

XXI. Diseases of the Female Genital System

N.B.2

Diseases of the placenta:

I. Circulatory (and vascular disturbances) :

- 1. Congestion.***
- 2. Infarction.***

II. Inflammatory:

1. Placentitis

- (in the placenta) or/and chorio-amnionitis (in the foetal membranes) either by haematogenous spread (rare) or ascending bacterial infection (common) and

favoured by:

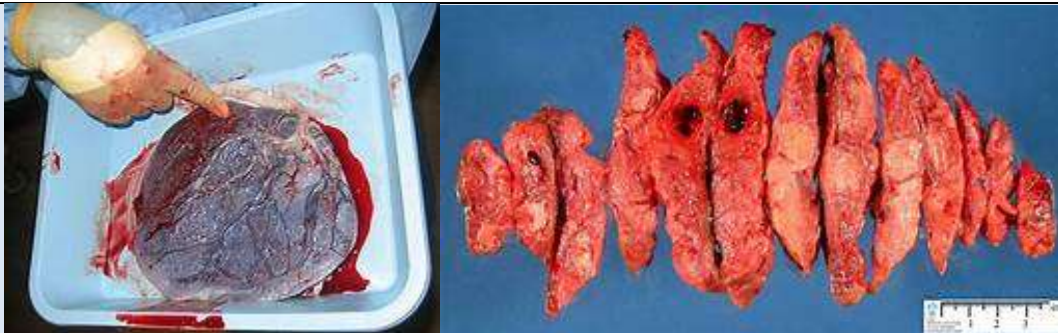
- (a) Premature rupture of membranes.
- (b) Prolapse of umbilical cord.
- (c) Criminal abortion.

2. Tuberculosis:

- Is part of general miliary tuberculosis → congenital tuberculosis of the foetus.

3. Syphilis:

- Is not so common at present times → enlargement of placenta + crowded villi → bulbous swelling.
- Later on: Fibrosis and atrophy (due to the endarteritis *obliterans*).



III. Neoplastic:

1. Hydatidiform mole:

- Cystic hydropic swelling of the chorionic villi + hyperplastic changes in the chorionic epithelium.
- Clinically, abnormal uterine bleeding in the course of pregnancy + passage of watery fluid + passage of grape-like tissues.
- More enlargement of uterus than expected + lower abdominal pain.
- Too high titers of frog, mouse or rat-units of abnormal elevation of blood and urine-hormones (chorionic gonadotropins).

2. Chorio-carcinoma: An epithelial malignancy of the trophoblastic cells.

- It is soft, fleshy, yellowish-white malignant tumour which is haemorrhagic, necrotic and

can invade the underlying myometrium, penetrate the vessels and lymphatics, extend out into adjacent structures and send distant secondaries in lungs, bone marrow, liver, brain and vagina.

- Clinically, a bloody foul-smelling discharge in the course of pregnancy or abortion (or retained placenta). Extreme elevation of hormone-titers.

3. Other tumours such as myxoma, fibroma, angioma etc.

IV. Congenital:

1. Battledore → eccentric insertion of cord.

2. Velamentous → cord separated from placenta by a membrane through which pass the vessels.

3. Accessory → main placenta with cord and, connected to a small placenta by vessels.

(a) Bipartite.

(b) Tripartite.

Complications: Retained placenta; post-partum haemorrhage; sepsis.

4. Diffuse → thin, membranous and broad.

Complications:

Ante-partum haemorrhage; difficult - separation; postpartum haemorrhage.

5. Adherent or accreta →

- Attachment to myometrium because of over activity of trophoblast+ atrophy of endometrium + deficient decidual reaction and deficient corpus luteum.

Complications:

1. Retained placenta;

2. Post-partum haemorrhage;

3. Perforation of uterus.

6. Circumvallate → periphery is thicker than centre. :

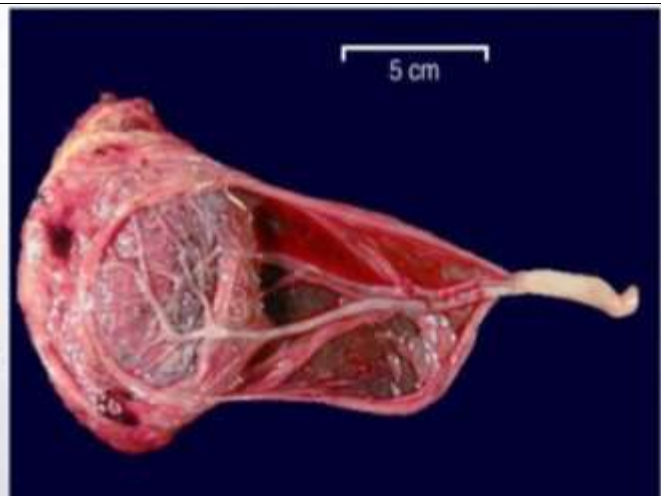
1. Superficial cysts on the foetal surface of the uterus.

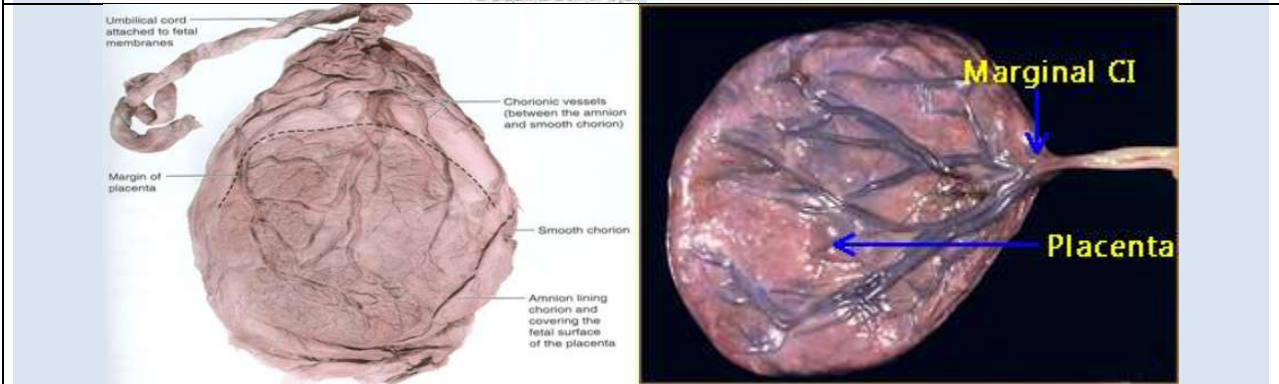
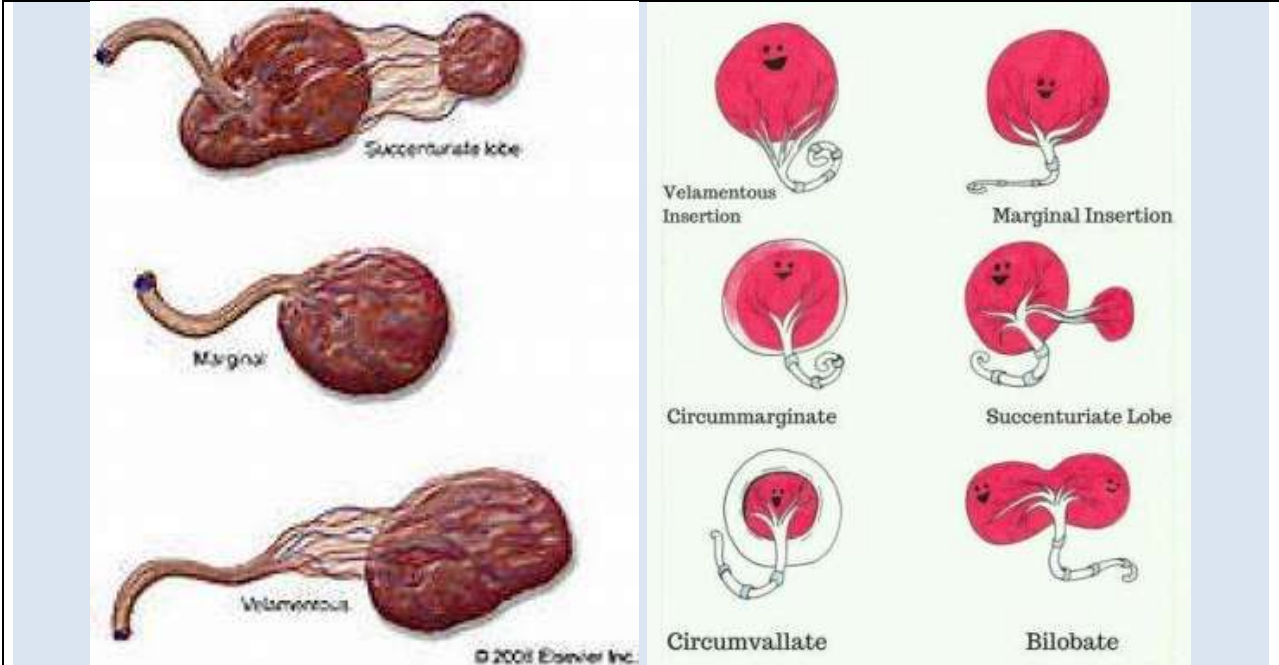
2. Deep cysts in the placenta.

Cord anomalies

Velementous insertion of the cord.

Major umbilical vessels separate in the fetal membranes before reaching the placental disk.





V. Cystic:

VI. Miscellaneous:

The placenta (which at term weighs one pound, is discoid and rounded in shape, flattened, 20 cm. in diameter, 3 cm. at centre and 2 cm. at periphery) may

Show hypertrophy and enlargement in cases of :

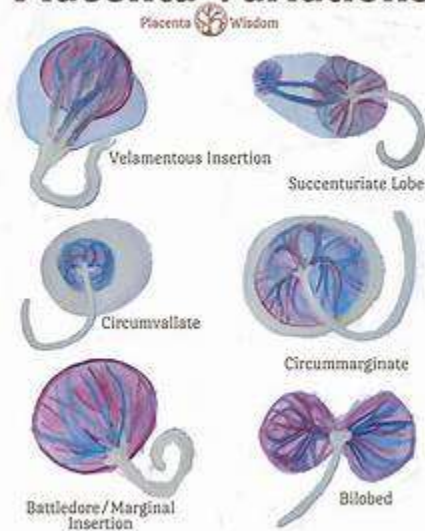
- (1) Anasarca of foetus
- (2) Large foetus
- (3) Syphilis
- (4) Diseases of mother (diabetes mellitus; chronic nephritis).

The umbilical cord (about 50 cm. in length) may show the following

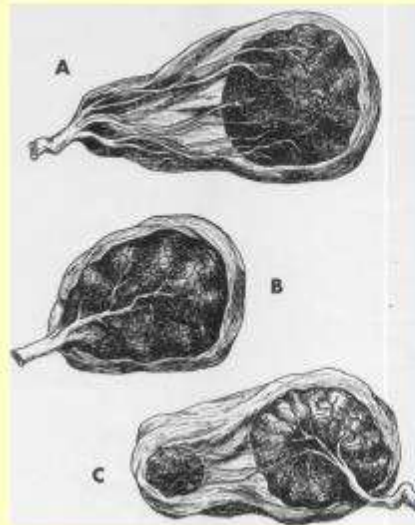
Variations: -

1. **Marked elongation** → liability to prolapse or twist.
2. **Marked shortening** → premature separation of placenta; difficulty in labour; inversion of uterus.
3. **Knots of cord :**
 - (a) True knots.
 - (b) False knots (thickening of cord).

Placenta Variations



CORD INSERTION & PLACENTAL VARIATIONS: Rare less than 1:3000



May lacerate & bleed, especially during L& D

A = Vasa praevia or Velamentous insertion : No wharton jelly

B = Battledore placenta: cord at end of placenta

C = Succenturiate placenta blood vessels maybe supported only by fetal membranes



Normal



Prolapse



Nuchal Cord



Knots and strictures

