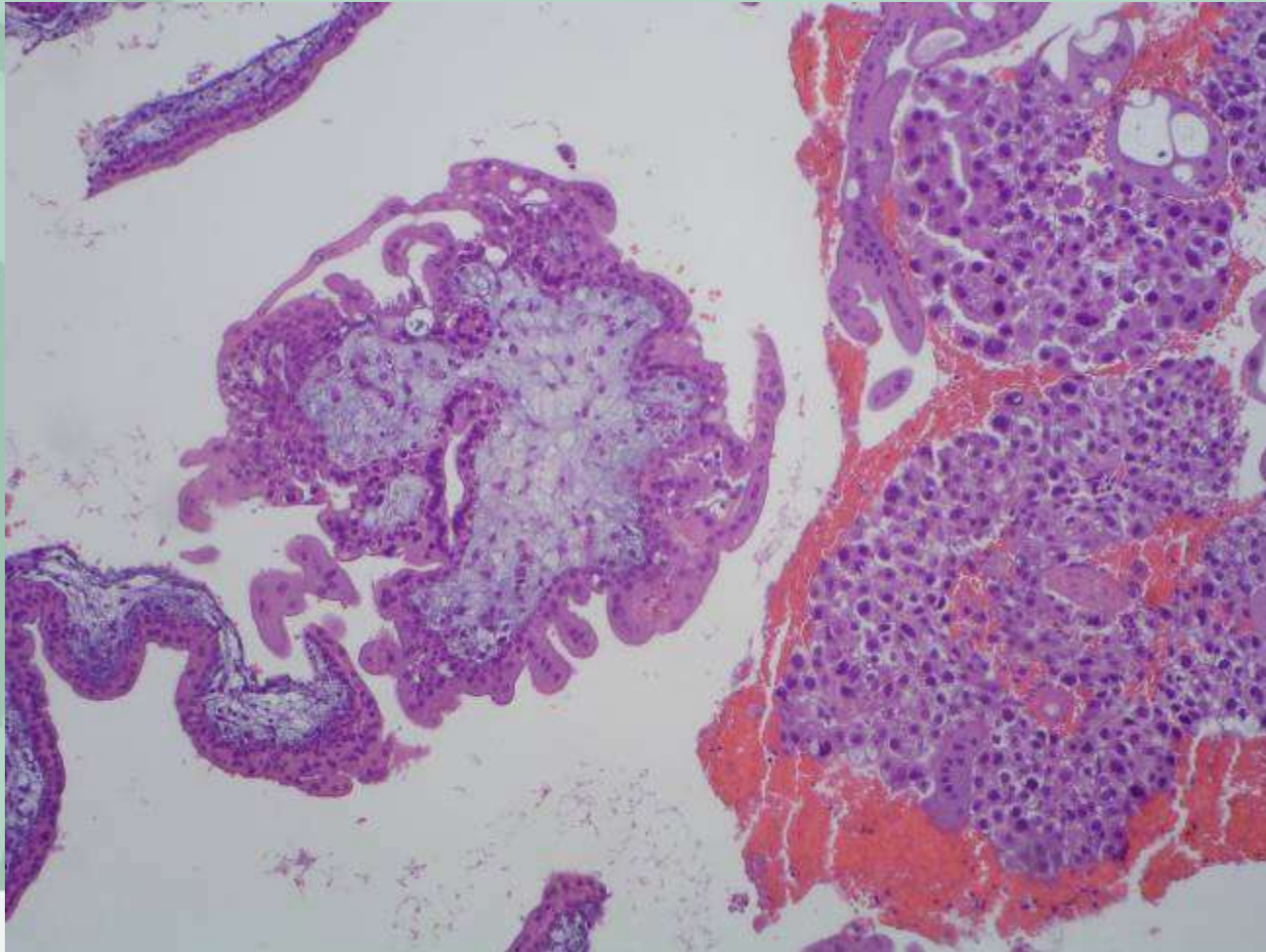
Mola completa inicial (*early mole*)

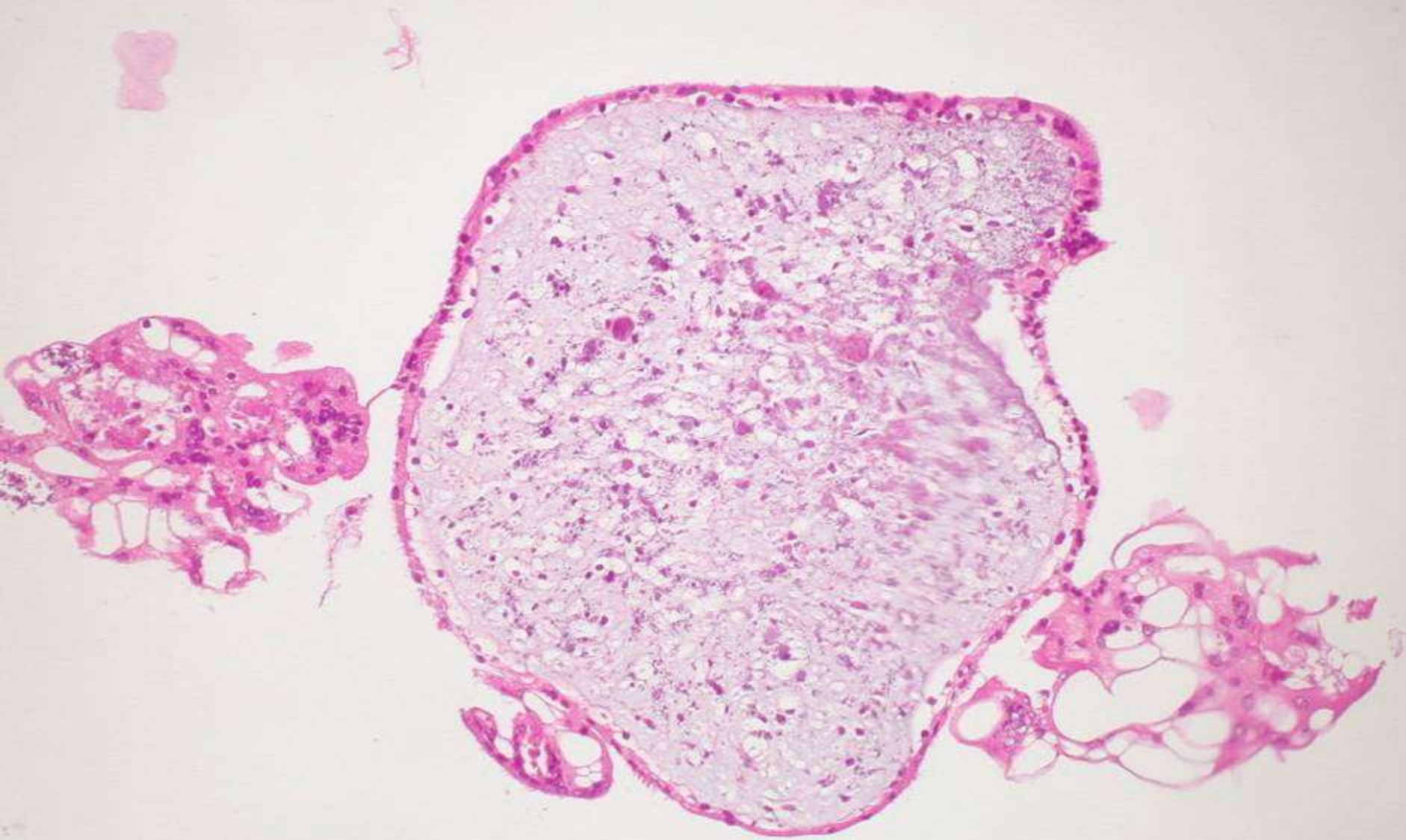
- Edema difuso
- Estroma vellositario azulado
- Hiper celularidad estromal con cariorexis
- Hiperplasia del trofoblasto
- Aspecto de maza

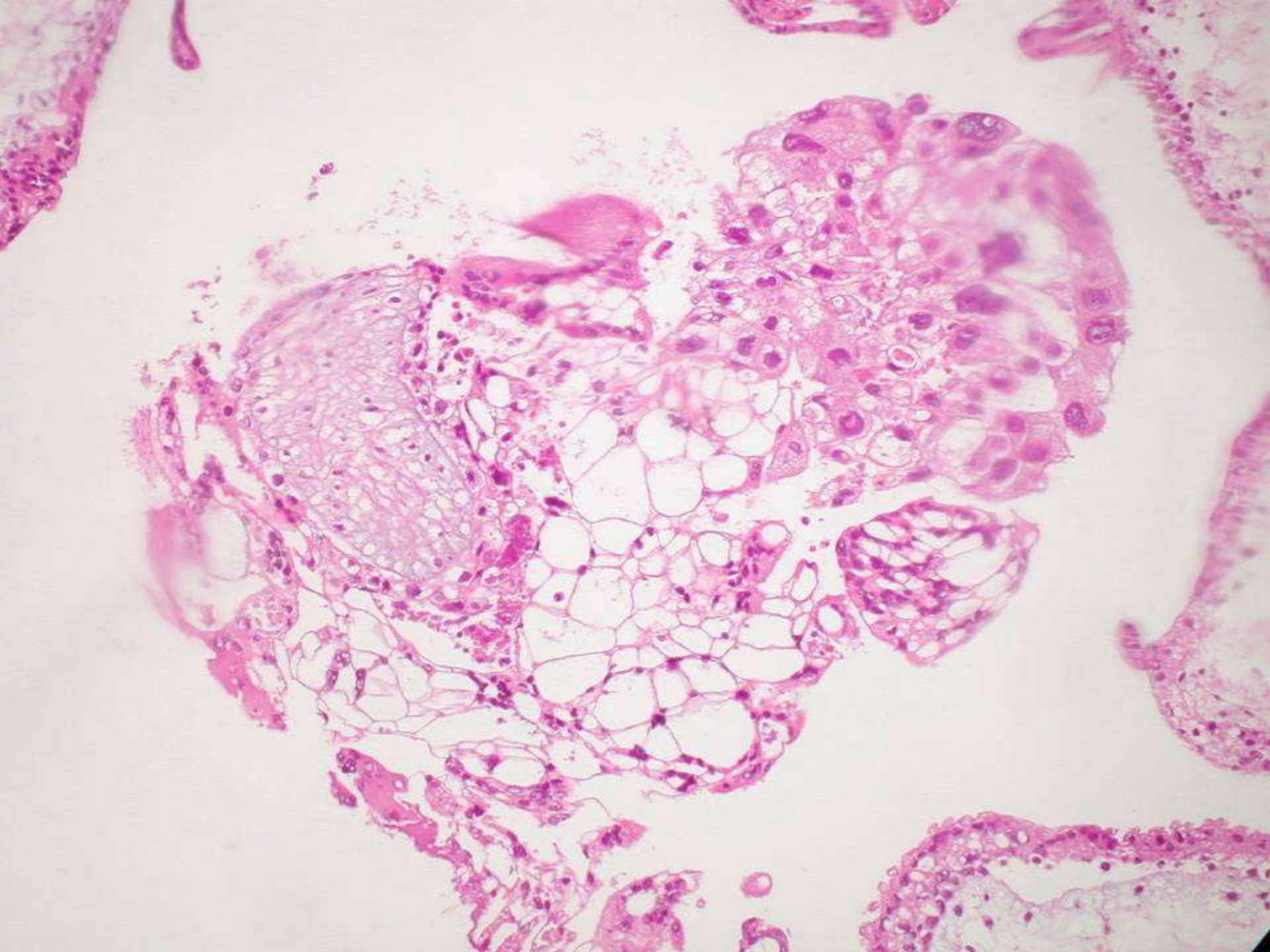
Mola completa inicial



Mola completa inicial







Mola gemelar





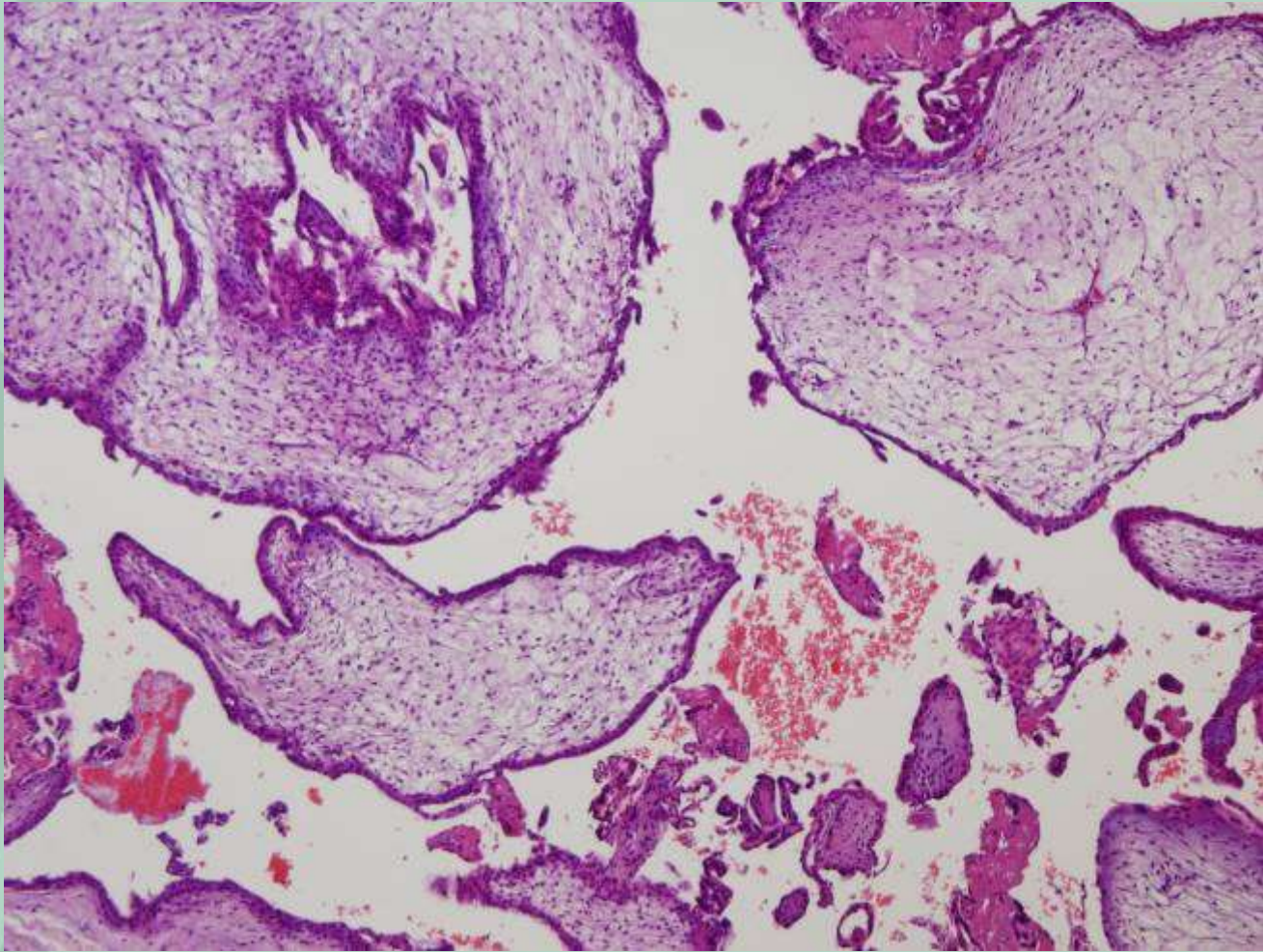
Mola parcial

- Dos poblaciones de vellosidades diferentes
- Hiperplasia trofoblástica circunferencial
- Indentación del contorno de las vellosidades
- (Pseudo)Inclusiones trofoblásticas
- Cisternas

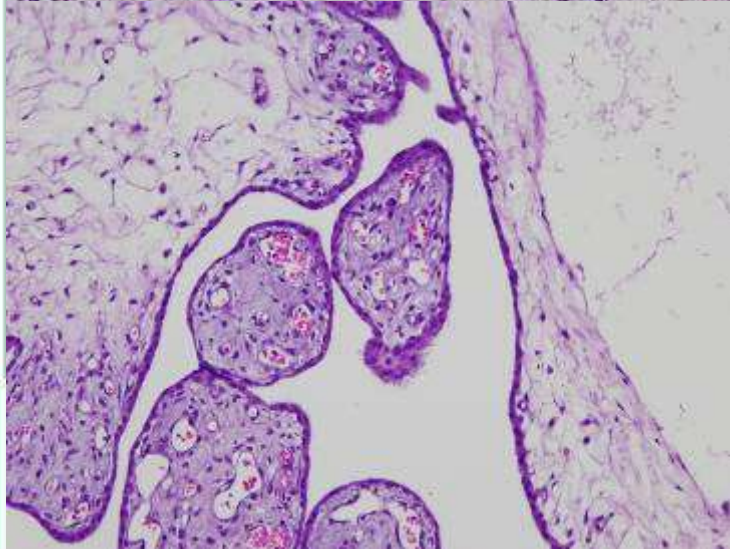
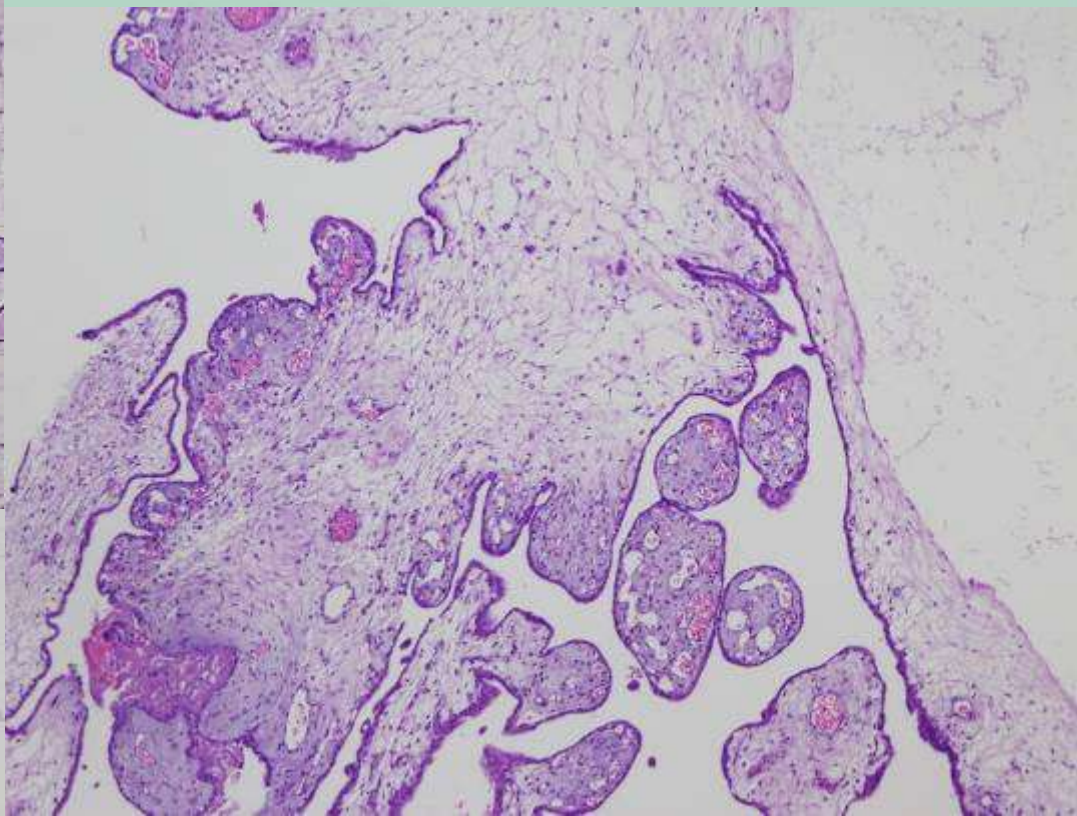
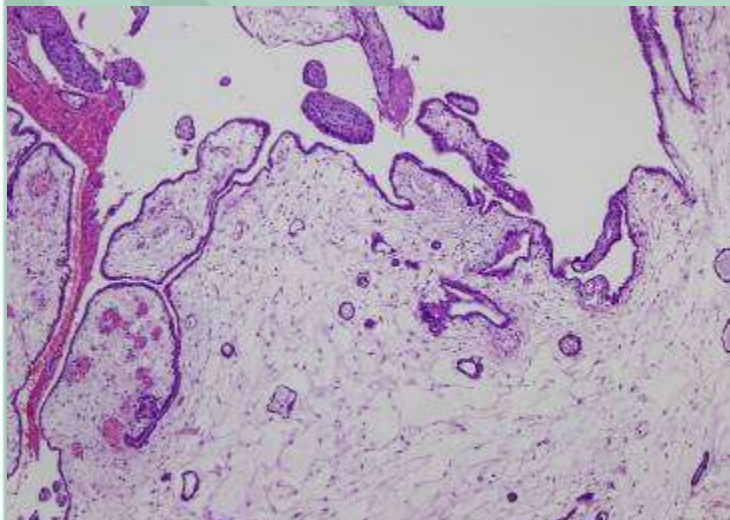
3 de 5 dan el diagnóstico de MHP

Mola parcial





MHP



16 semanas

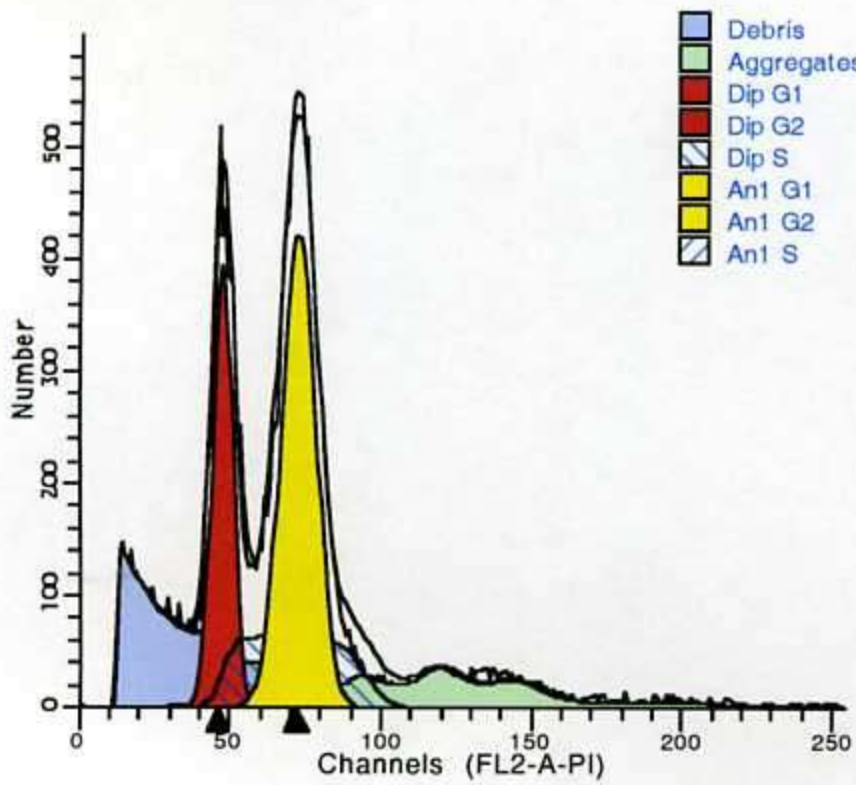
Mola parcial inicial

	Early partial mole <i>n</i> =80 (%)	Late partial mole <i>n</i> =20 (%)
Villous edema	80 (100)	20 (100)
Cistern formation	79 (99)	20 (100)
Focal syncytiotrophoblastic hyperplasia	80 (100)	20 (100)
Villous scalloping	80 (100)	20 (100)
Trophoblastic inclusion	79 (99)	20 (100)
Nucleated red blood cells	57 (71)	15 (75)
Fetal parts	15 (19)	3 (15)
Fetal blood vessels	67 (84)	19 (95)
Extensive stromal fibrosis	2 (3)§	9 (45)§
Wandering trophoblast	32 (40)	9 (45)
Maximal size of villi (mm) ^a	1.2–6.2	1.5–6.5
Mean size of villi (mm) ^a	3.0 § §	3.4 § §

+ Dimorfismo vellositario

MHP inicial = MHP clásica

Fukunaga Virchows Arch (2000) 437:180-4



- Debris
- Aggregates
- Dip G1
- Dip G2
- Dip S
- An1 G1
- An1 G2
- An1 S

File analyzed: B09_06105-3.034
 Date analyzed: 3-Apr-2009
 Model: 2DA0n_DSD_ASF
 Analysis type: Manual analysis

Diploid: 50.74 %
 Dip G1: 52.35 % at 47.17
 Dip G2: 0.00 % at 94.35
 Dip S: 47.65 % G2/G1: 2.00
 %CV: 7.03

Aneuploid 1: 49.26 %
 An1 G1: 99.90 % at 72.41
 An1 G2: 0.00 % at 96.69
 An1 S: 0.10 % G2/G1: 1.34
 %CV: 7.97 DI: 1.53

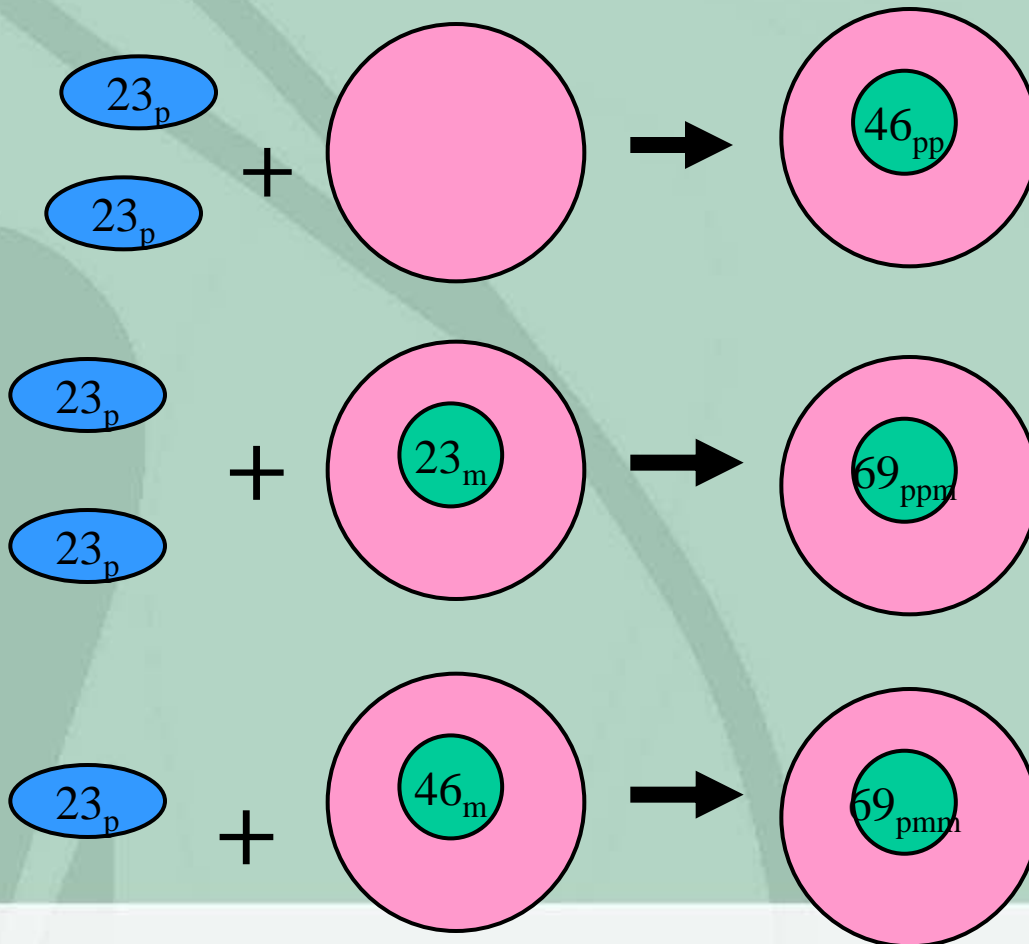
Total Aneuploid S-Phase: 0.10 %
 Total S-Phase: 24.22 %
 Total B.A.D.: 16.39 %

Debris: 23.75 %
 Aggregates: 12.96 %
 Modeled events: 19591
 All cycle events: 12398
 Cycle events per channel: 245
 RCS: 3.268

Triploidia digínica



Aneuploidias



Diploidia diándrica

MC

Placenta sin embrión

Triploidia diándrica

MP

Placenta predomina
sobre embrión

Triploidia digínica

Hipoplasia placentaria

Origen de la triploidia y fenotipo

Table 5

Parental Origin and Phenotype of Triploidy

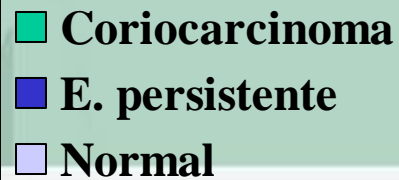
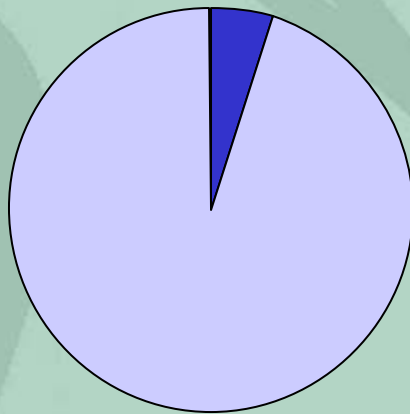
ORIGIN	TOTAL NO. OF CASES	GROSS PHENOTYPIC FEATURES			DEVELOPMENTAL STAGE (wk)			
		Partial Mole	Trophoblastic Hyperplasia	Fetal Tissue	<6.0	6.0–8.5	8.5–11.5	>11.5
Maternal	27	0 (0%)	3 (11%)	16 (59%)	6	12	6	3
Paternal	58	33 (57%)	46 (79%)	13 (22%)	3	12	25	18

NOTE.—Includes cases in which results from both the DNA analysis and histological study were available.

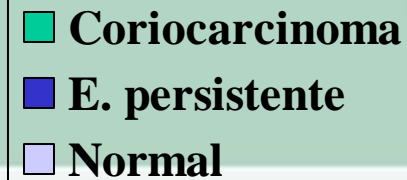
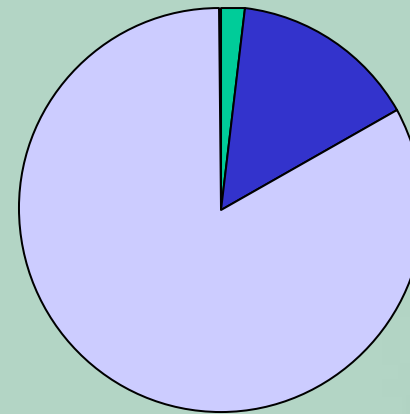
Zaragoza et al *Am. J. Hum. Genet.* 66:1807–1820, 2000

Evolución de la mola hidatiforme

Mola parcial



Mola completa

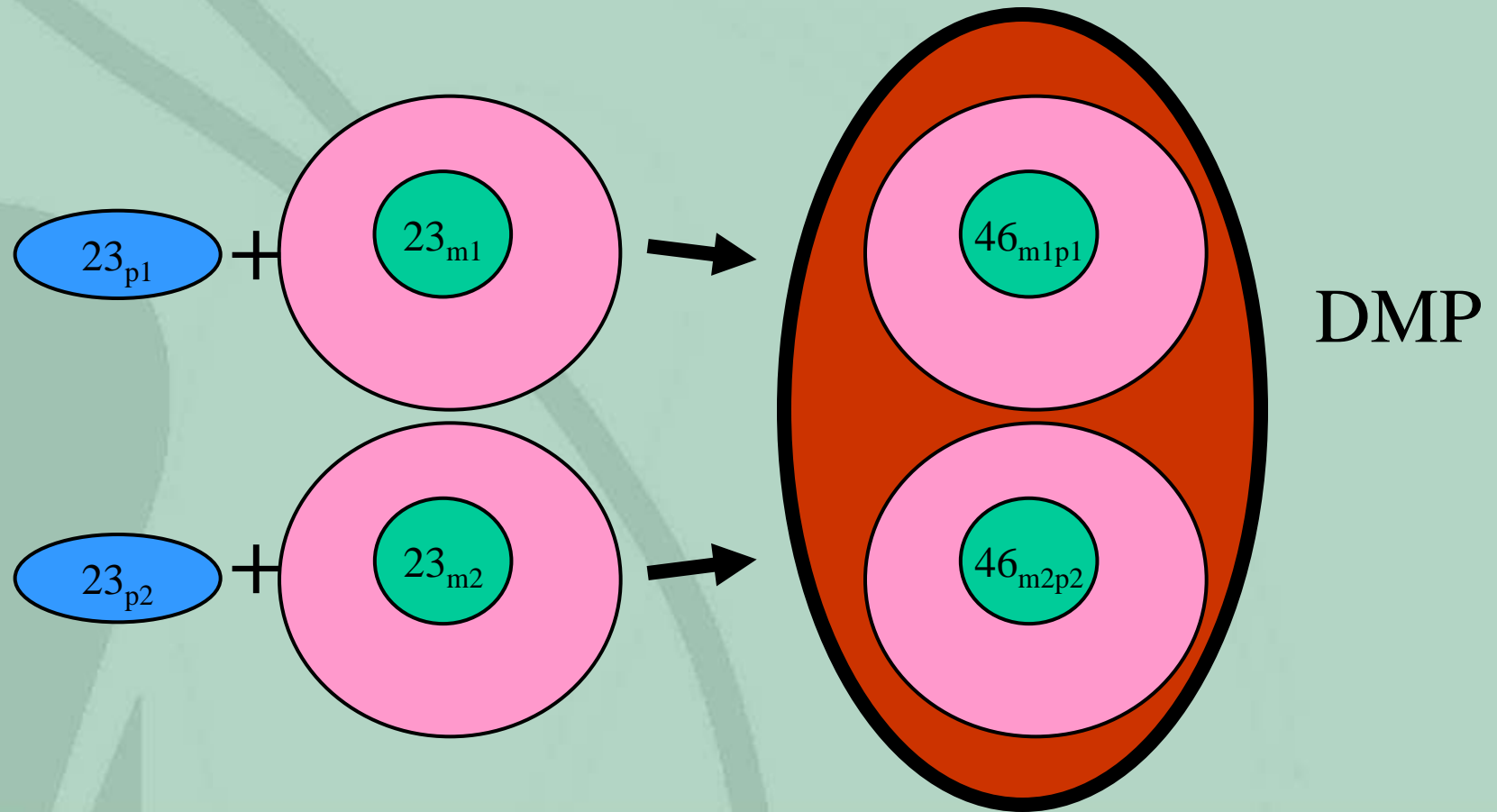


Enfermedad persistente

- Mola persistente
- Mola invasora
- Mola metastática
- Coriocarcinoma



Quimerismo



Displasia mesenquimática

- Placentomegalia con anomalias de las vellosidades principales
- Dilatación quística
- Vesículas
- Proliferación fibroblástica estromal
- Anomalias en cualquier tipo de vaso
- Población de vellosidades normales



U. DIAGNOSTIC PRENATAL-ICGON-C.S.CLINIC OB/GINE



U. DIAGNOSTIC PRENATAL-ICGON-C.S.CLINIC OB/GINE 11



U. DIAGNOSTIC PRENATAL-ICGON-C.S.CLINIC OB/GINE

11:25:04

2.3cm

2.3cm

C37T5.0

C37T5.0

40Hz

40Hz

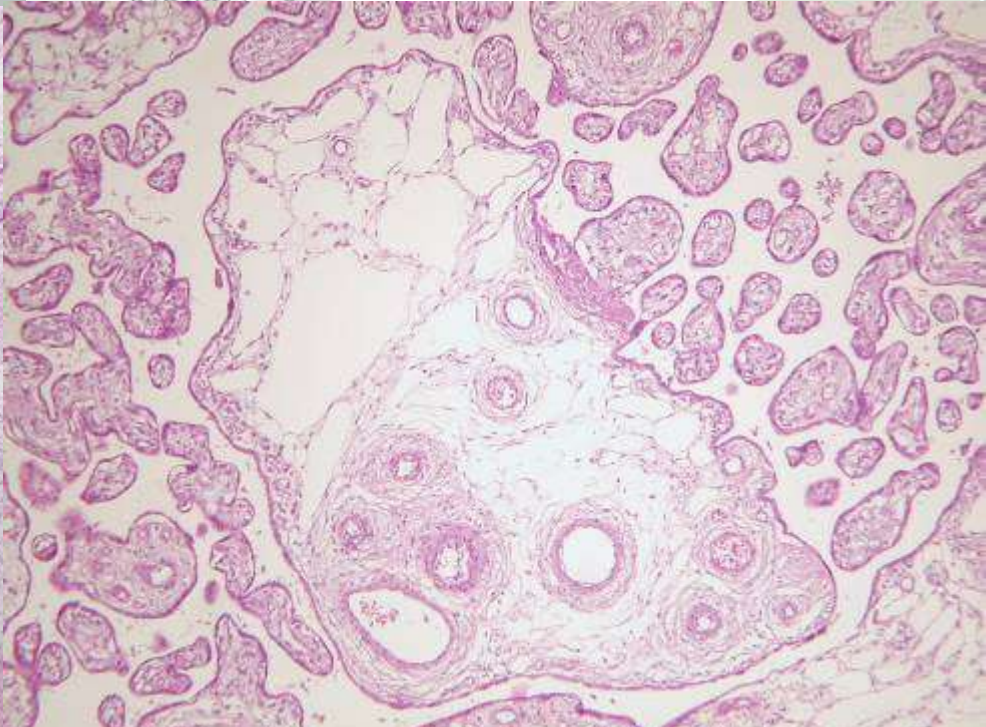
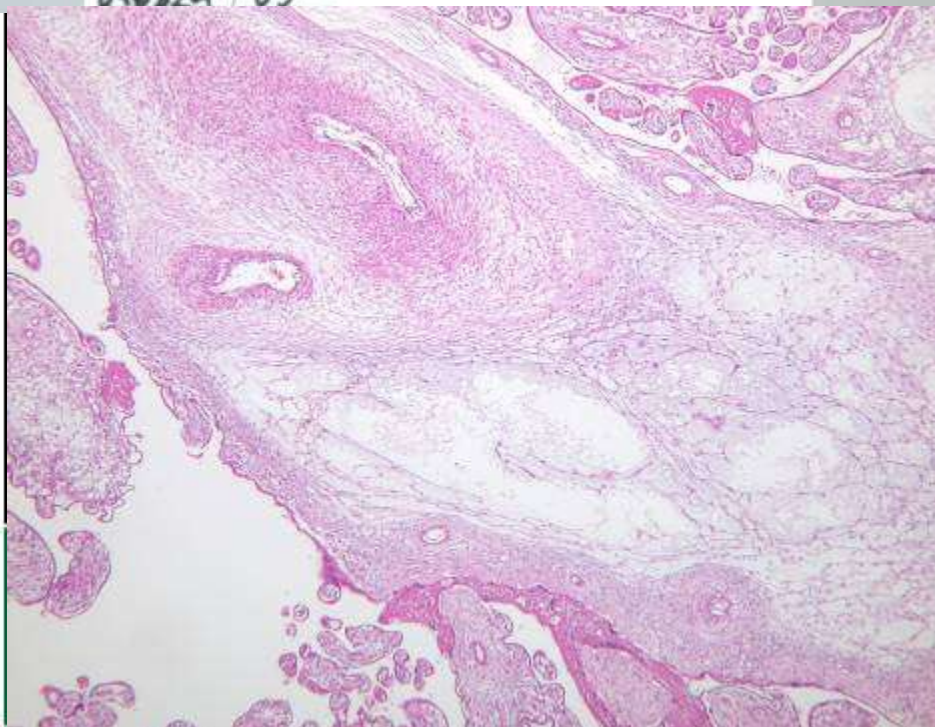


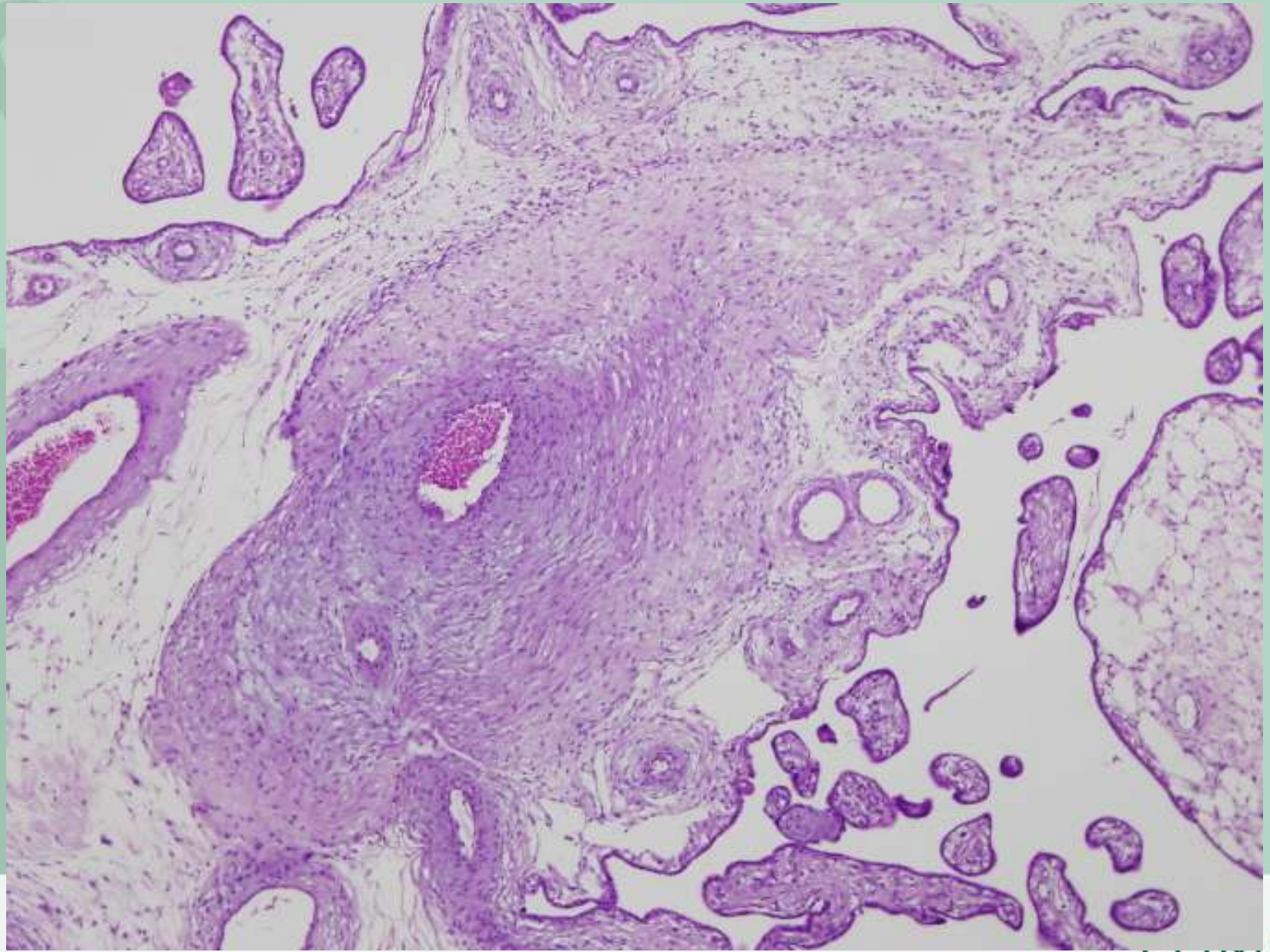


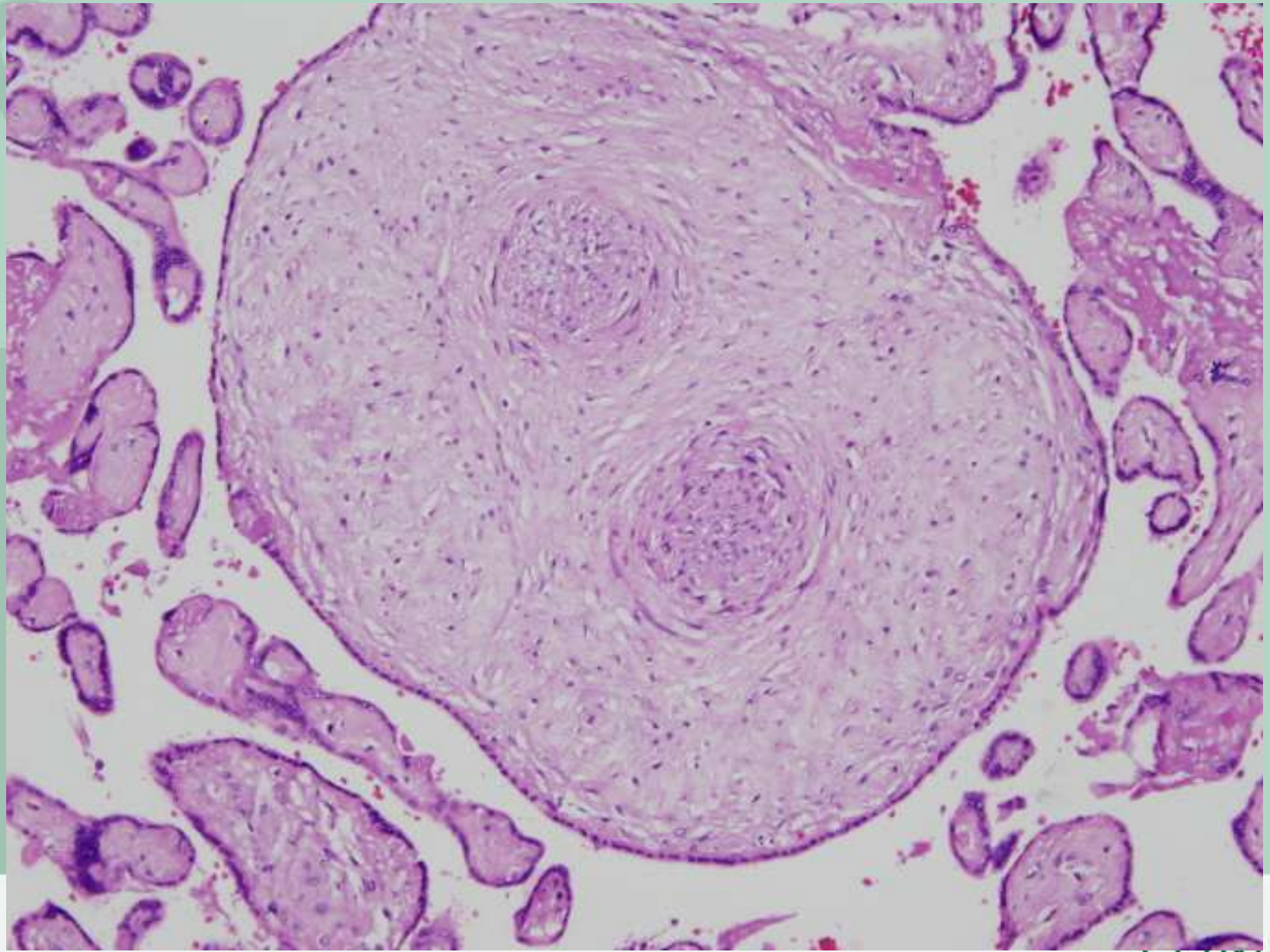
Displasia mesenquimática

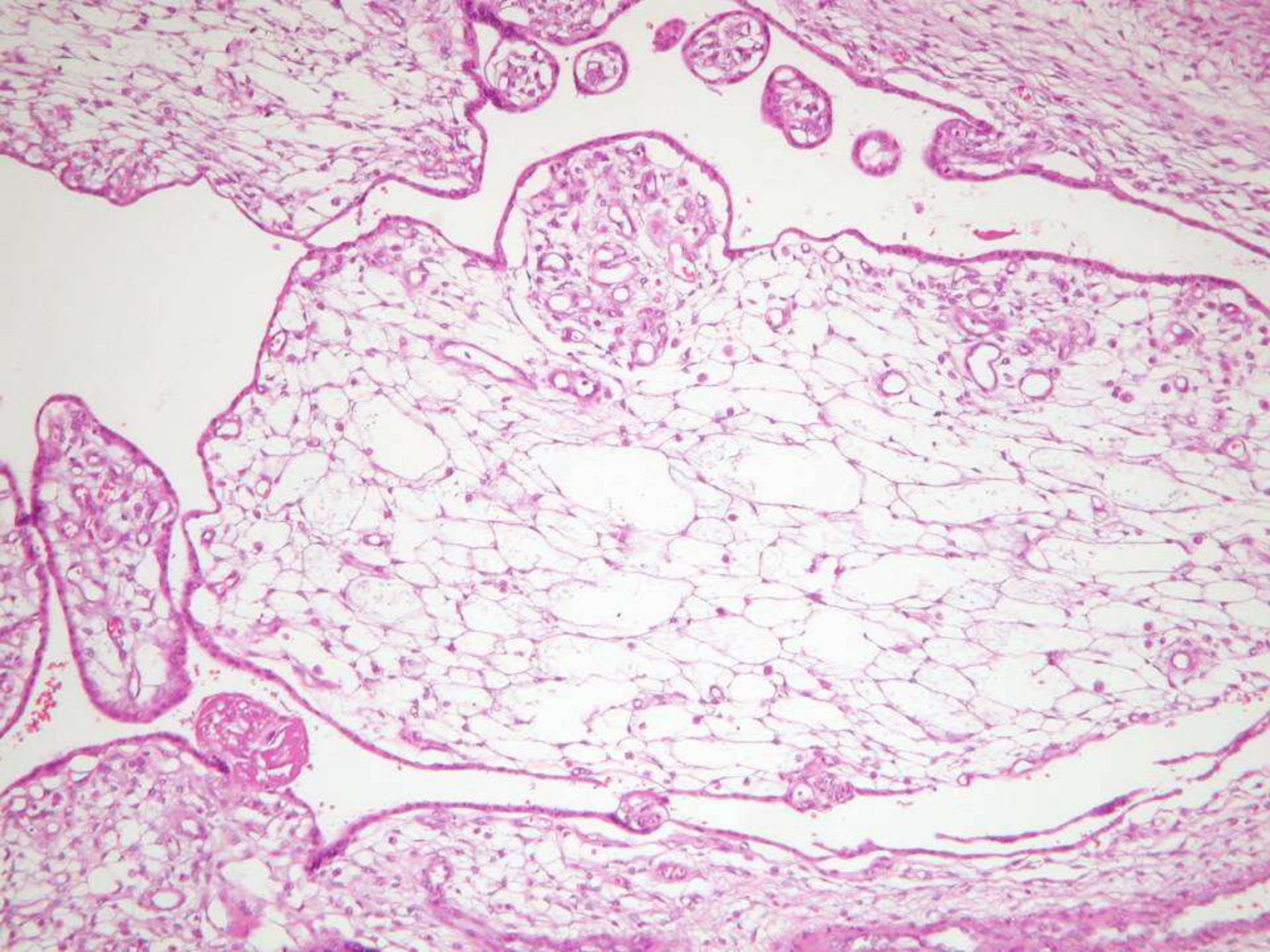
846824 / 05

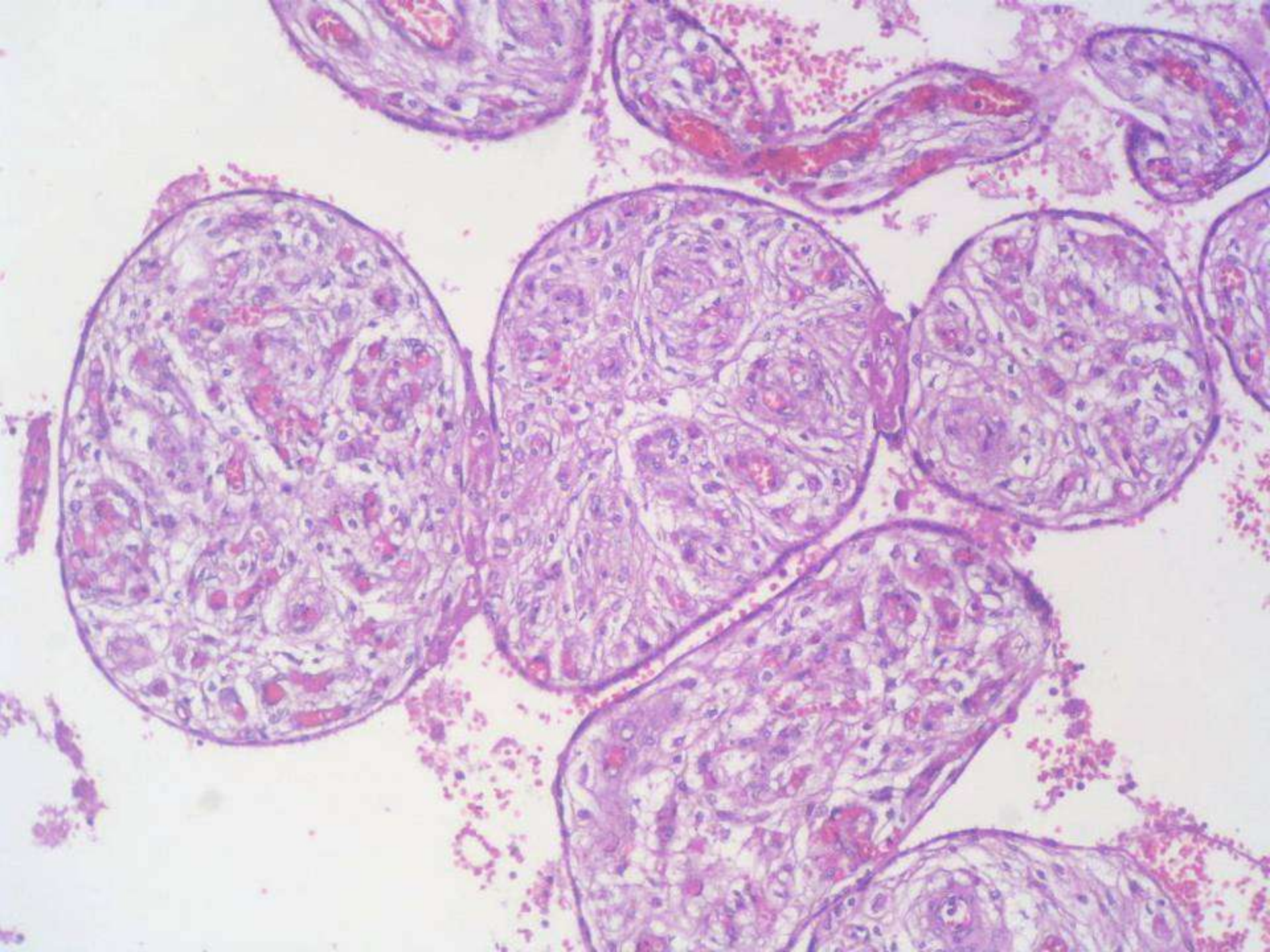
816841 / 05

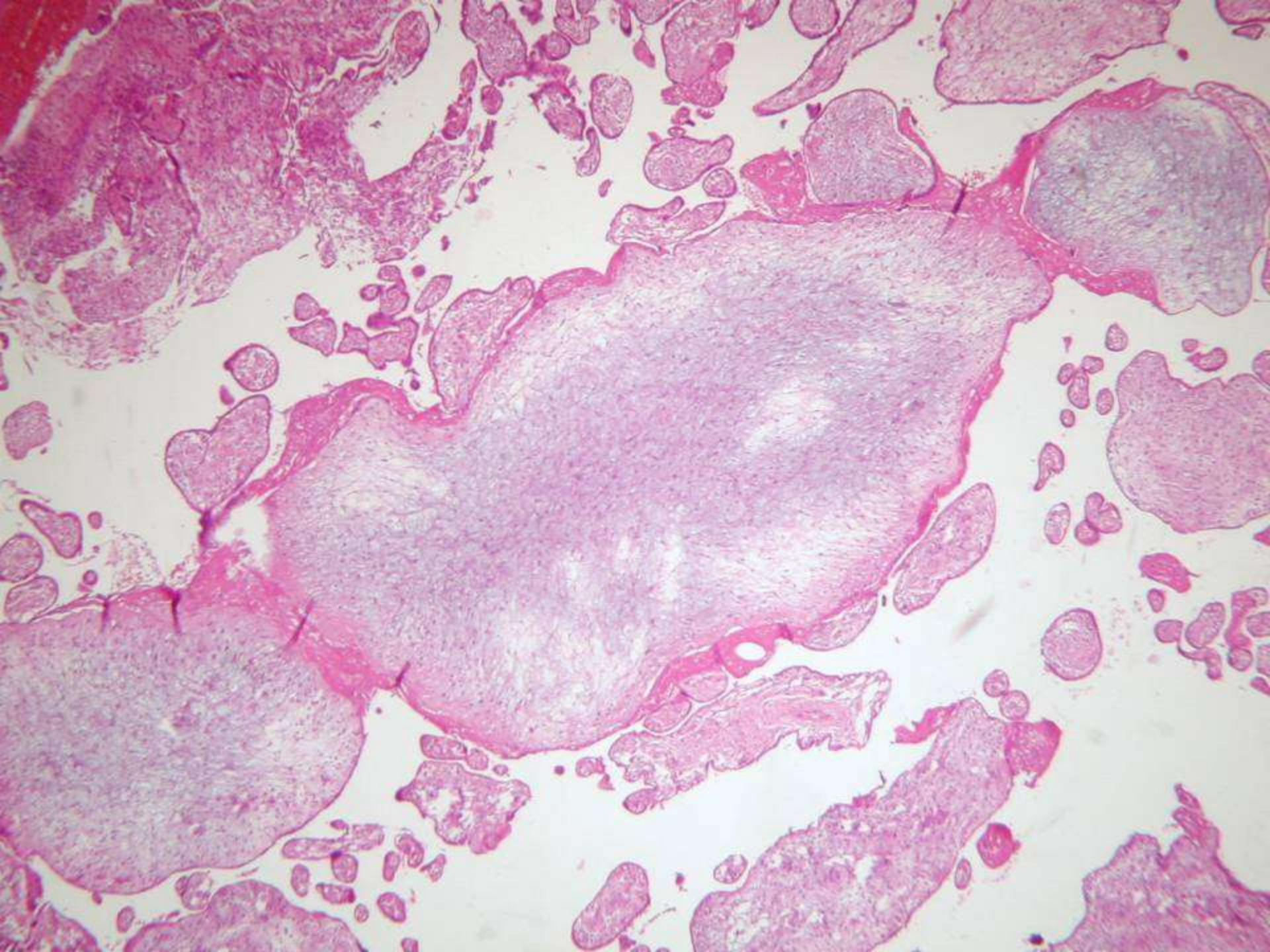






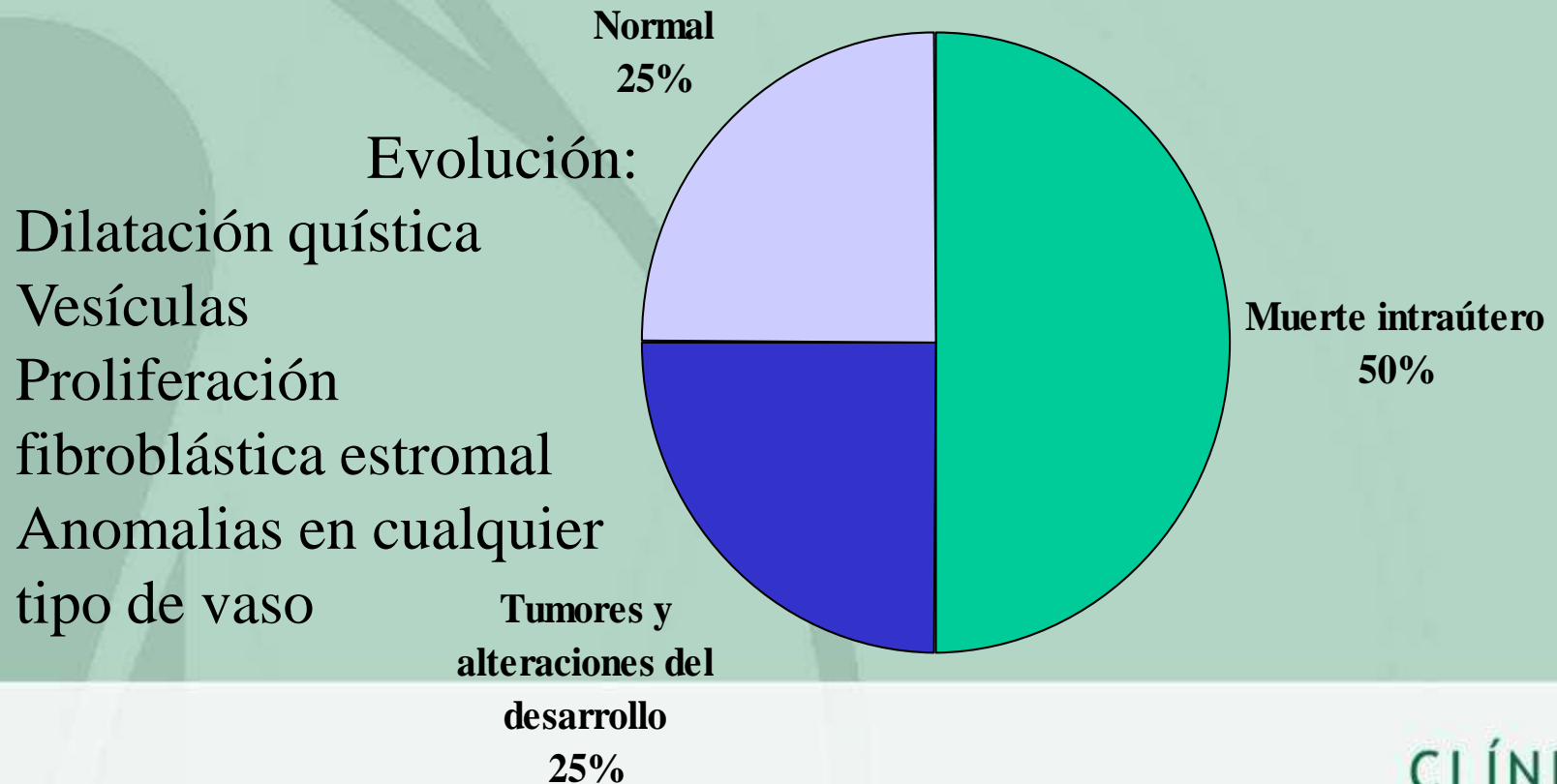


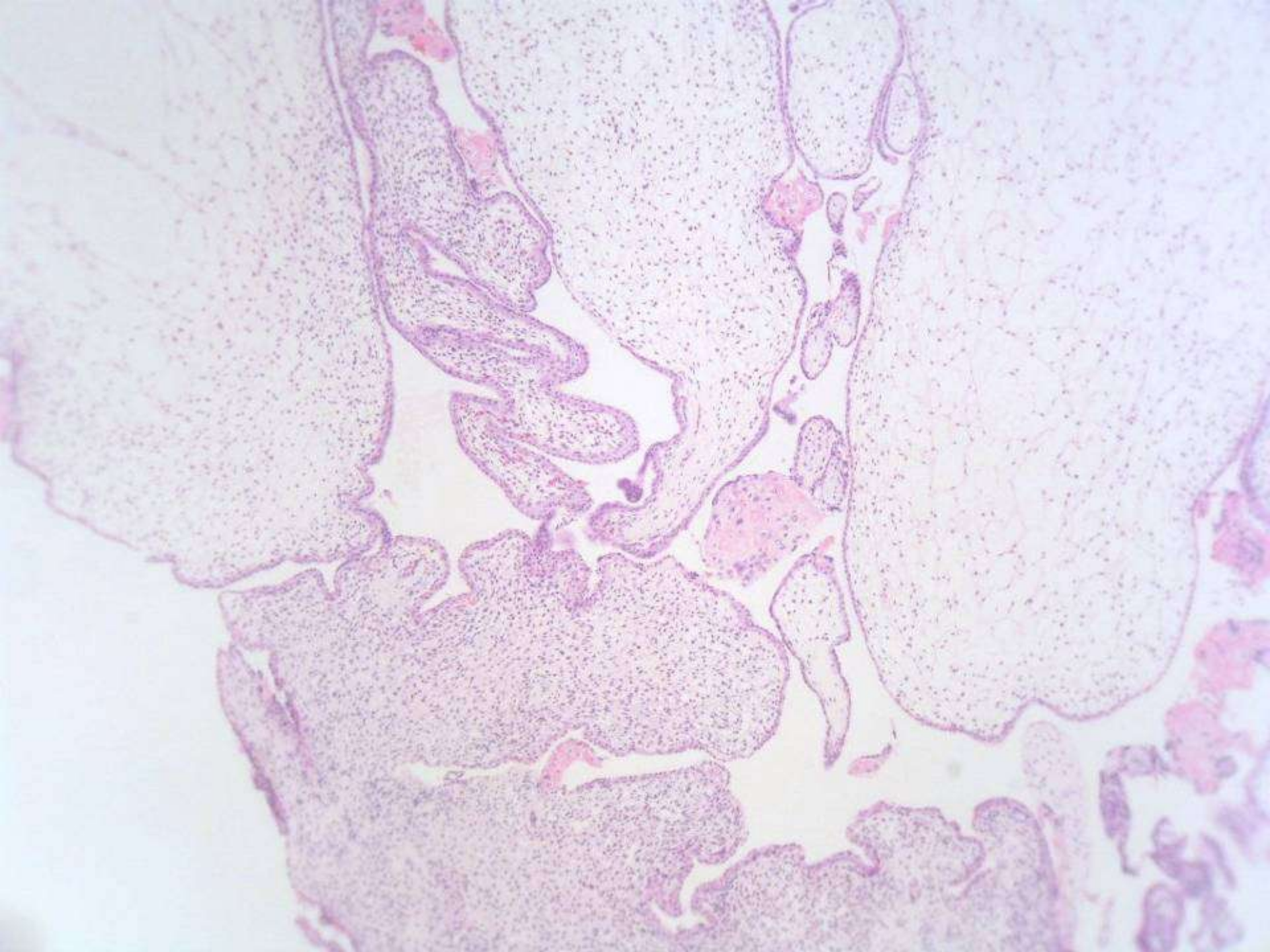


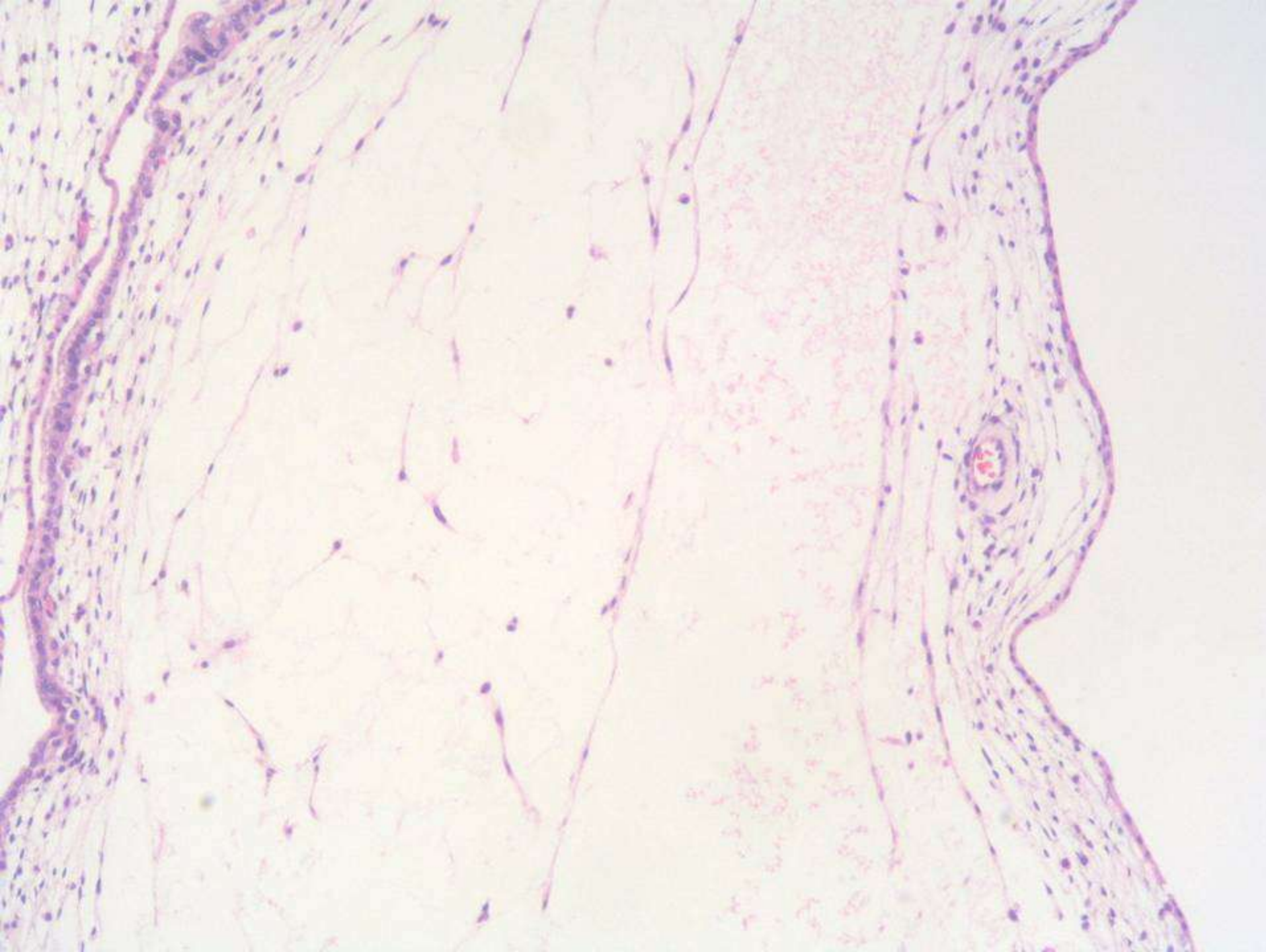


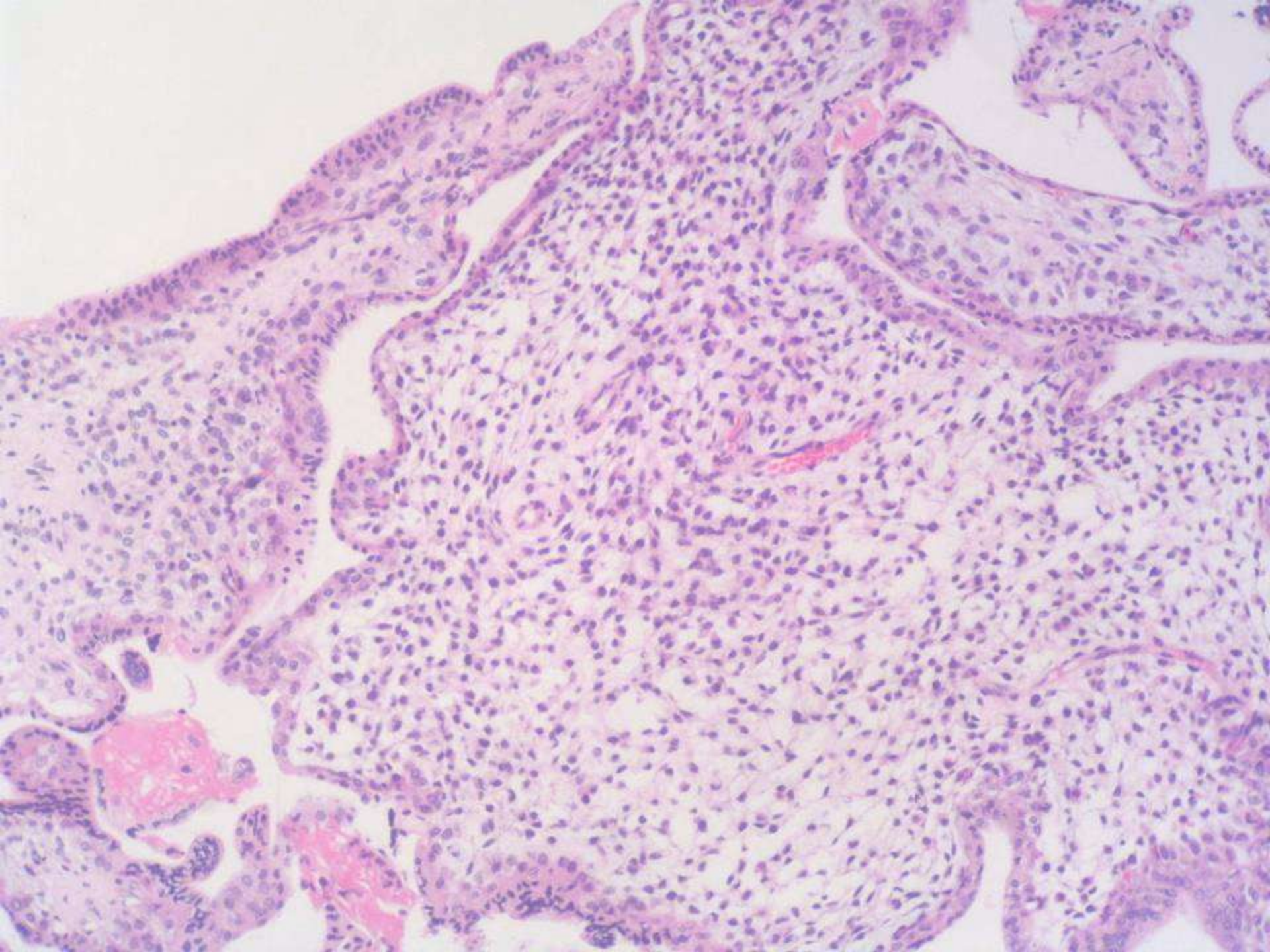
DMP en el 1er trimestre

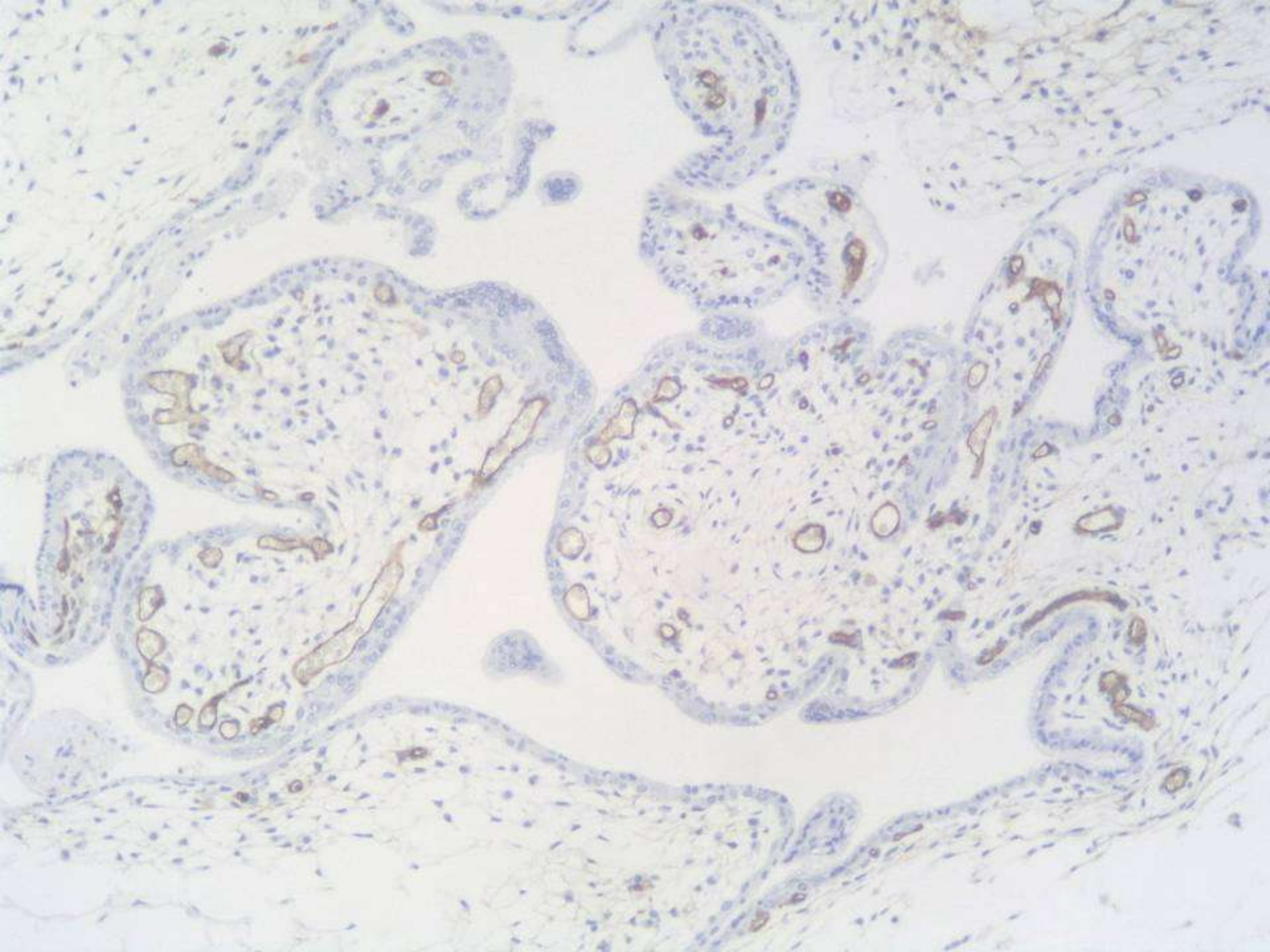
DD con MHP







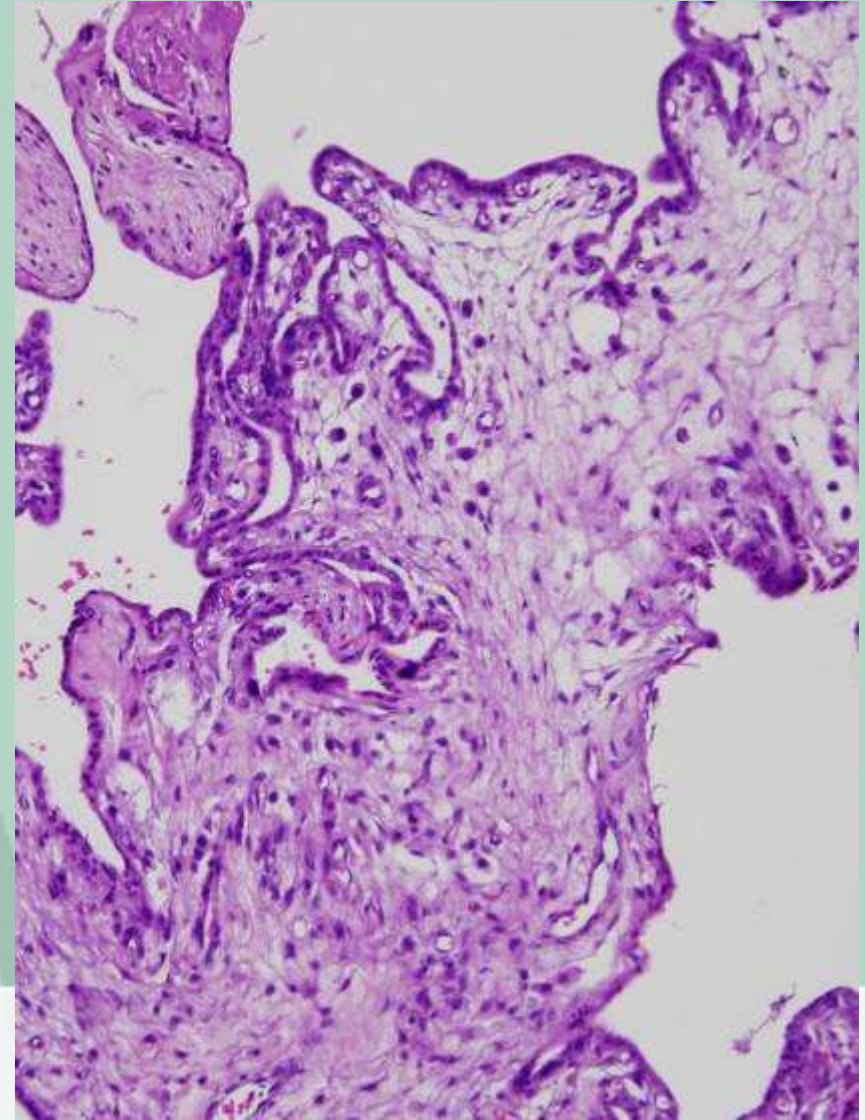
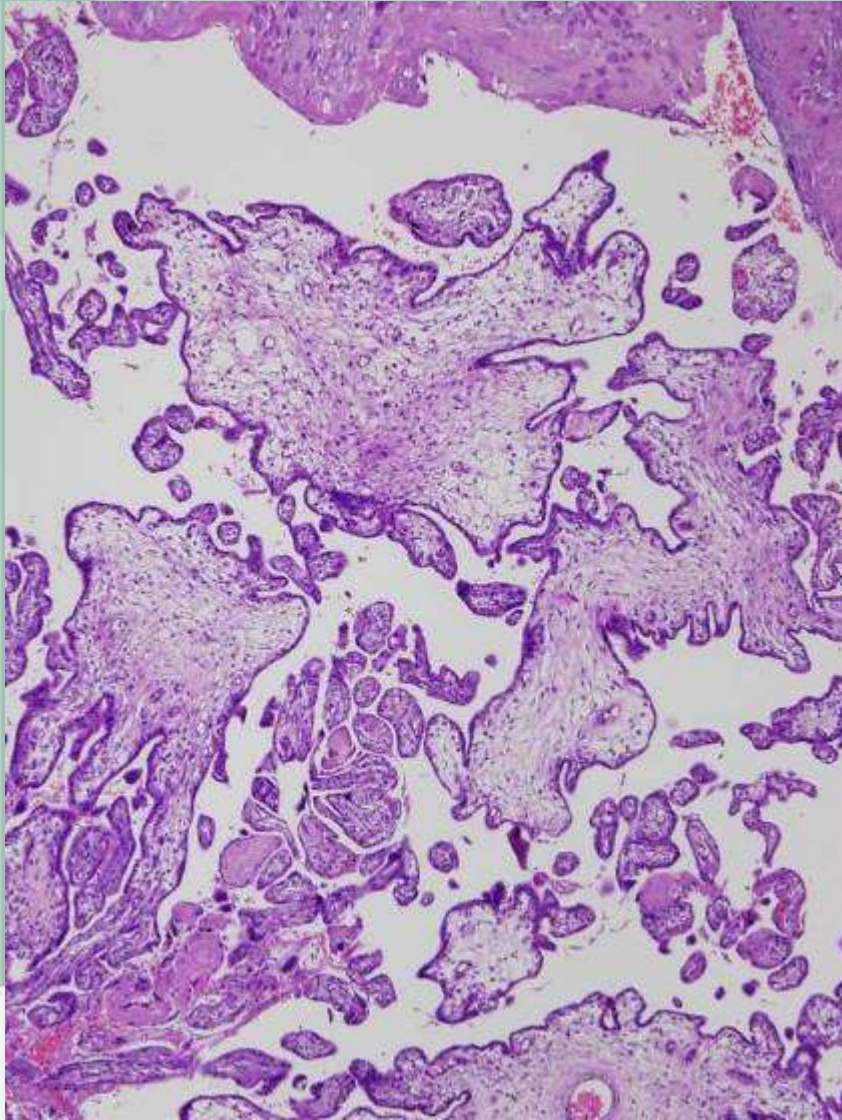




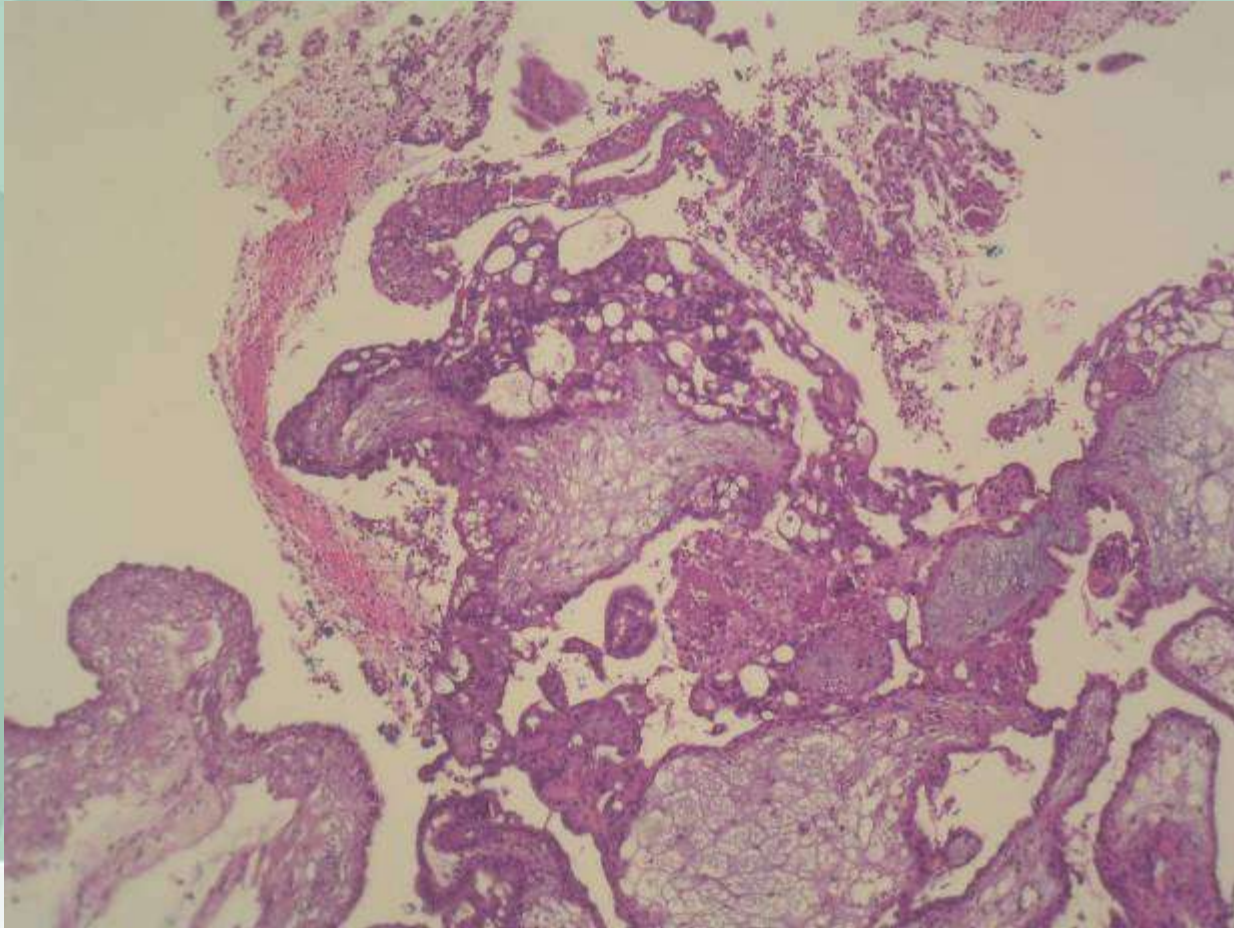
Cromosomopatias numéricas

- Trisomias y monosomias no son viables
 - Excepto: 47, +21; 47, +18; 47, +13 y 45, X0
- 1ª causa de pérdida gestacional temprana
- 47, +16; 47, +22; 47, +7; etc
- Arteria umbilical única
- Retraso del crecimiento
- Alteraciones morfológicas vellositarias

Vellosesidades dismórficas

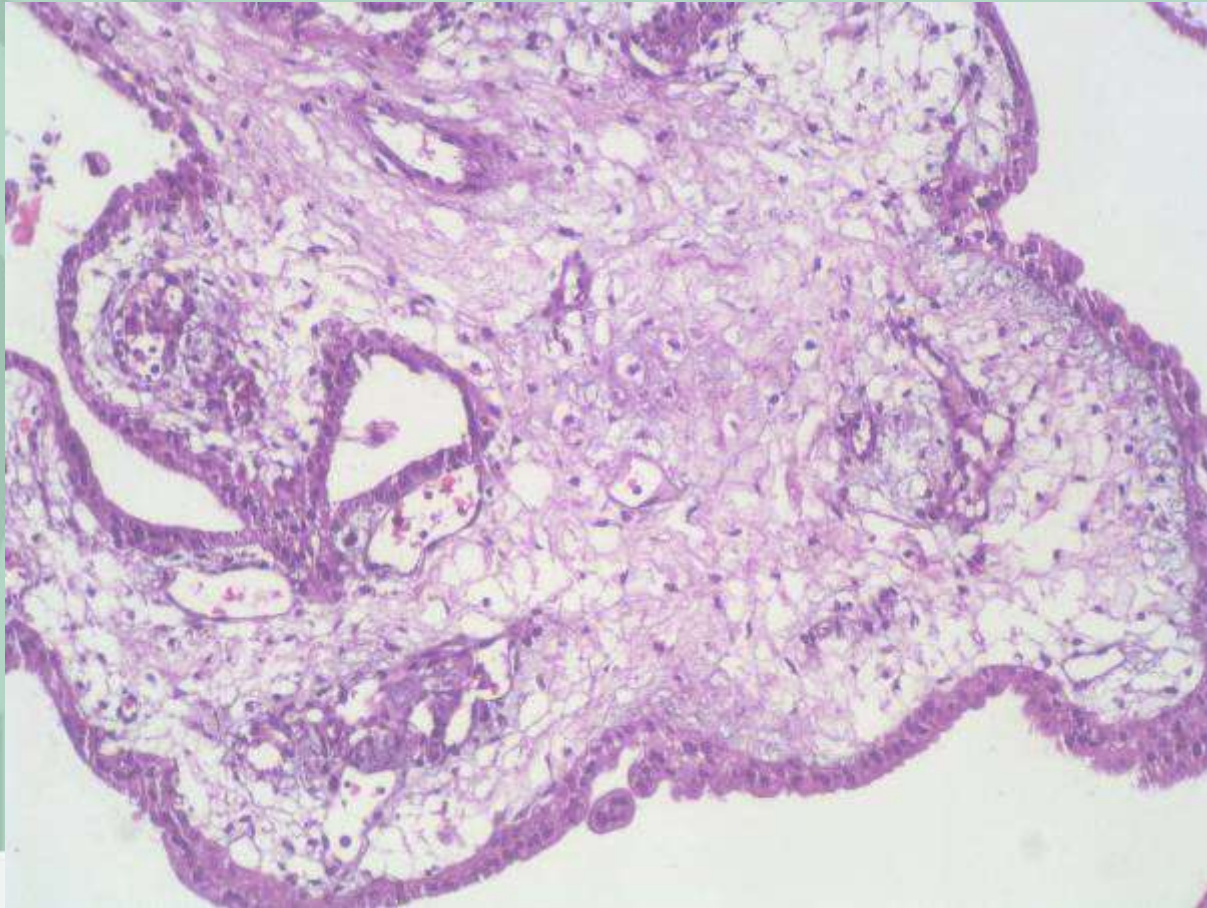


Hiperplasia trofoblástica no específica



47, +7
47, +15
47, +21
47, +22

Vellosidades dismórficas proliferación capilar



Degeneración hidrópica

Mola parcial

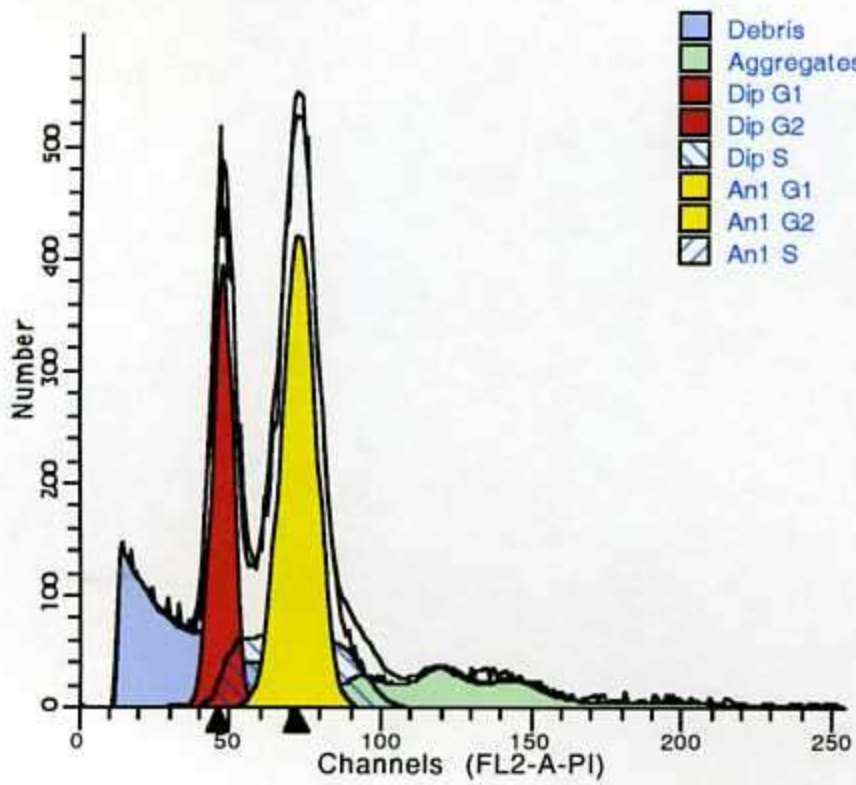
Edema vellositario
Dilatación cisternal
Doble población vellositaria
Vellosidades avasculares
Proliferación capilar
Afectación de vasos de diferentes calibres
Hiperplasia trofoblástica

Displasia mesenquimática

Vellosidades dismórficas

Técnicas auxiliares

- Cariotipo
- Requiere células vivas
 - Triploide: MP
 - Trisómico: Velloidades dismórficas
- PCR cuantitativa fluorescente (QF-PCR)
 - Depende de los “primers”
- Citometria
- IHQ (p57^{kip2})



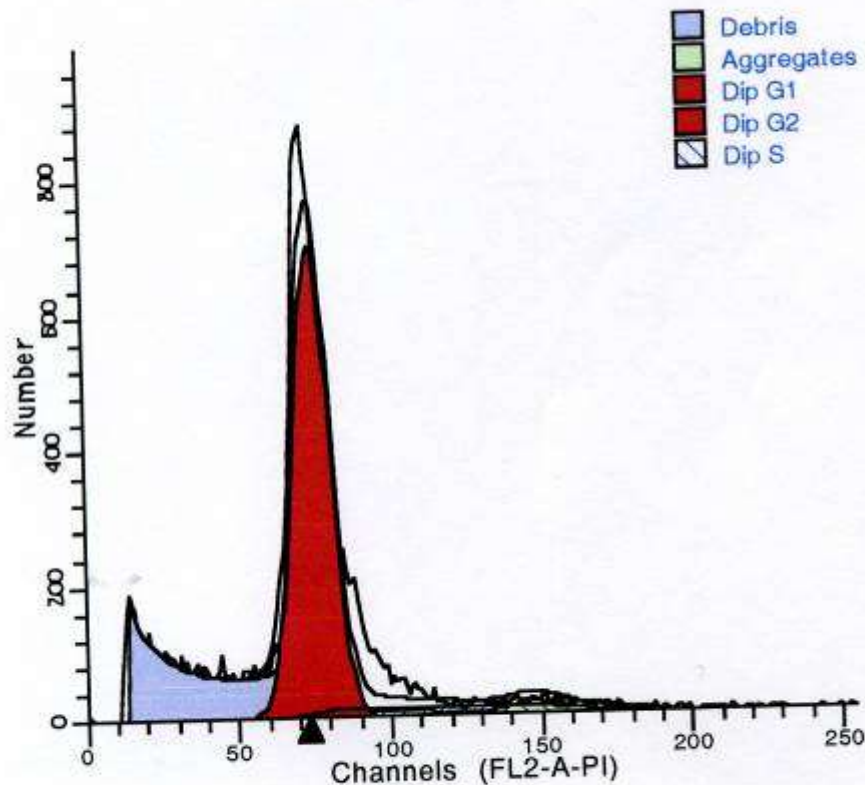
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 Modeled events: 19591
 All cycle events: 12398
 Cycle events per channel: 245
 RCS: 3.268



File analyzed: B08/15902-1.036
 Date analyzed: 12-Jan-2009
 Model: 1DA0n_DSF
 Analysis type: Manual analysis

Diploid: 100.00 %
 Dip G1: 89.74 % at 75.04
 Dip G2: 0.00 % at 163.73
 Dip S: 10.26 % G2/G1: 2.18
 %CV: 7.85

Total S-Phase: 10.26 %
 Total B.A.D.: 18.09 %

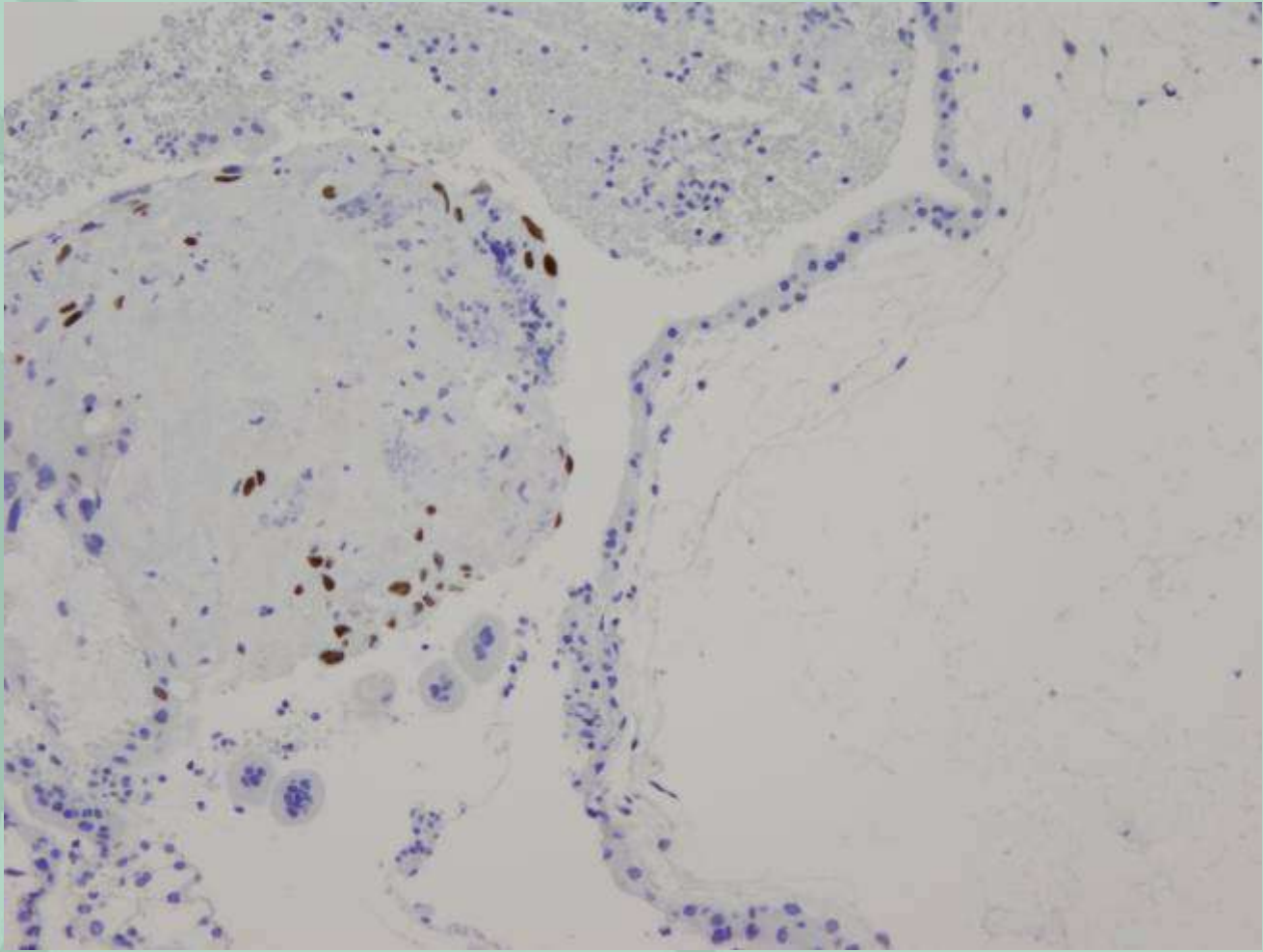
Debris: 31.52 %
 Aggregates: 5.67 %
 Modeled events: 18410
 All cycle events: 11564
 Cycle events per channel: 129
 RCS: 5.417

IHQ p57^{kip2}

	Citotrofoblasto	Mesenquima vellositario	Trofoblasto extravellositario	Decidua
Normal	+	+	+	+
MHP	+	+	+	+
MHC	-	-	+	+

+: >10%

Fisher et al Human Mol Genet 2002, 11: 3267





Tumores placentarios

- Primarios
 - Corioangioma
- Secundarios
 - Maternos
 - Melanoma, leucemia/linfoma, mama, pulmón
 - Enfermedad avanzada
 - Espacio intervellositario
 - Fetales
 - Neuroblastoma, leucemia
 - Intravellositarios

Corioangioma

- Alteración del desarrollo
- Coincidencia con hemangiomas fetales
- Celularidad capilar o estromal
- Polihidramnios, hídrops y/o muerte fetal
- Diátesis hemorrágica (secuestro plaquetario)

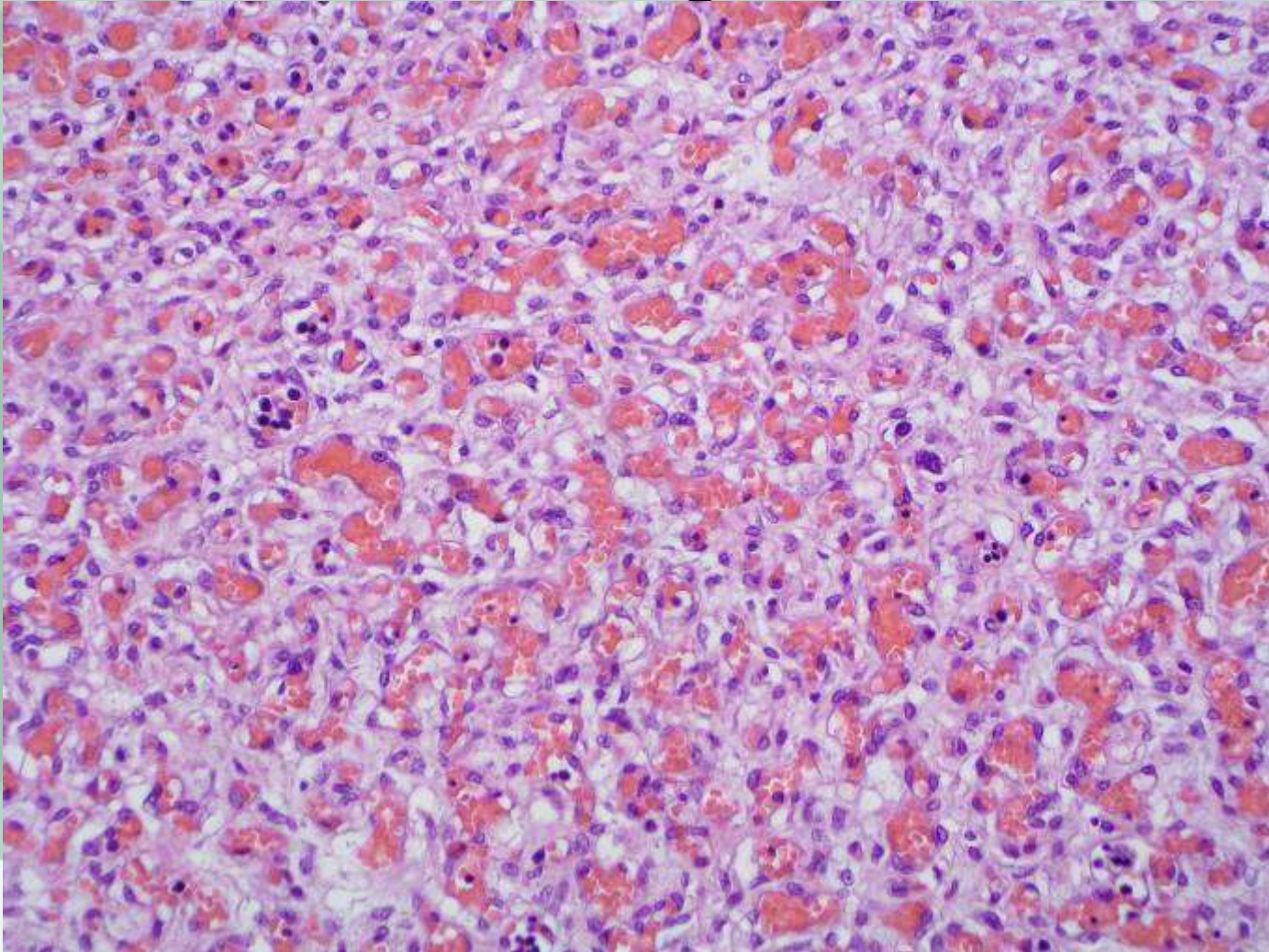
Corioangioma



Corioangioma



Corioangioma







Bibliografia

- Kraus et al Placental Pathology AFIP Atlas of nontumor pathology series (n° 3) 2004
- Baergen. Manual of pathology of the human placenta 2nd ed Springer 2011

Bibliografia

- Parental Origin and Phenotype of Triploidy in Spontaneous Abortions: Predominance of Diandry and Association with the Partial Hydatidiform Mole **Zaragoza et al** *Am. J. Hum. Genet.* 66:1807–1820, 2000
- Histopathological diagnosis of partial and complete hydatidiform mole in the first trimester of pregnancy **Sebire et al** *Ped and Dev Pathiol* 6:69-77 (2002)
- p57KIP2 immunohistochemistry in early molar pregnancies: emphasis on its complementary role in the differential diagnosis of hydropic abortuses **Merchant et al** *Hum Pathol* 2005 36: 180-6
- Phenotype of triploid embryos **McFadden et al** *J Med Genet* 2006;43:609–612.

Bibliografia

- Pseudo-partial moles: placental stem vessel hydrops and the association with Beckwith±Wiedemann syndrome and complete moles Paradinas et al Histopathology 39: 447-54 (2001)
- Placental mesenchymal dysplasia Parveen et al Arch Pathol Lab Med 131: 131-7 (2007)
- **Placental Mesenchymal Dysplasia Is Associated With High Rates of Intrauterine Growth Restriction and Fetal Demise A Report of 11 New Cases and a Review of the Literature** Pham et al Am J Clin Pathol 126: 67-79 (2006)
- **PLACENTAL MESENCHYMAL DYSPLASIA ASSOCIATED WITH HEPATIC AND PULMONARY HAMARTOMA** Tortoledo et al Fetal and Pediatric Pathol 29: 261-71 (2010)
- **Chorionic villus sampling in the prenatal diagnosis of placental mesenchymal dysplasia** Arigita et al Ultrasound obstet Gynecol 36: 644-6 (2010)