



# Gelatinous Placenta and Birth Outcome



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## Opinion

The placenta is an organ that develops during pregnancy in the uterine cavity and is excreted during labor. Formation begins from the second week of pregnancy and ends at the end of the third embryonic month. The placenta consists of embryogenic (chorio-amniotic) and maternal elements. The basic placental part is the anatomic cavity carried to the maternal surface and is a tissue of maternal origin.

The systemic micro- and macroscopic assessment of placenta can give us valuable information on functional disorders which can affect the pregnancy and the birth outcome, the newborn or even the mother. Gelatinous degeneration of the placenta consists a relatively rare entity, diagnosed by histopathological evaluation. Placenta has a dynamic role in the survival and development of the fetus, which is expressed through its multiple functions [1].

On rare occasions a mesenchymal dysplasia develops in the placenta, which is characterized by an increase in its size and growth of grape shape cysts, a picture compatible with ultrasound

with partial molar pregnancy. In these cases the placenta vessels are aneurysmally dilated covered with gelatinous fluid, giving the appearance of placental gelatinous degeneration.

Gelatinous placental degeneration is a relatively rare clinical entity, ultrasound-documented but histopathologically diagnosed, which most often does not cause complications during pregnancy. Early diagnosis and thorough treatment of the disease can eliminate the possible complications that may occur during pregnancy [2,3].

## References

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