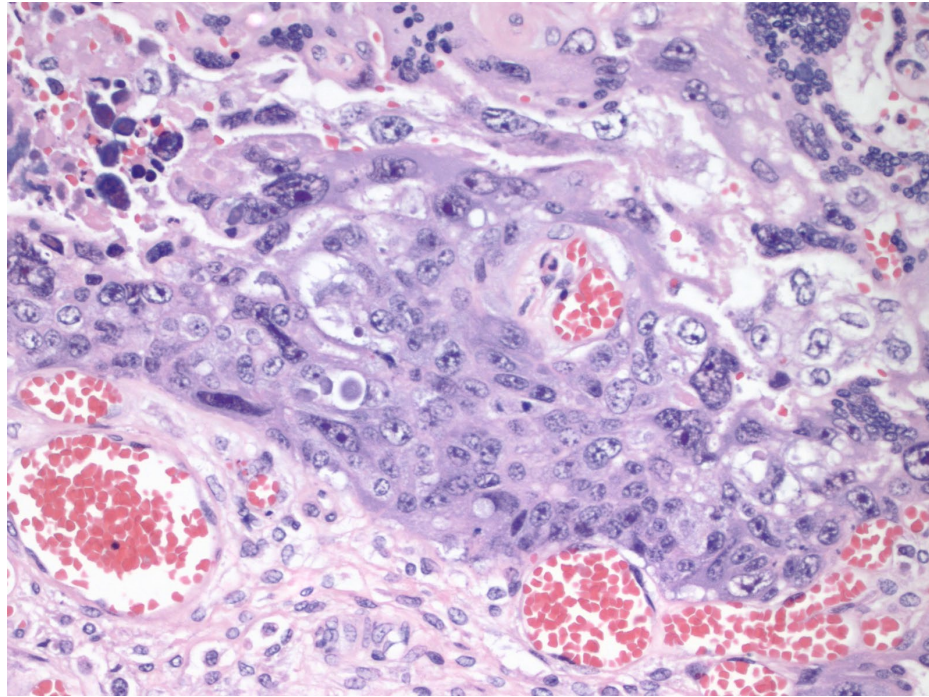
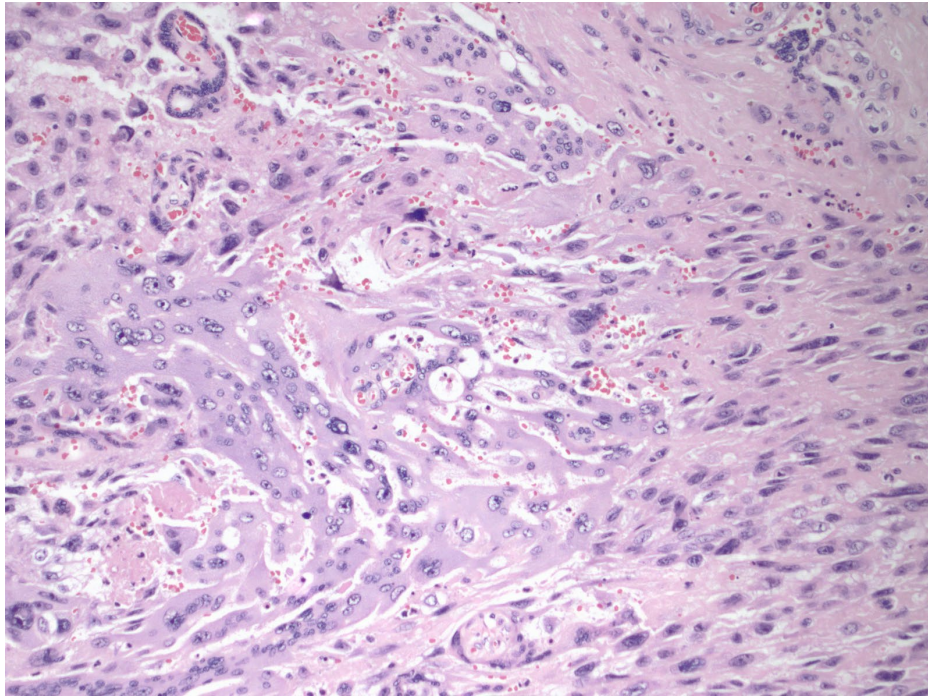
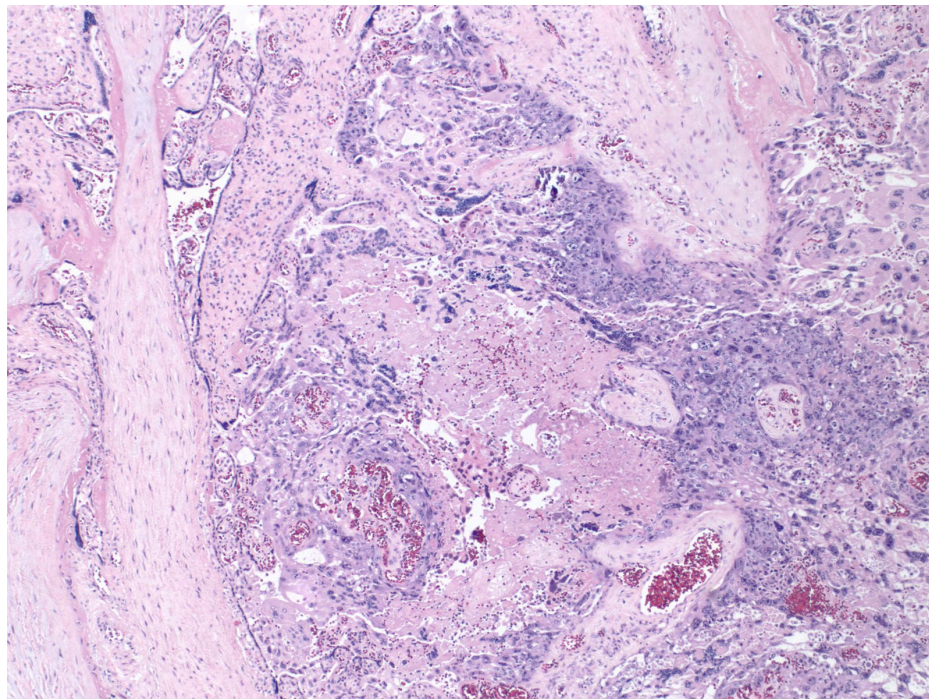
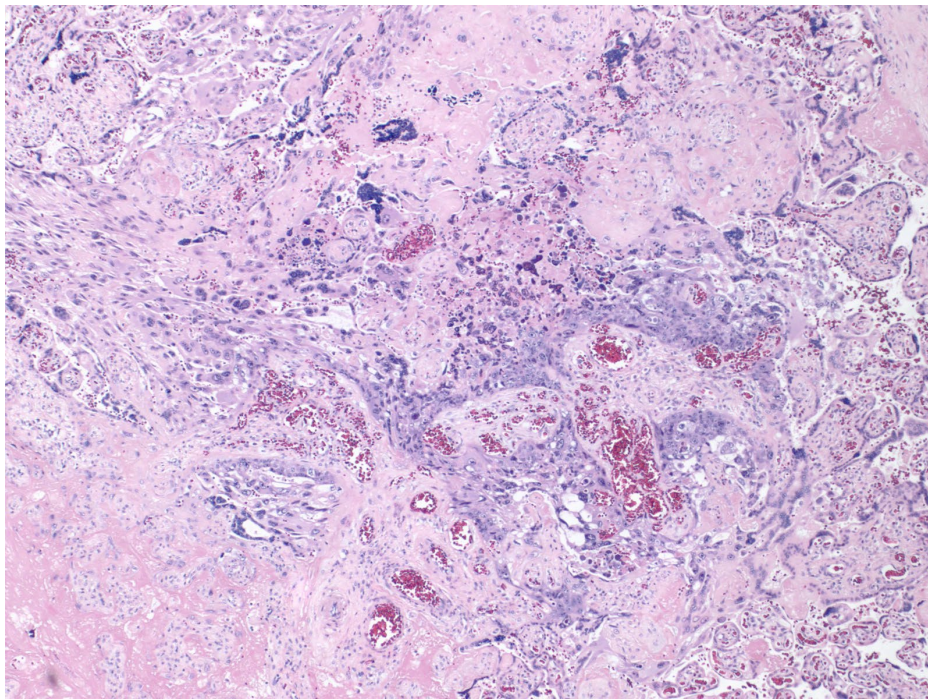




32-year-old (G7P2) at 37.4 weeks complicated by vaginal bleeding delivered an intact placenta without gross lesion.



Differential diagnoses

- A. Normal placenta
- B. Intraplacental choriocarcinoma
- C. Bizarre chorionic type trophoblasts
- D. Metastatic carcinoma – unknown primary

Final Diagnosis: Intraplacent al Choriocarcinoma

Intraplacent al choriocarcinoma is a rare but well-recognized early manifestation of gestational choriocarcinoma. On careful gross examination, the lesion may mimic a hemorrhagic infarct. It is typically solitary, though multifocal lesions may occur, and ranges from friable hemorrhagic foci to solid nodules measuring 1–6 cm (average 2 cm). Histologically, it is characterized by a biphasic proliferation of markedly atypical trophoblast, with frequent necrosis, high mitotic activity, and a Ki-67 labeling index exceeding 70%. Small intraplacent al choriocarcinomas, particularly those measuring <1 cm, may be easily overlooked and may later present as myometrial invasion following an apparently normal pregnancy. For this reason, all placentas should undergo pathologist-performed gross examination with complete sectioning at 5-mm intervals, and any suspicious areas should be submitted for histologic evaluation. Metastatic choriocarcinoma can develop from intrapla cental choriocarcinoma in both the mother and the infant simultaneously, though in some cases, it occurs only in the infant.