Placental Pathology, a Survival Guide

Drucilla L. Roberts, AID:

 Placental pathology continues to be an underutilized, undertaught, and inadequately handled surgical subspecialty. The requests for placental pathology are soaring, due partby to demands from obstetricians and to the litigious environment in which they practice, and to improved obstetrical care leading to pregnancies in medically challenging situations. Evaluation of the placenta requires a good understanding of the questions and issues concerning both the fetus/infant and the mother. Information from placental pathology can be critical in early neonatal care and in reproductive planning for the family, and it can provide risk assessment for neurologic outcome of the infant. A comfortable interaction among the obstetric staff, mothers, and pathologists often obviates need for legal intervention in unexpected pregnancy outcomes. Some critical pathologic features that involve maternal and fetal management are illustrated herein. A template for gross examination and a few critical histopathologic diagnostic features with clincopathologic correlation are included.

(Arch Pathol Lab Med. 2008;132:641-651)

GROSS PLACENTAL FINDINGS/EXAMINATION

I believe that all placentas should have at least a gross examination, saving the full histopathologic examination for a defined subset (Table 1). At the Massachusetts General Hospital, all placentas are delivered to the pathology department with a minimal required set of clinical information: maternal gravidity, parity, gestational age, and a blank section to provide any other information deemed pertinent by the obstetric staff. Using only these provided data, we triage the placenta into a "hold" or "examine" category. Hold placentas are those that do not meet criteria as described in Table 1 and are basically normal-term singleton livebirths who received prenatal care and delivered in the hospital without maternal or fetal/infant pathologic history or complications. The hold placentas are placed in a large, locked refrigerator for at least 7 days and are disposed of after 7 days so long as the infant is not transferred to the reconatal intensive care unit and the mother is not readmitted with an obstetric or other complication. Maternal admission and neonatal intensive care unit admission lists are checked daily for these events. The examine category includes all placentas from deliveries other than those described in Table 1 or are maternal readmissions or neonatal intensive care unit admissions.

Placentas are stereotypic organs that lend themselves to template gross description (Table 2), ensuring that all the important information is obtained and facilitating dictation and transcription. Deviations from this template-for example, twin gestation or other multiples or fragmented placentas—can be handled without the template or with minor deviations from it. The template ensures that the most critical information is noted: color, cord length** (standards in Figure 1), lesions, and trimmed weight. ... The importance of these gross findings is listed in Table 3. This also allows for easy sampling, as once the grosstemplate is complete the necessary sections needed for histology are neatly outlined. We take at least 2 sections of cord (proximal to the placents and proximal to fetus), I membrane roll (including the membrane rupture site), and 3 full thickness sections of parenchyma, including choriomic plate vessels. All parendwmal lesions should be sampled (just a small representative section), and at least one "normal" representative section of parenchyma needs to be sampled.

These "chunks" of placenta, the membrane roll, and the cord sections are placed into a small specimen jar with 10% formalin and fixed for at least 4 hours. Very sick babies or mothers need pathologic interpretation promptly, and these specimens should be processed the same day as accessioned. Others can be fixed overnight, or as convenient. We fix the remaining placental tissues as well and save it until the case is complete.

HISTOLOGIC FINDINGS

Remembering that the placenta is an organ with circulations from both the mother and the fetus, examination of the placenta should look for pathology from both individuals. Historically, the focus of placental histopathology has been on maternal side diseases/disorders. Recently, much attention has been focused on the fetal side. There may be much more importance in the fetal histopathology of the placenta in terms of predicting or explaining subsequent morbidity.

Maternal side diseases/disorders that affect the placenta are many and are too mamerous to describe herein. Instead, I will focus on those that have been shown to have important fetal sequellae or recurrence risk.

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Placental Pathology A Survival Guide

Ensheng Dong

Placental Pathology A Survival Guide:

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Sergi, 2020-10-28 This book covers the full range of pathologic conditions encountered during childhood and youth including tumors and tumor like conditions of all organ systems with direct links to developmental biology pathways and genetics It provides a user friendly road map to the main diagnostic criteria and combines an organ related approach with an explanation of the diagnostic approaches to various specific diseases and syndromes including sequential segmental analysis of congenital heart disease More than 500 new full color macro and microphotographs using more than 500 multi photographic panels are included to provide a realistic basis for comparison macroscopically and under the lens and summarizing tables highlight key information in the concise form required for at a glance review Pathologists will find the book very helpful when signing out complex and challenging cases and it will also prove invaluable for exam preparation and continuing medical education Medical Image Computing and Computer Assisted Intervention - MICCAI 2019 Dinggang Shen, Tianming Liu, Terry M. Peters, Lawrence H. Staib, Caroline Essert, Sean Zhou, Pew-Thian Yap, Ali Khan, 2019-10-10 The six volume set LNCS 11764 11765 11766 11767 11768 and 11769 constitutes the refereed proceedings of the 22nd International Conference on Medical Image Computing and Computer Assisted Intervention MICCAI 2019 held in Shenzhen China in October 2019 The 539 revised full papers presented were carefully reviewed and selected from 1730 submissions in a double blind review process The papers are organized in the following topical sections Part I optical imaging endoscopy microscopy Part II image segmentation image registration cardiovascular imaging growth development atrophy and progression Part III neuroimage reconstruction and synthesis neuroimage segmentation diffusion weighted magnetic resonance imaging functional neuroimaging fMRI miscellaneous neuroimaging Part IV shape prediction detection and localization machine learning computer aided diagnosis image reconstruction and synthesis Part V computer assisted interventions MIC meets CAI Part VI computed tomography X ray imaging Fetal Growth, An Issue of Obstetrics and Gynecology Clinics. E-Book Nathan R. Blue, Bob Silver, 2021-05-14 In this issue of Obstetrics and Gynecology Clinics Guest Editors Nathan Blue and Bob Silver bring their considerable expertise to the topic of Fetal Growth Top experts in the field cover key topics such as placental function and physiology of fetal growth fetal growth and stillbirth fetal growth in multiple gestations and more Provides concise and comprehensive coverage of the issues physicians face every day Presents the latest information on a timely focused topic under the leadership of experienced editors in the field Contains 12 relevant practice oriented topics including recurrence risk of FGR fetal growth curves diagnosis of FGR and LGA routine third trimester sonograms and more

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Table of Contents Placental Pathology A Survival Guide

- 1. Understanding the eBook Placental Pathology A Survival Guide
 - The Rise of Digital Reading Placental Pathology A Survival Guide
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Placental Pathology A Survival Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Placental Pathology A Survival Guide
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Placental Pathology A Survival Guide
 - Personalized Recommendations
 - Placental Pathology A Survival Guide User Reviews and Ratings

- Placental Pathology A Survival Guide and Bestseller Lists
- 5. Accessing Placental Pathology A Survival Guide Free and Paid eBooks
 - Placental Pathology A Survival Guide Public Domain eBooks
 - Placental Pathology A Survival Guide eBook Subscription Services
 - Placental Pathology A Survival Guide Budget-Friendly Options
- 6. Navigating Placental Pathology A Survival Guide eBook Formats
 - o ePub, PDF, MOBI, and More
 - Placental Pathology A Survival Guide Compatibility with Devices
 - Placental Pathology A Survival Guide Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Placental Pathology A Survival Guide
 - Highlighting and Note-Taking Placental Pathology A Survival Guide
 - Interactive Elements Placental Pathology A Survival Guide
- 8. Staying Engaged with Placental Pathology A Survival Guide
 - o Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Placental Pathology A Survival Guide
- 9. Balancing eBooks and Physical Books Placental Pathology A Survival Guide
 - Benefits of a Digital Library
 - o Creating a Diverse Reading Collection Placental Pathology A Survival Guide
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Placental Pathology A Survival Guide
 - Setting Reading Goals Placental Pathology A Survival Guide
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Placental Pathology A Survival Guide
 - o Fact-Checking eBook Content of Placental Pathology A Survival Guide
 - Distinguishing Credible Sources

- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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