

PD-292 - (21SPP-11530) - FETOMATERNAL HEMORRHAGE: A CLUE TO INTRAPLACENTAL CHORIOCARCINOMA AND NEONATAL MALIGNANCY

Mariana Simões¹; Gonçalo Vale¹; Catarina Lacerda¹; Patrícia Pais¹; Diana Pignatelli¹

1 - Centro Hospitalar Barreiro-Montijo

Introdução / Descrição do Caso

Fetomaternal hemorrhage (FMH) is a known cause of neonatal anemia. Intraplacental choriocarcinoma (ICC) is a rare malignancy related with massive FMH that can spread to the fetus and cause invasive neonatal disease.

A 35-year old woman, presented in labor at 39 weeks of gestation. Pregnancy was uneventful. Spontaneous rupture of membranes two hours before delivery revealed meconium stained amniotic fluid. A female newborn, weighing 3200g, was born by vaginal delivery and admitted to the neonatal unit at 15 minutes of life for severe pallor and hypoactivity. Laboratory findings revealed hemoglobin (Hb) 3.6 g/dL. Maternal Hb electrophoresis showed fetal Hb concentration of 3.3%. Newborn's Hb levels gradually increased after transfusion, while platelet count decreased to 28.000/uL and C Reactive Protein increased to 48.3mg/L. Clinical outcome was surprisingly good. At two months follow up, she had normal growth and neurological development. At the same time, her mother presented with persistent vaginal bleeding since delivery. Serum b-hCG was 667.804mIU/mL, uterine curettage biopsy confirmed choriocarcinoma and pulmonary metastasis were found. The baby's b-hCG was negative. At 6 months follow up there are no clinical manifestations suggestive of infantile choriocarcinoma.

Comentários / Conclusões

Case reports have described an association between massive FMH and neonatal metastatic choriocarcinoma. A review of 25 cases of ICC with FMH found metastasis in 20% of the neonates. As the consequences of widespread choriocarcinoma are devastating for both mother and infant, we highlight the importance of b-hCG screening in cases of massive FMH.