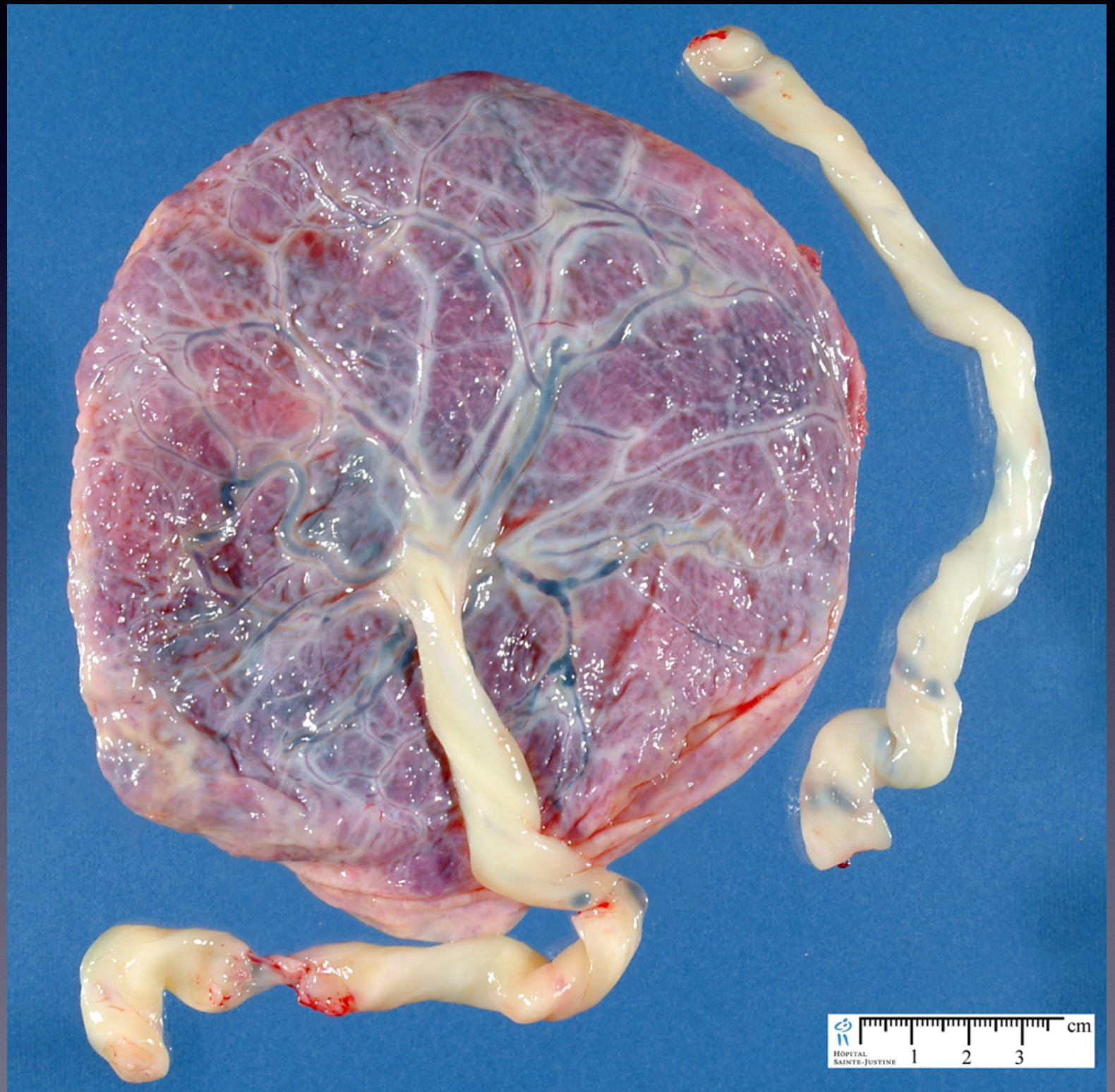


PATOLOGIA DE LA PLACENTA

DRA. MONICA CARRERA

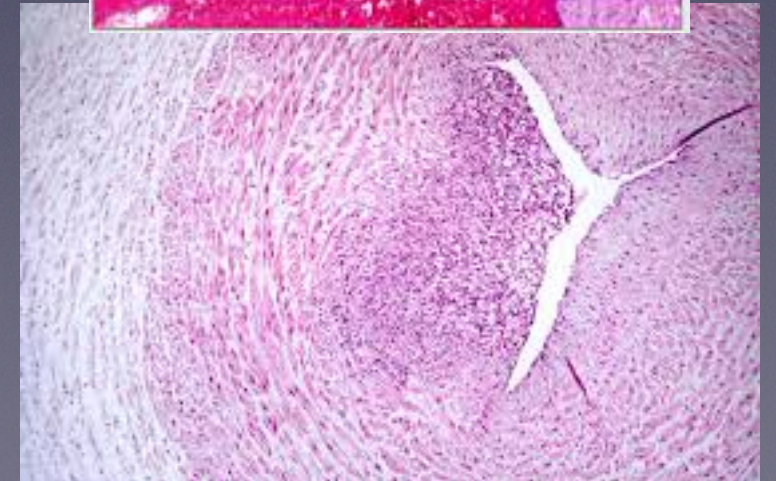
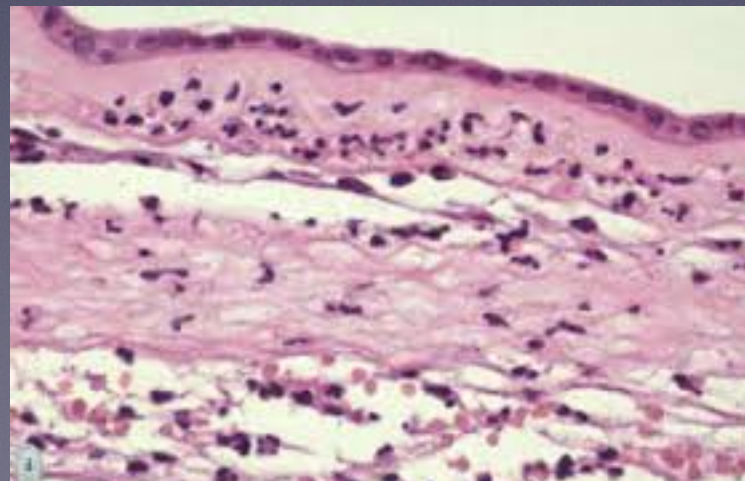
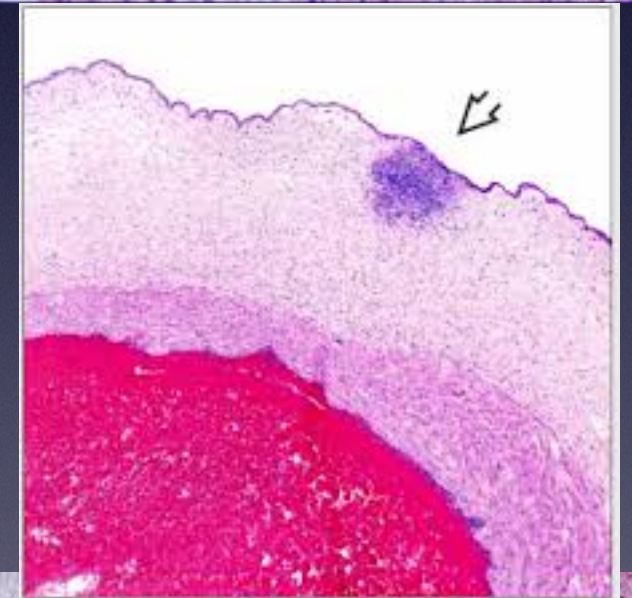
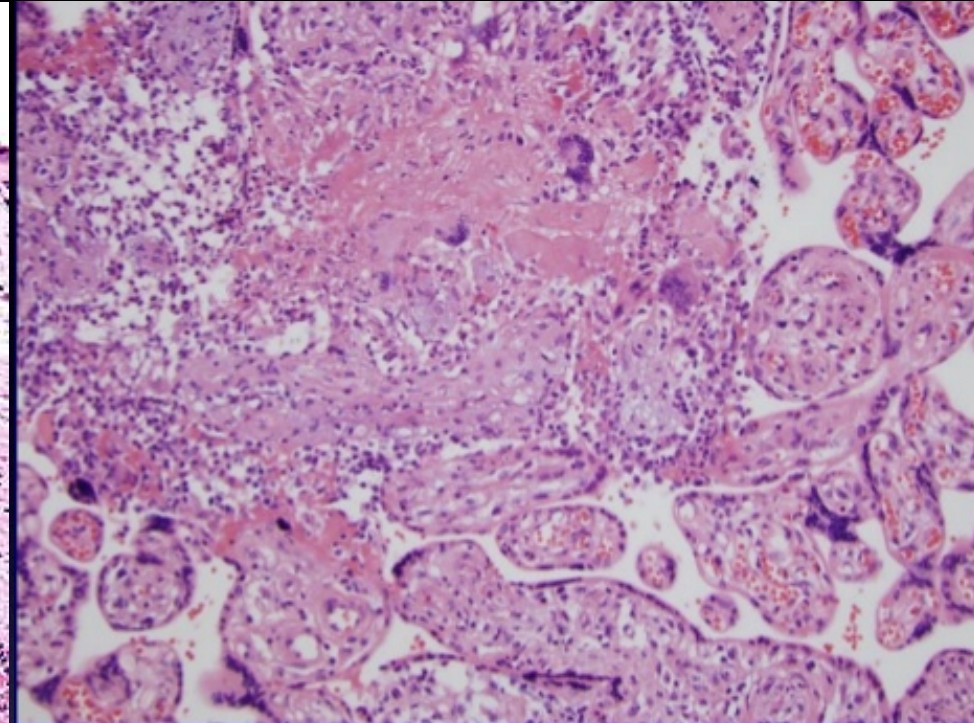
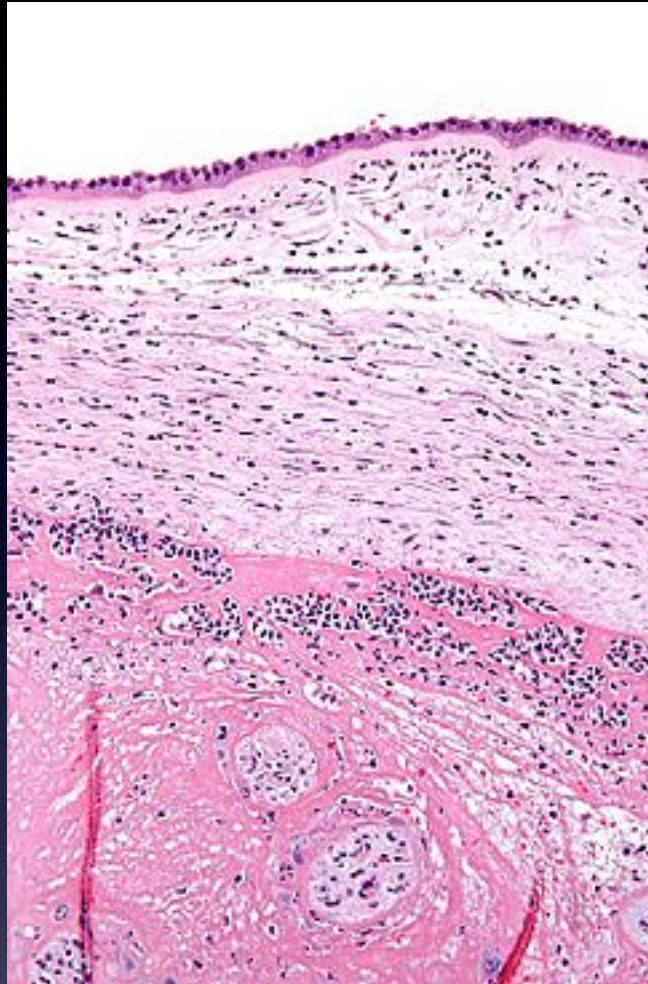
PLACENTA

- INFECCIONES
- INFARTO
- TUMORES



INFECCIONES

- > microorganismos de la vagina
 - bacterias, virus, hongos
- 5-24% de los embarazos
- Agudas, crónicas, granulomatosas
- Vasculitis hemorrágicas
- Cualquier o todas las estructuras
 - Villitis crónica
 - Corioamnionitis
 - Funitis
 - Coriodeciduitis



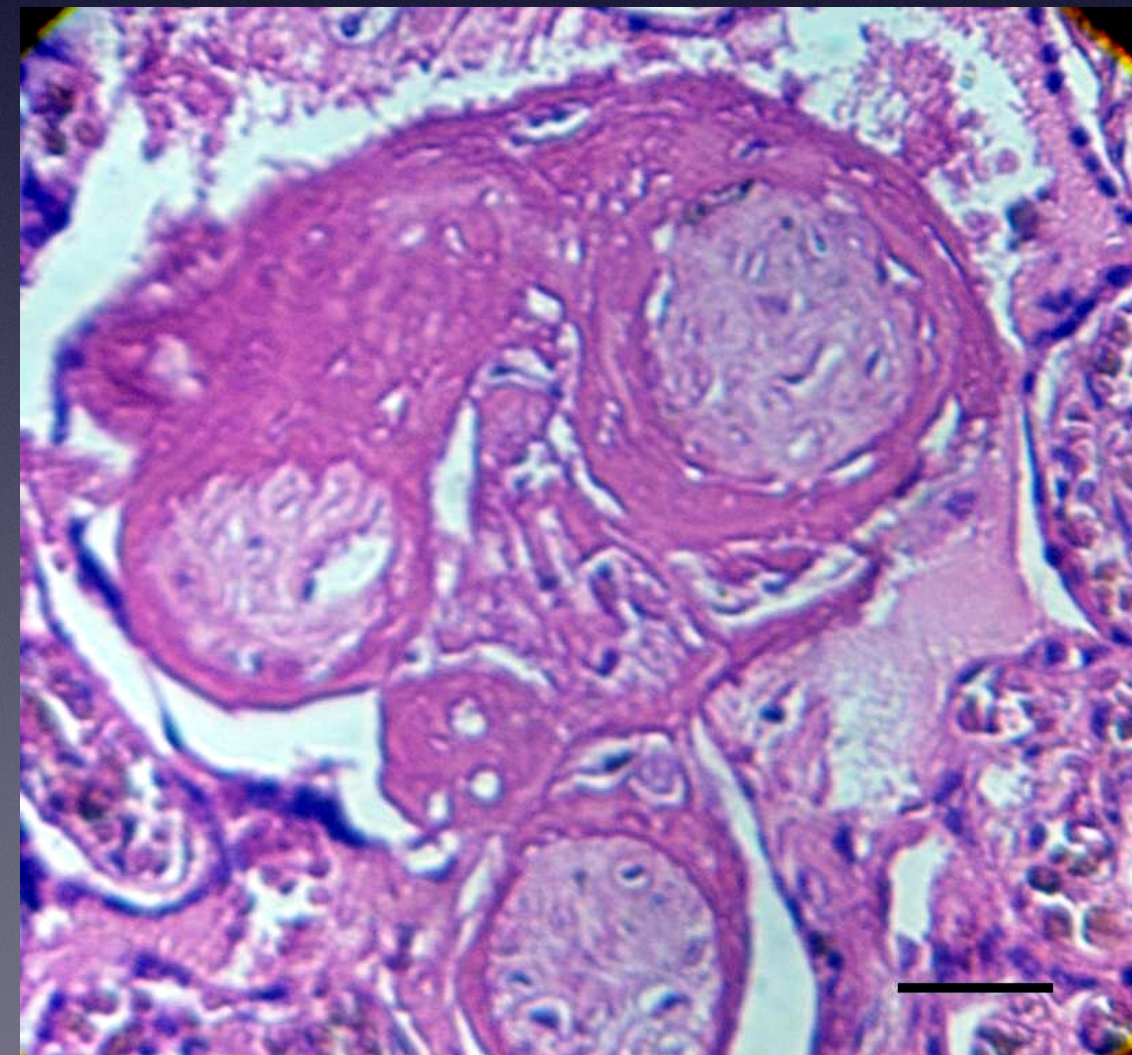
INFARTO

- Necrosis vellositaria
- No manifestaciones clínicas



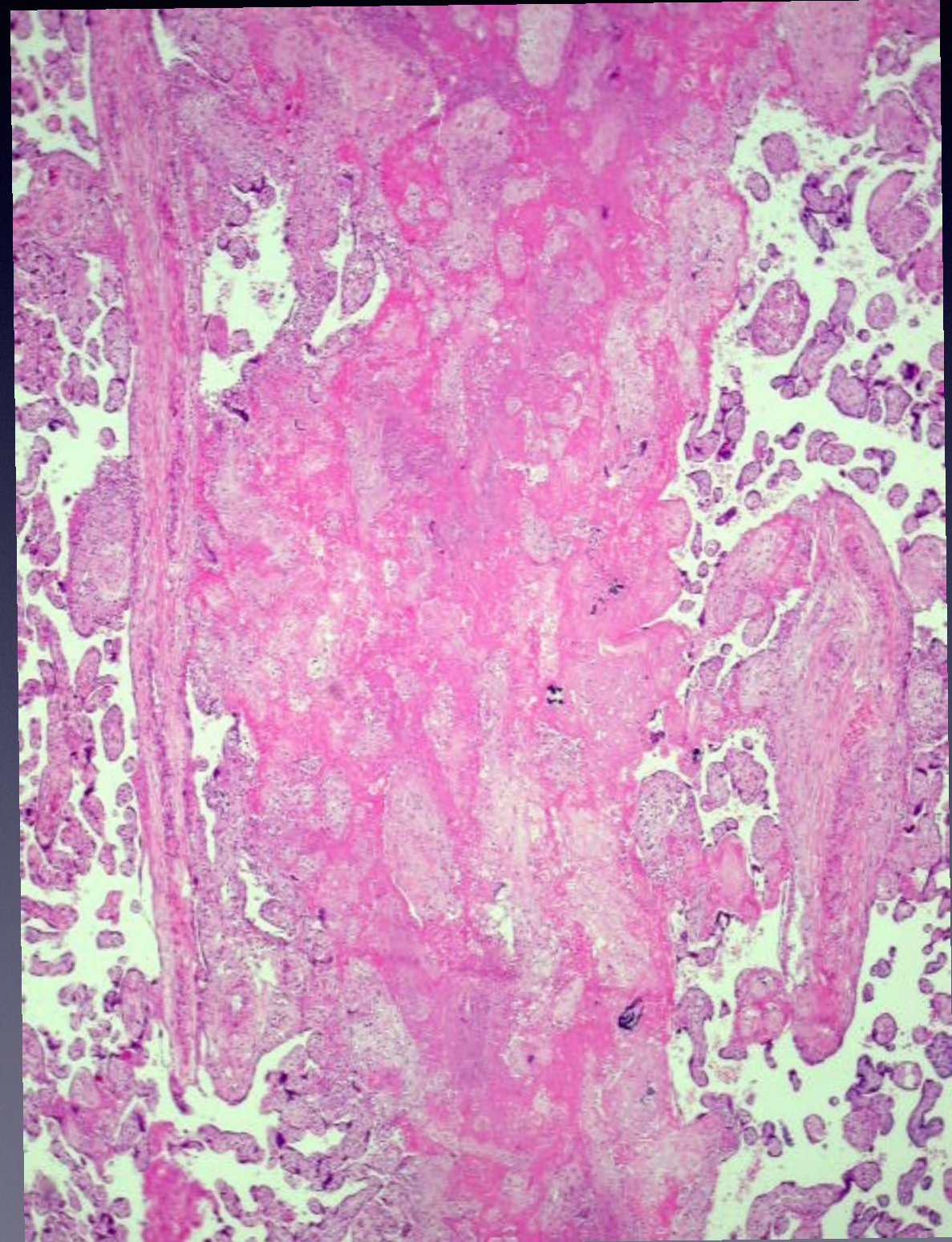
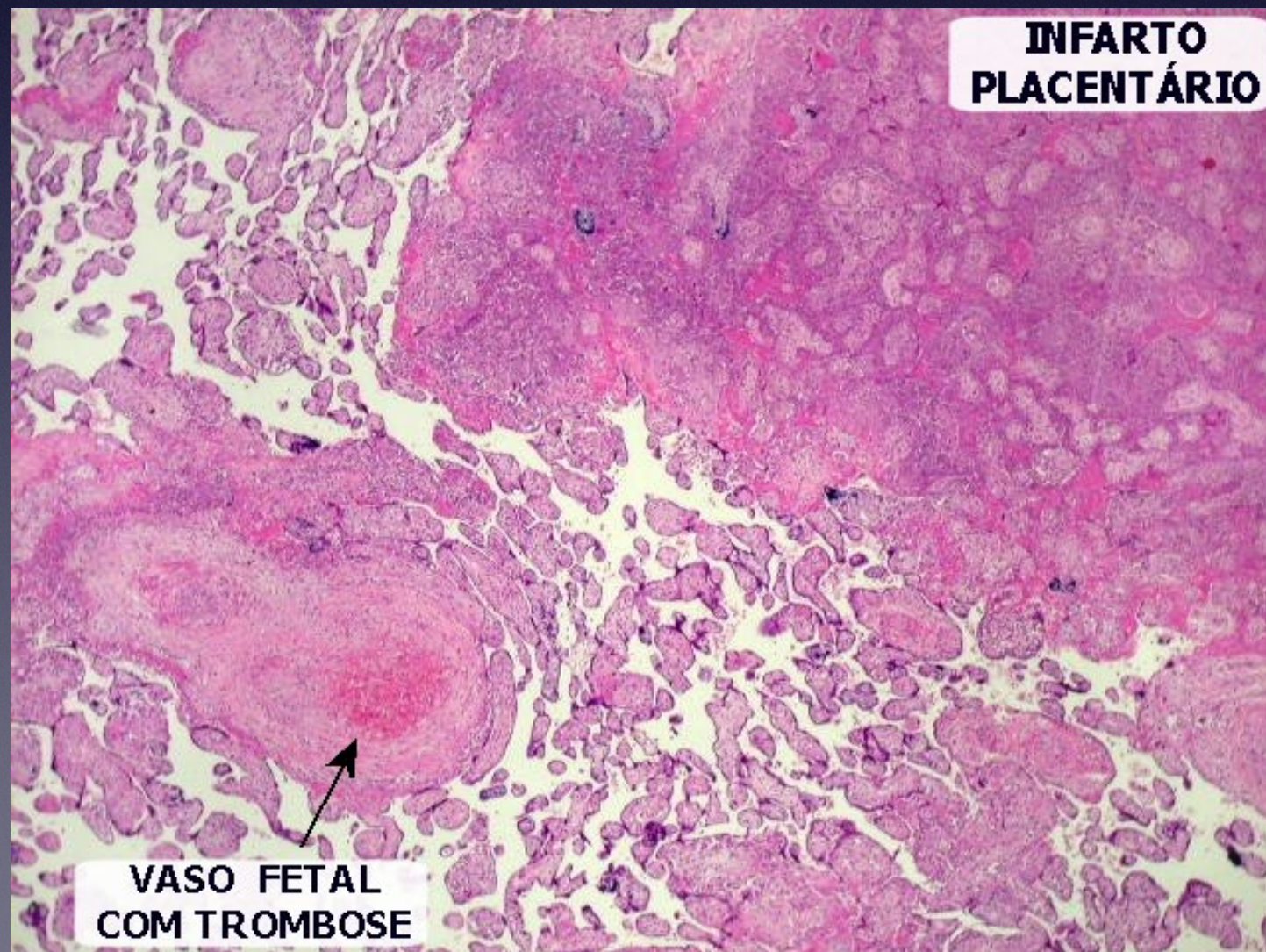
INFARTO

- Necrosis vellositaria
- No manifestaciones clínicas



INFARTO

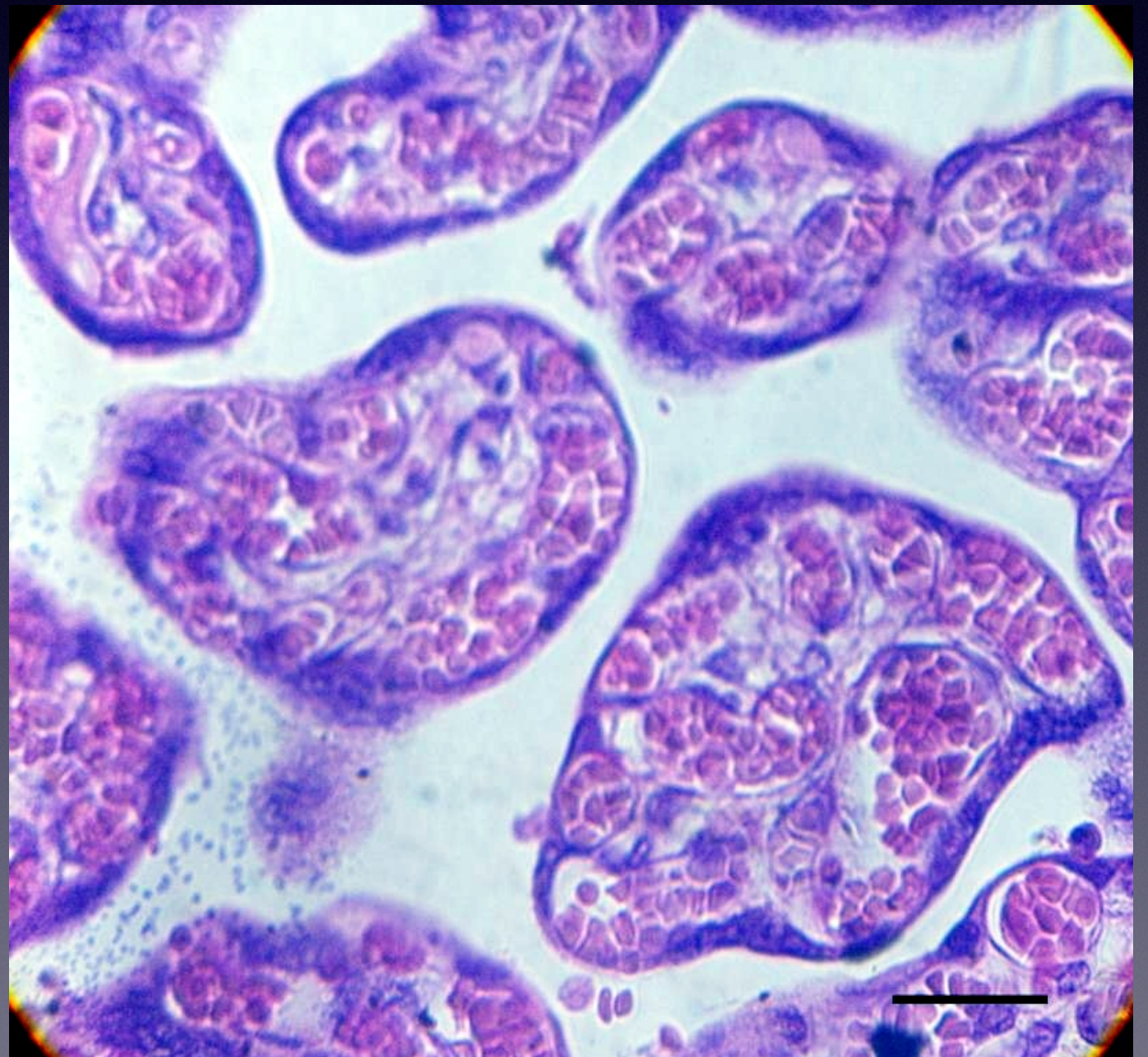
- Necrosis vellositaria
- No manifestaciones clínicas



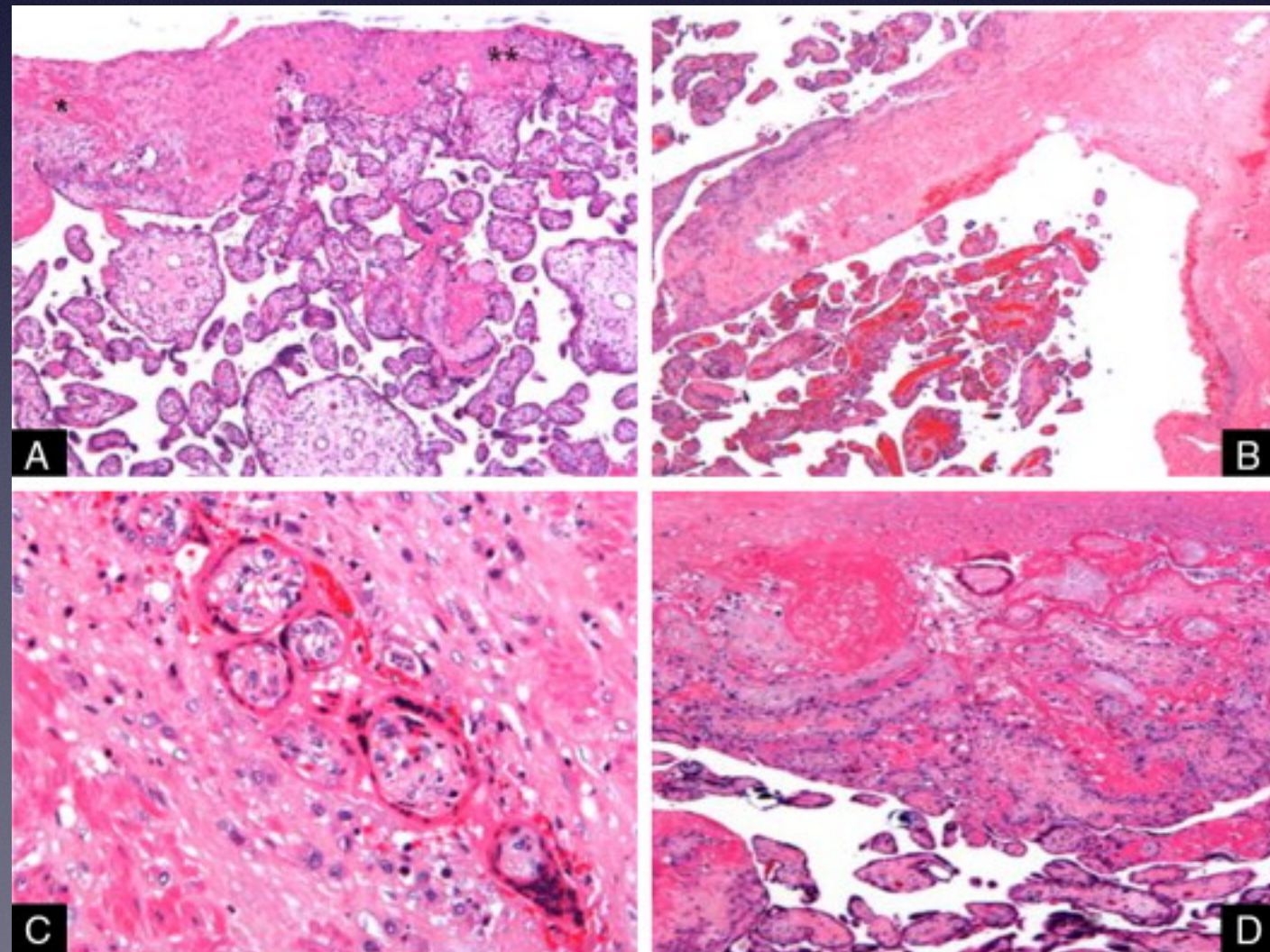
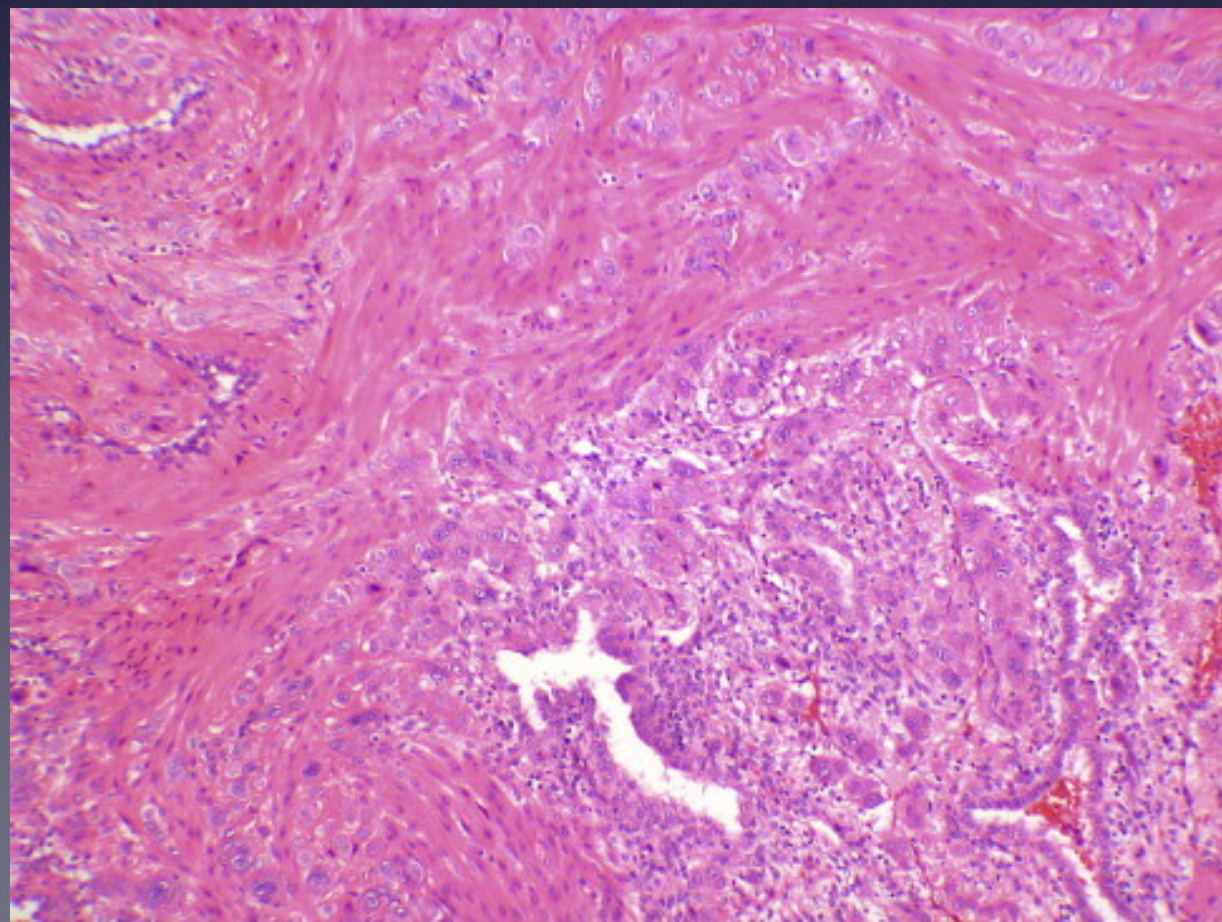
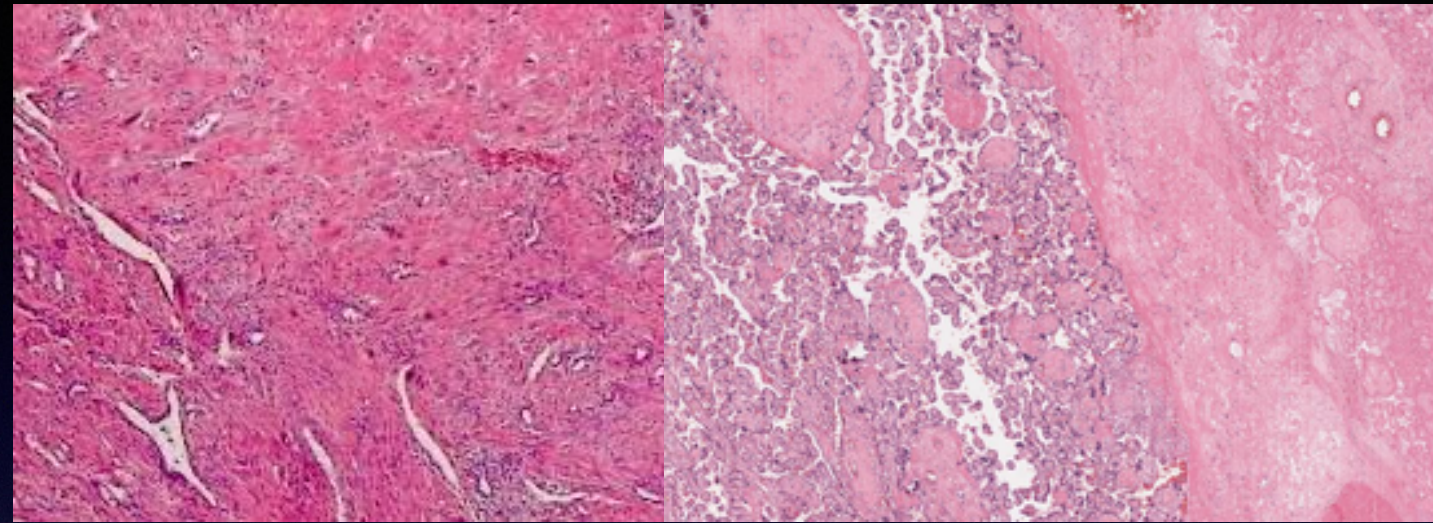
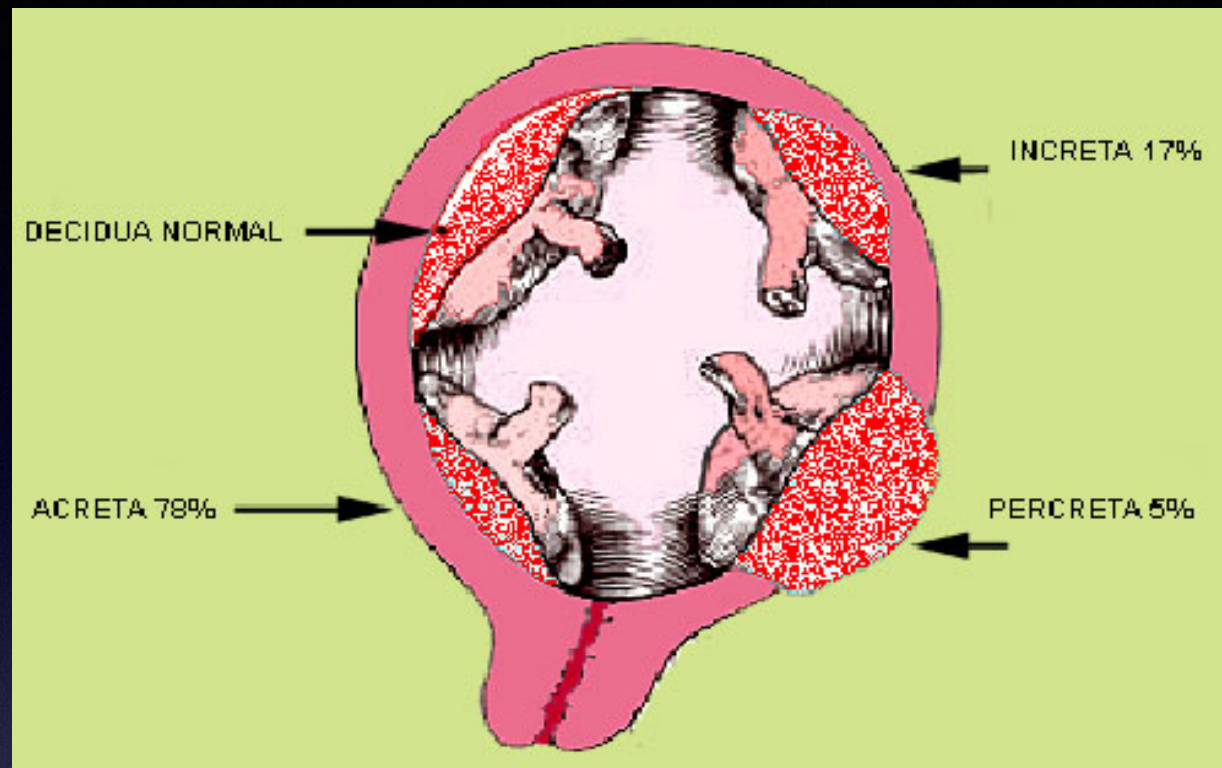
CORANGIOSIS



HIPERCAPILARIZACION ESTROMAL



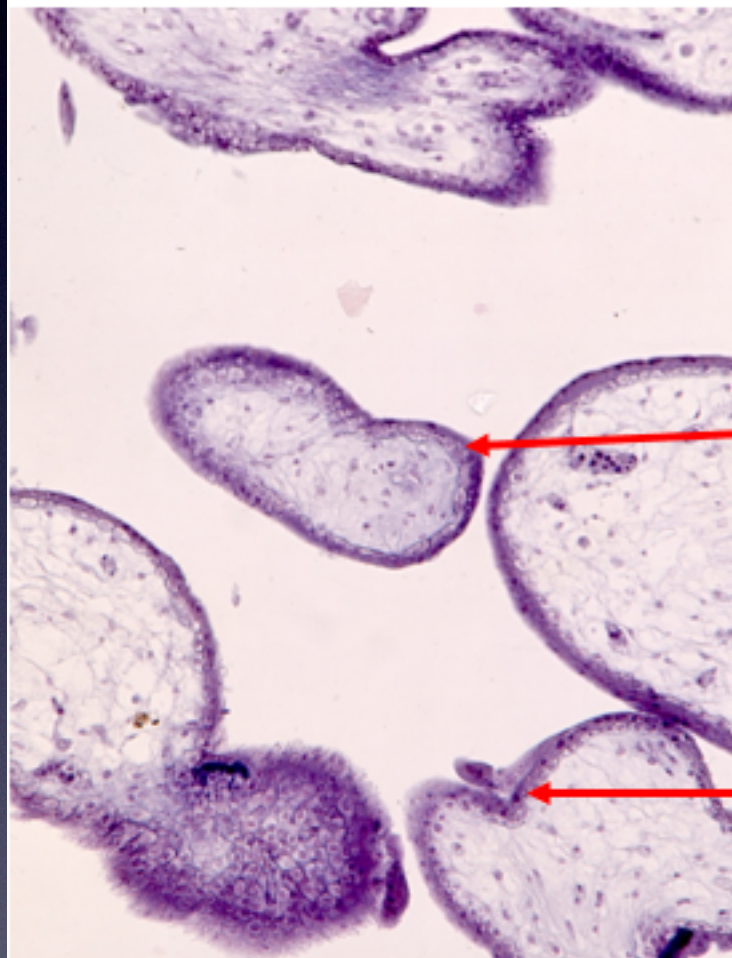
ACRETISMO PLACENTARIO



ENFERMEDAD TROFOBlastica GESTACIONAL

DRA. MONICA CARRERA

Vellosidades coriónicas:

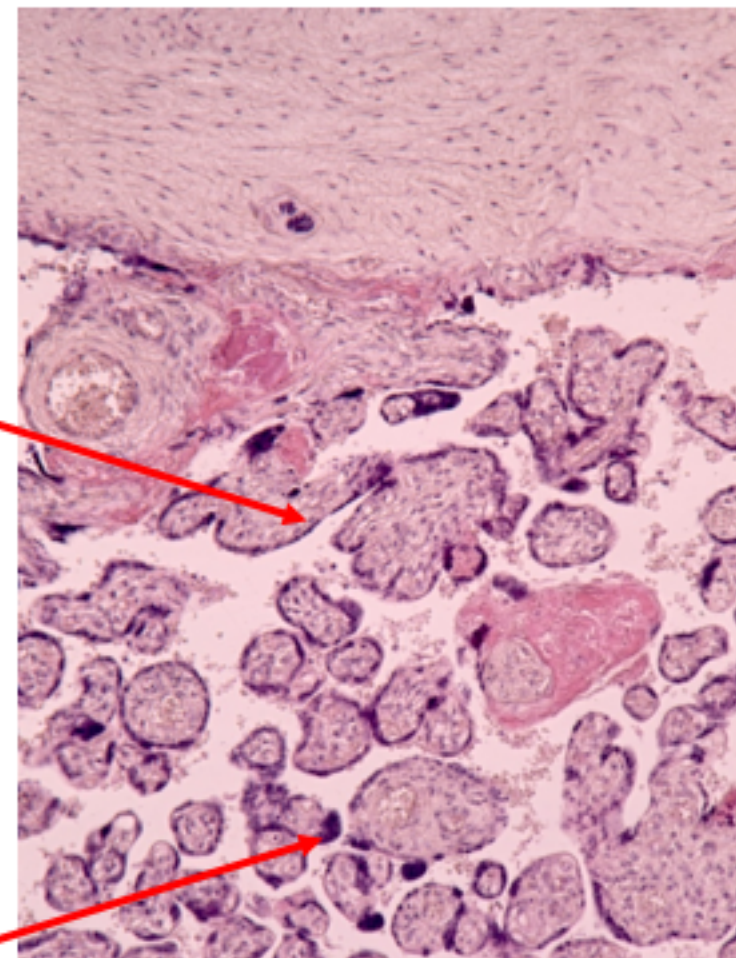


Estadío temprano

Sincicio

Cito

Brote
sincicial



Estadío maduro

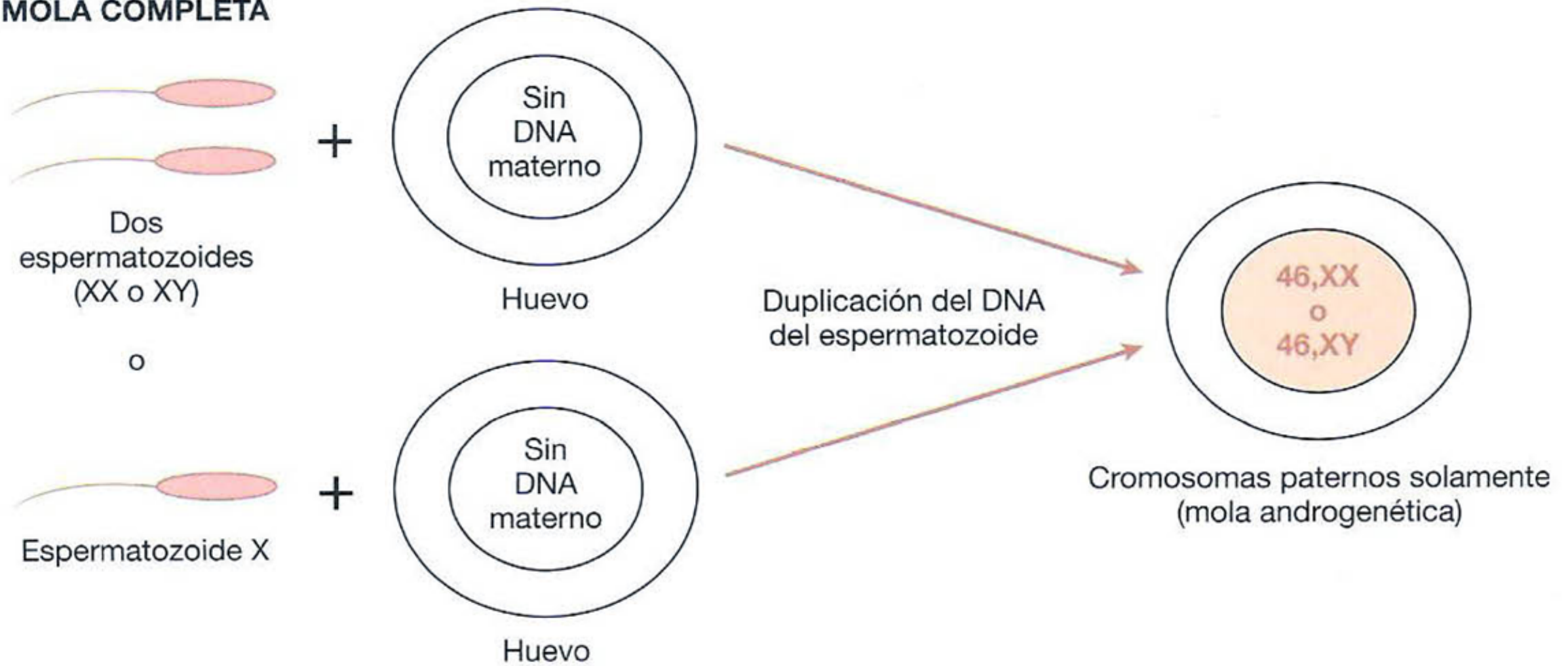
MOLA HIDATIDIFORME

- Debida a gestaciones anormales
- Significado variable
- Causa hemorragia y aborto (1er trimestre)

MOLA HIDATIDIFORME

- TRASTORNO DEL TROFOBlasto MAS COMUN
- GENERALMENTE PROLIFERATIVO BENIGNO
- COMPORTAMIENTO AGRESIVO O PREMALIGNO
- 3 TIPOS (COMPLETA, PARCIAL E INVASORA)
- MAS FRECUENTE EN ORIENTALES
- MUJERES <20 Y >40
- NIVEL BAJO SOCIOECONÓMICO
- FACTORES NUTRICIONALES

MOLA COMPLETA



MOLA PARCIAL



Clinica

- Utero grande
- 3 y 5 mes de embarazo
- Gonadotropina corionica muy por arriba para la edad gestacional
- Sangrado

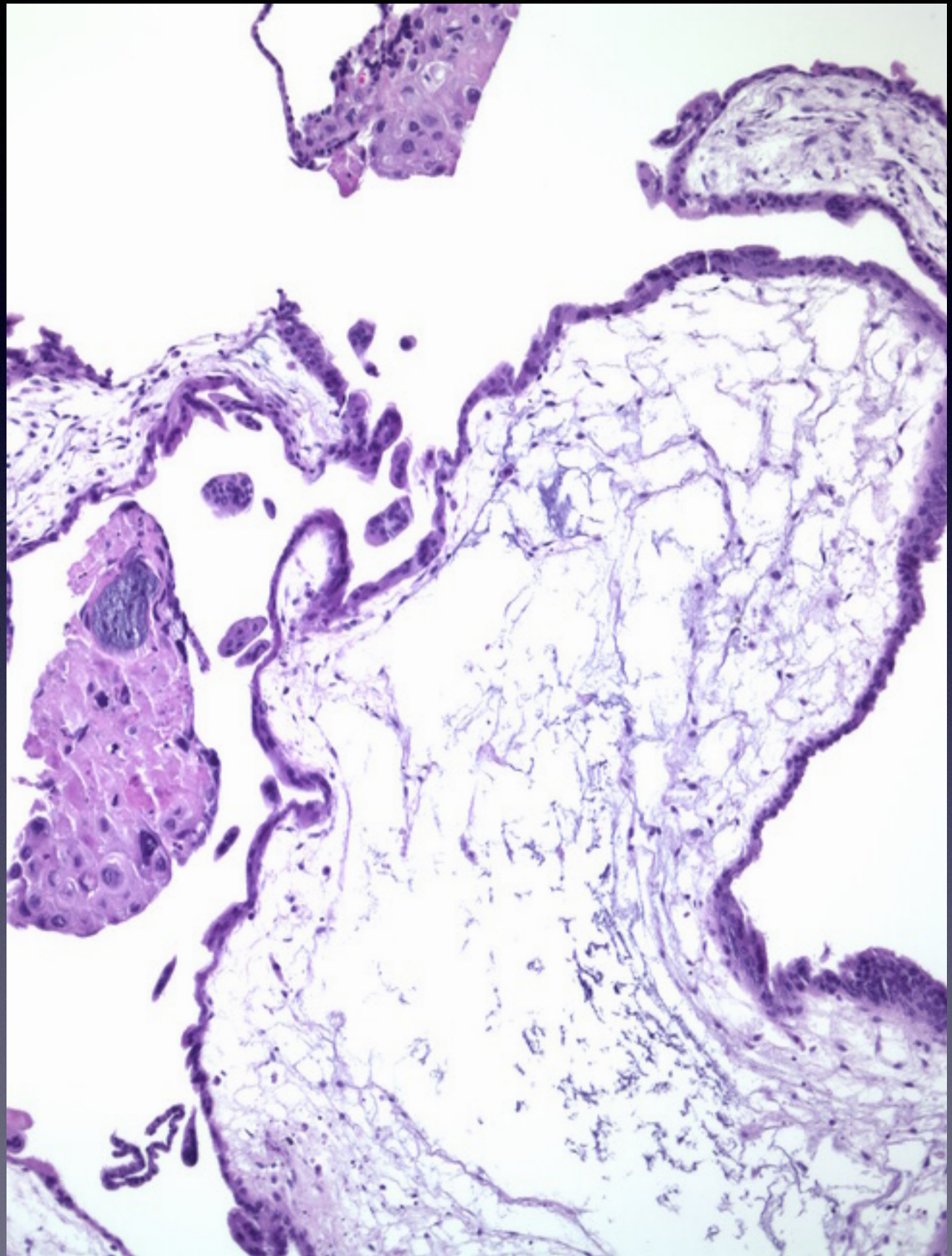
MOLA HIDATIDIFORME

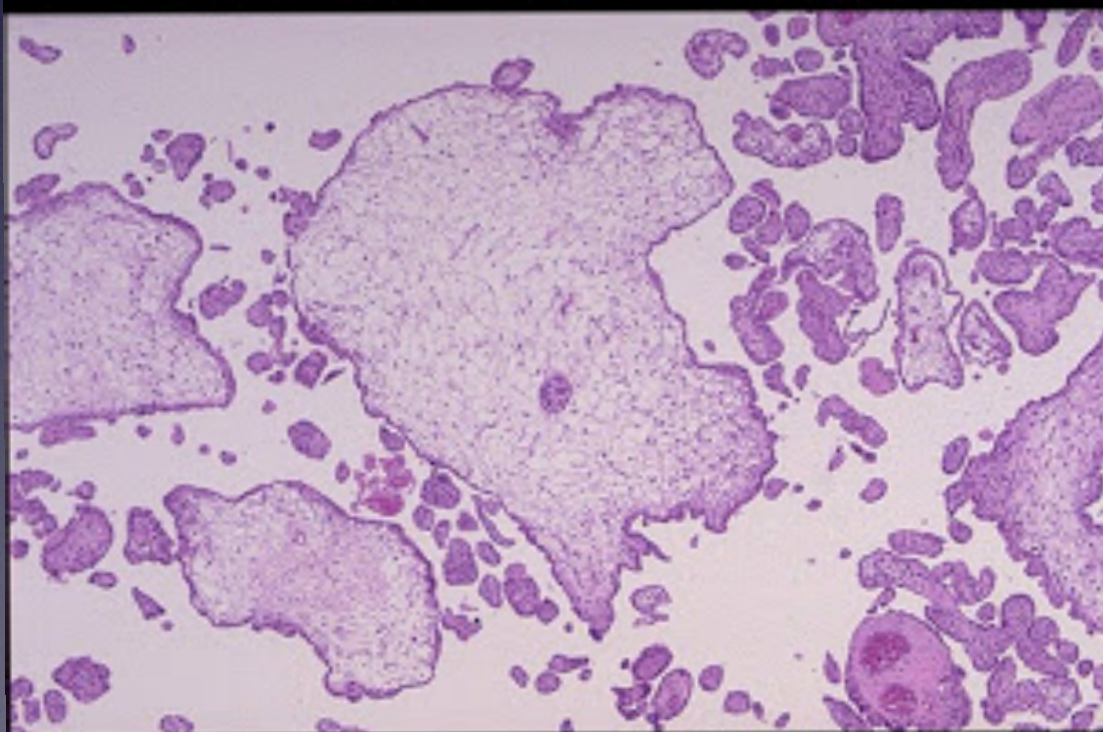
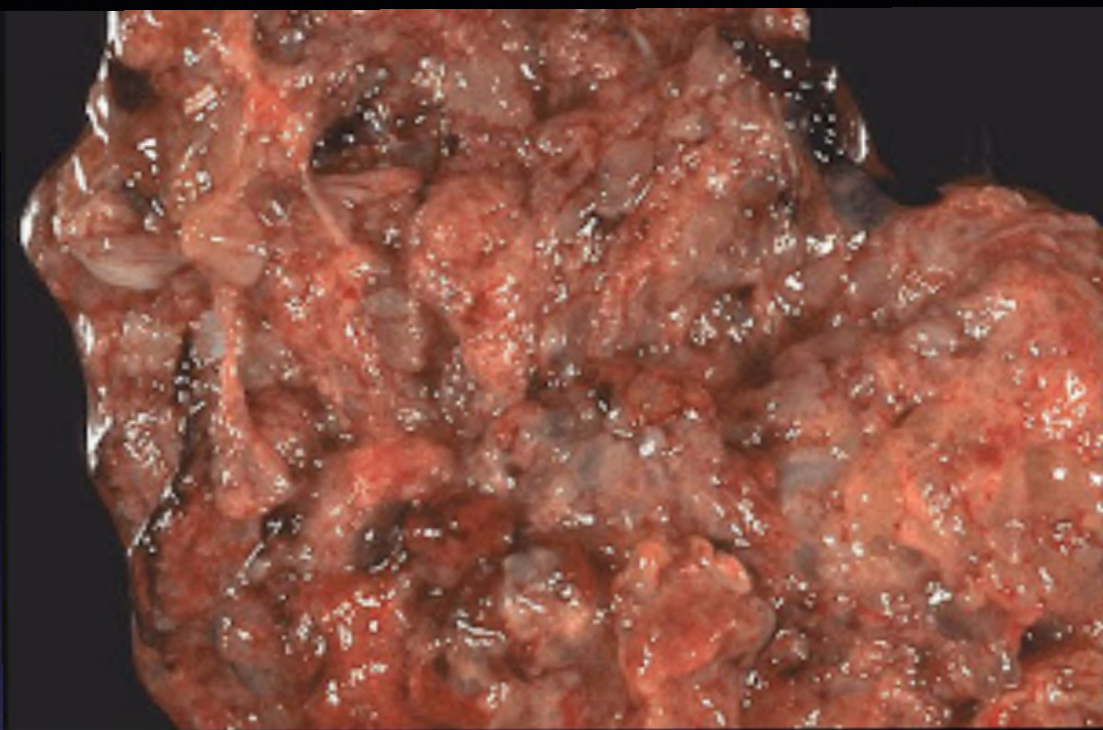
- MOLA COMPLETA
- MOLA PARCIAL
- MOLA INVASORA

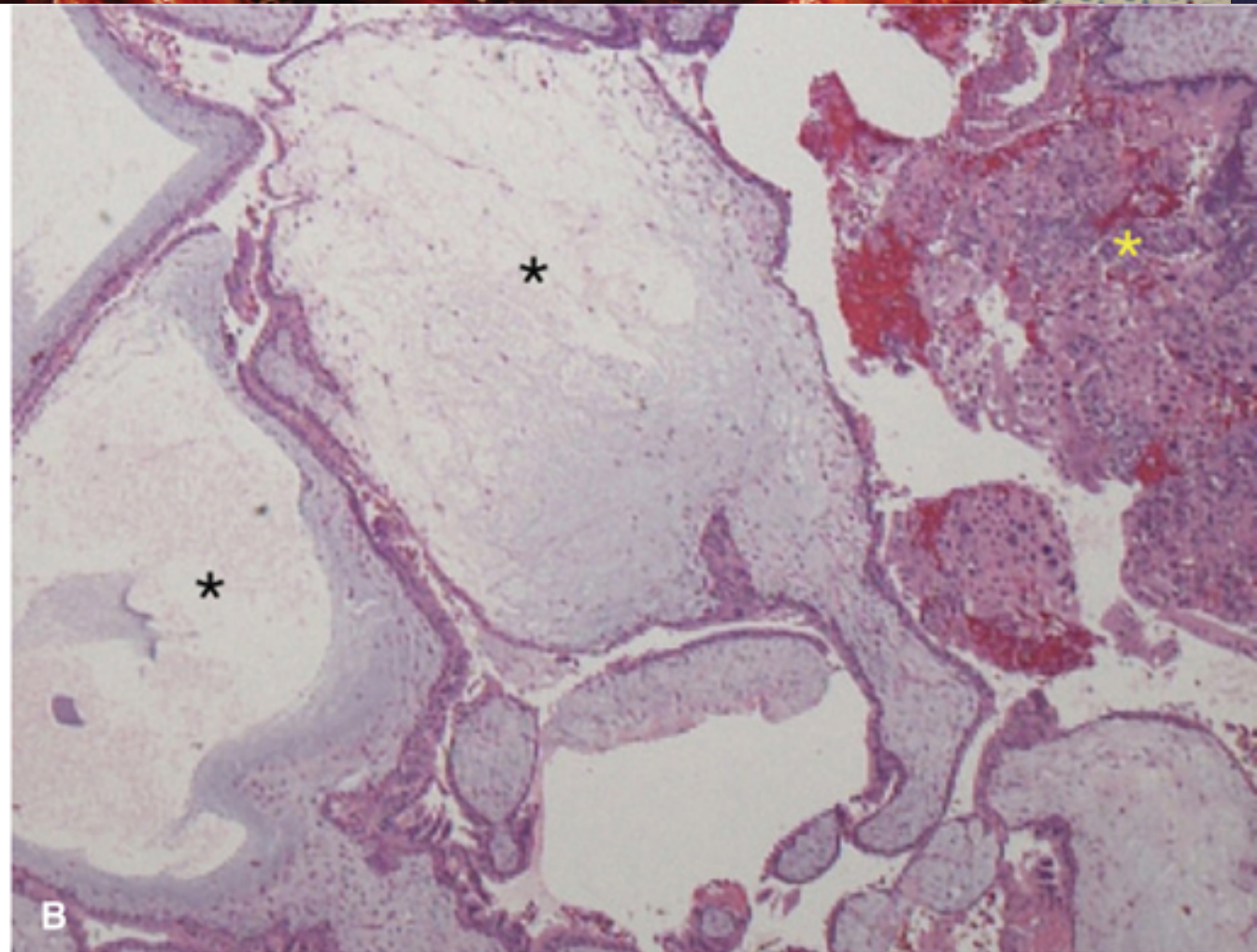
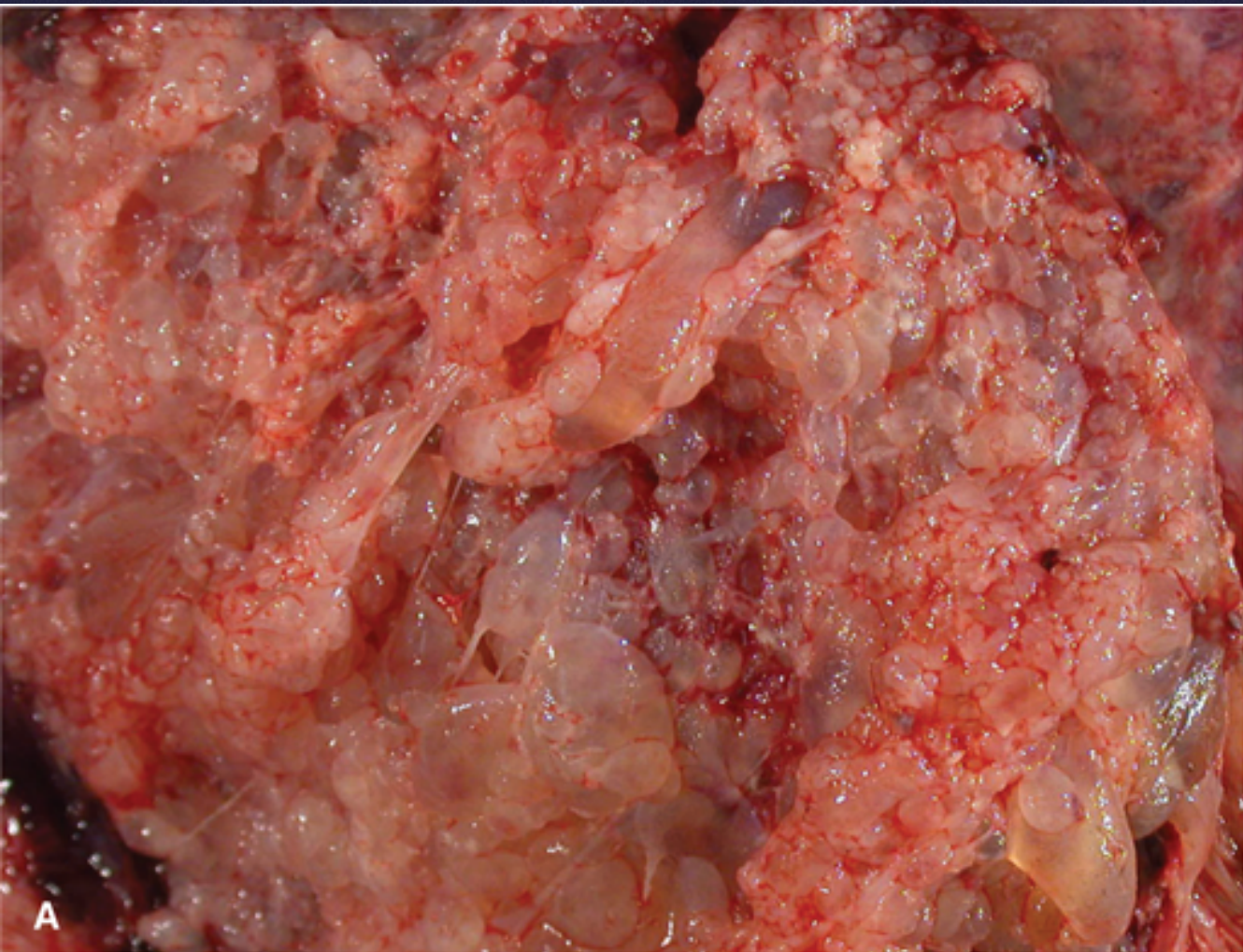
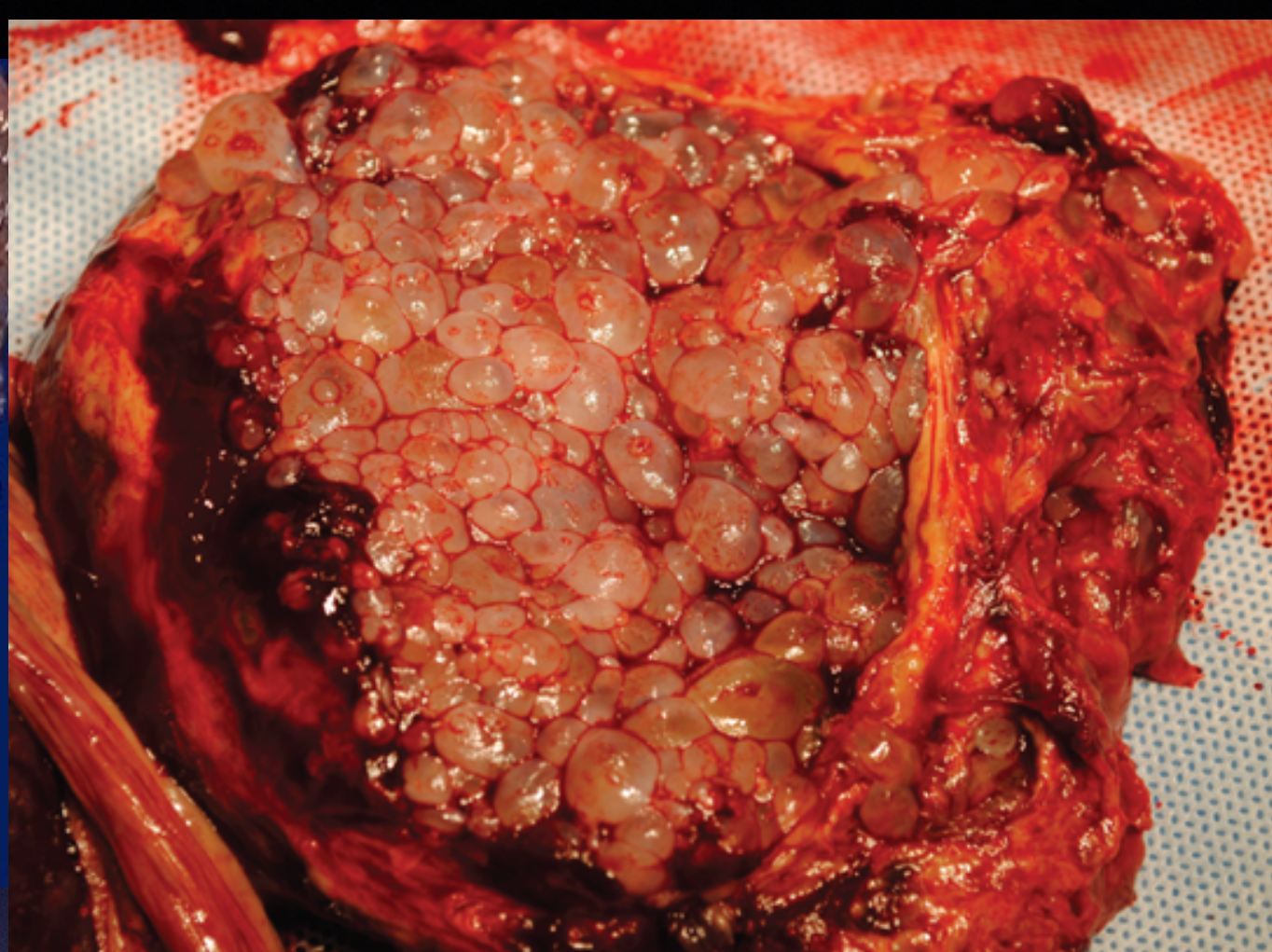


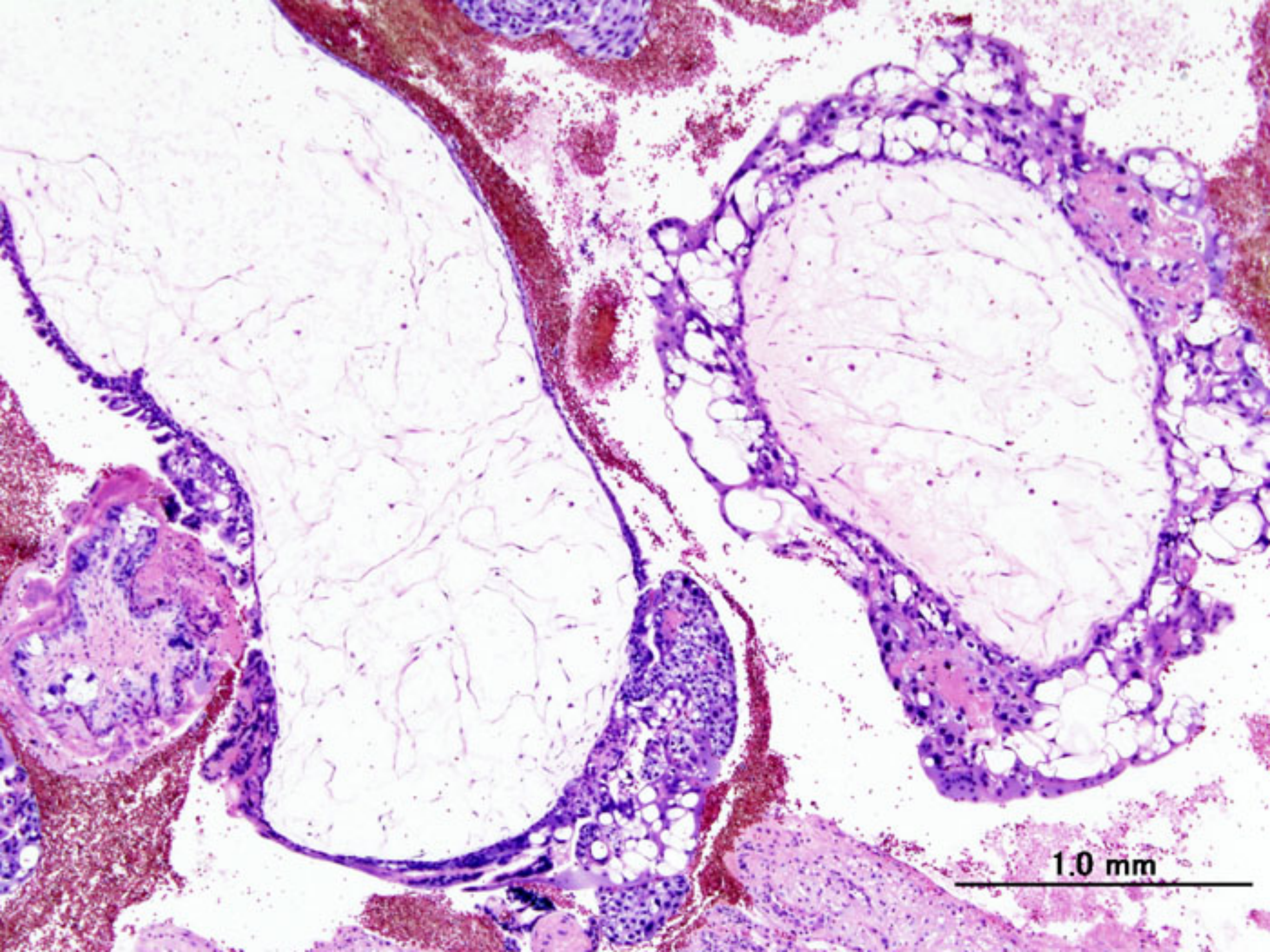
COMPLETA

- CAVIDAD UTERINA / FUERA
- NO TIENE EMBRION
- PLACENTA NORMAL
- VELLOSIDADES HINCHADAS

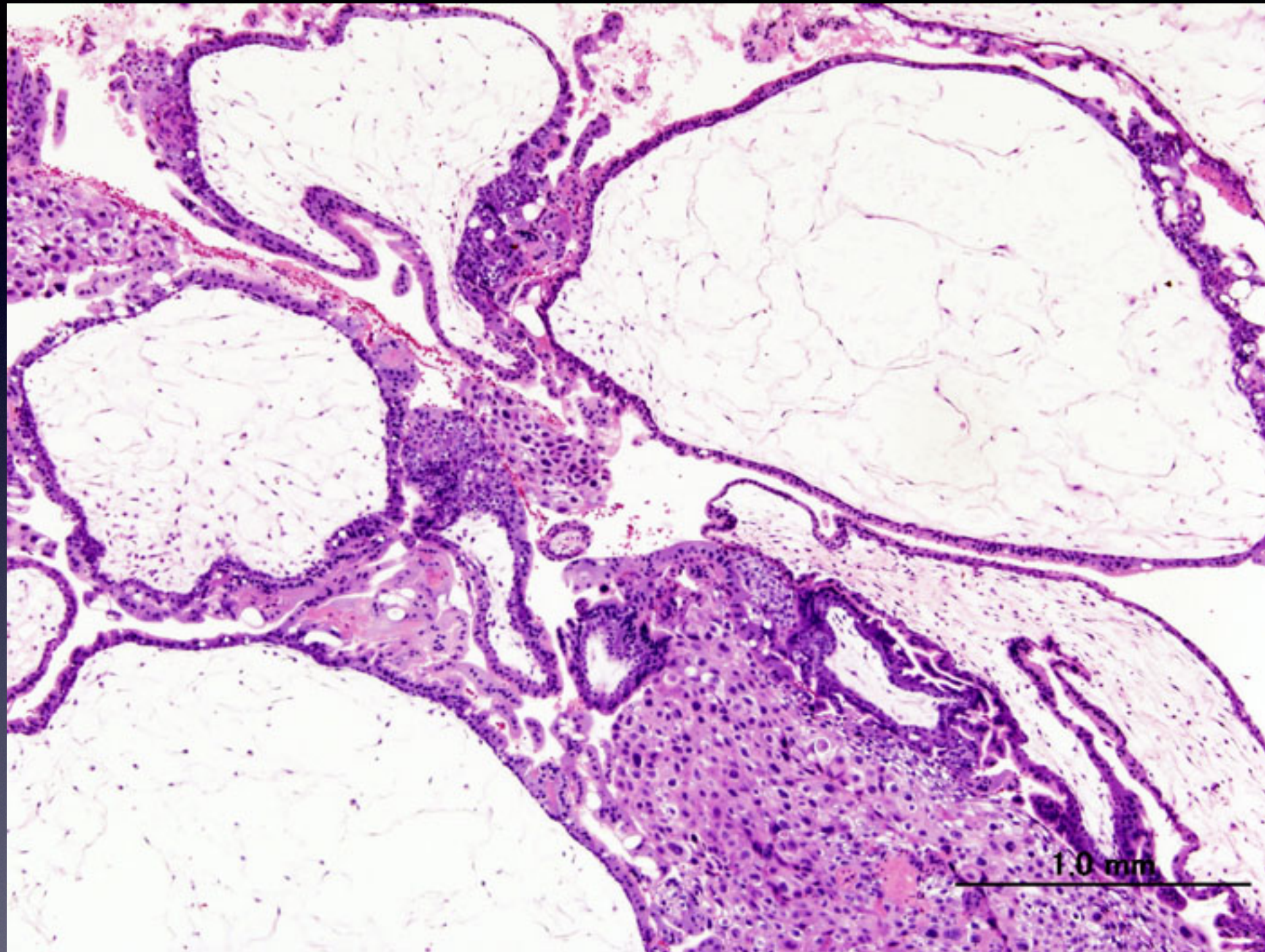


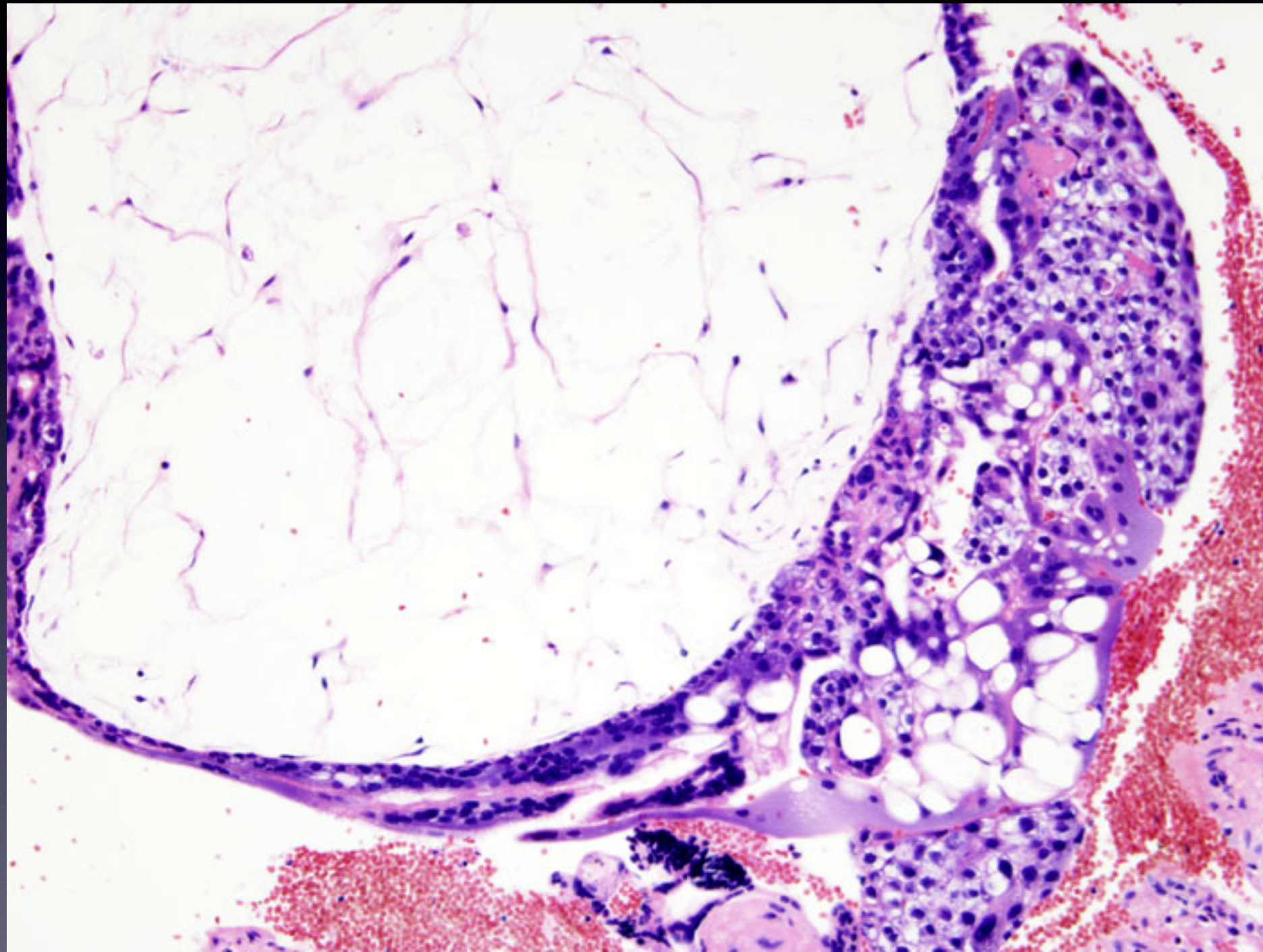






1.0 mm

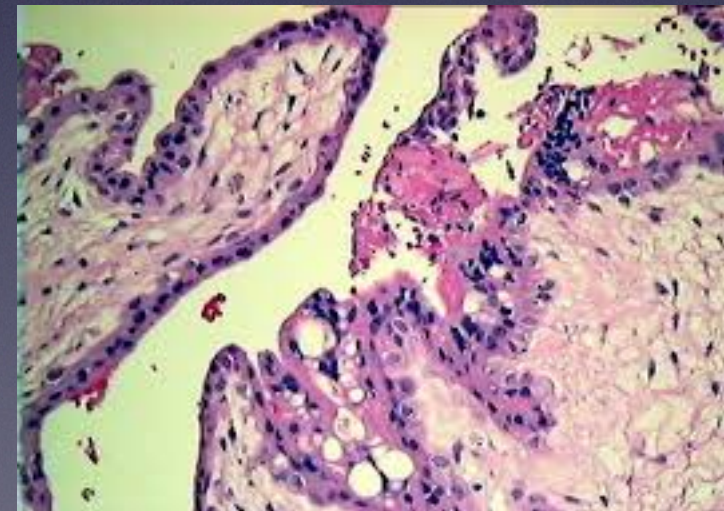
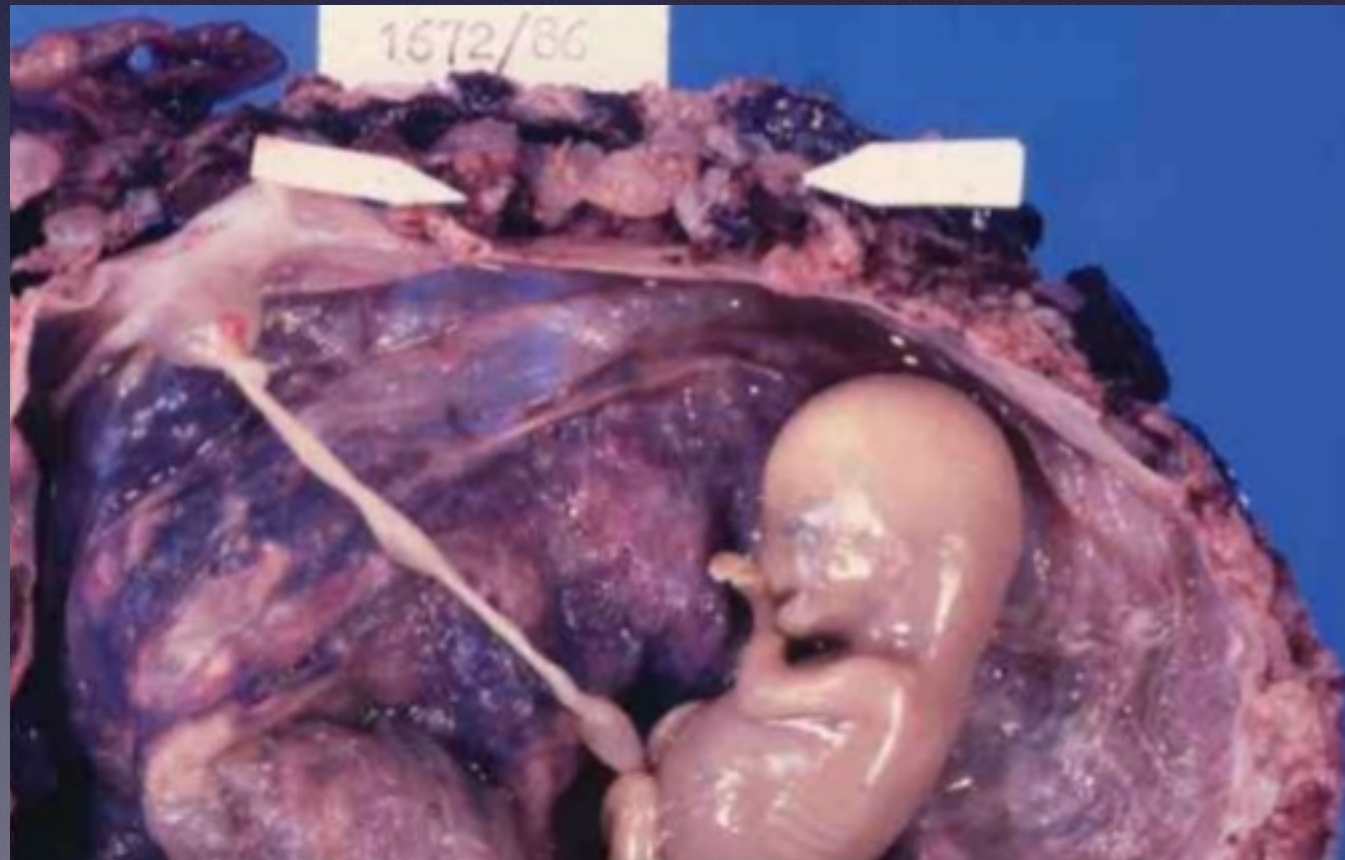
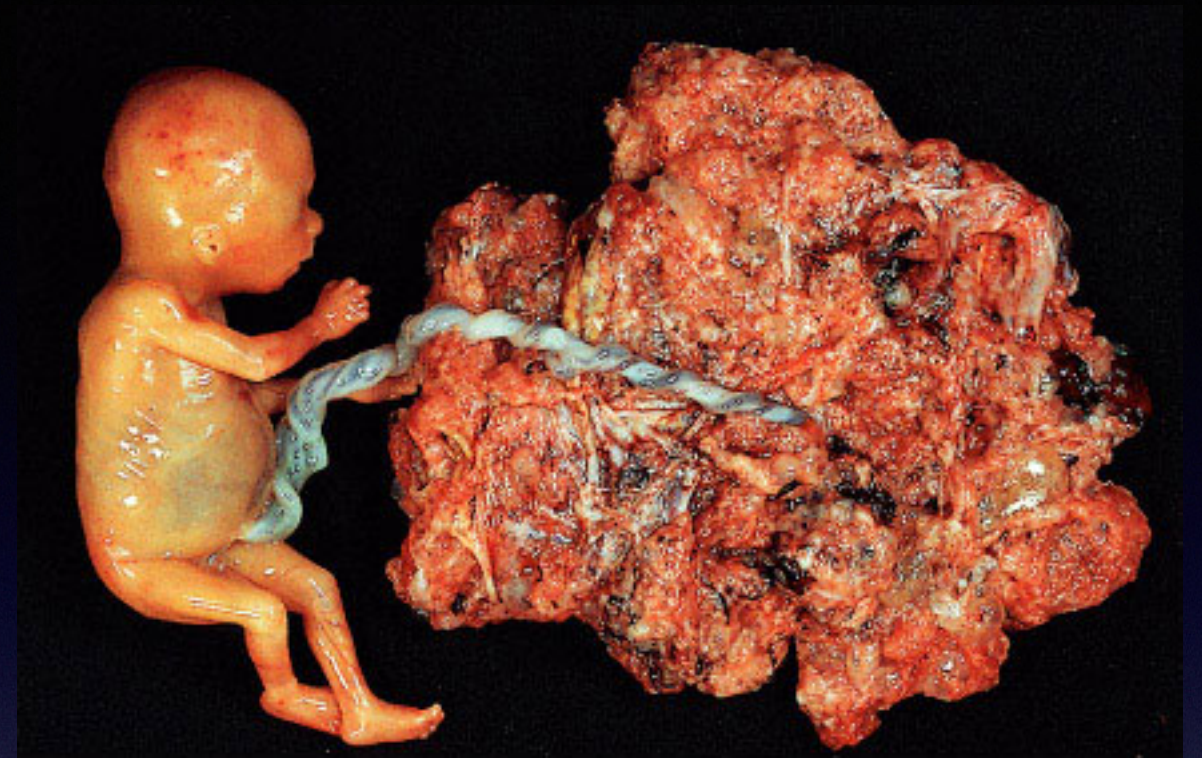




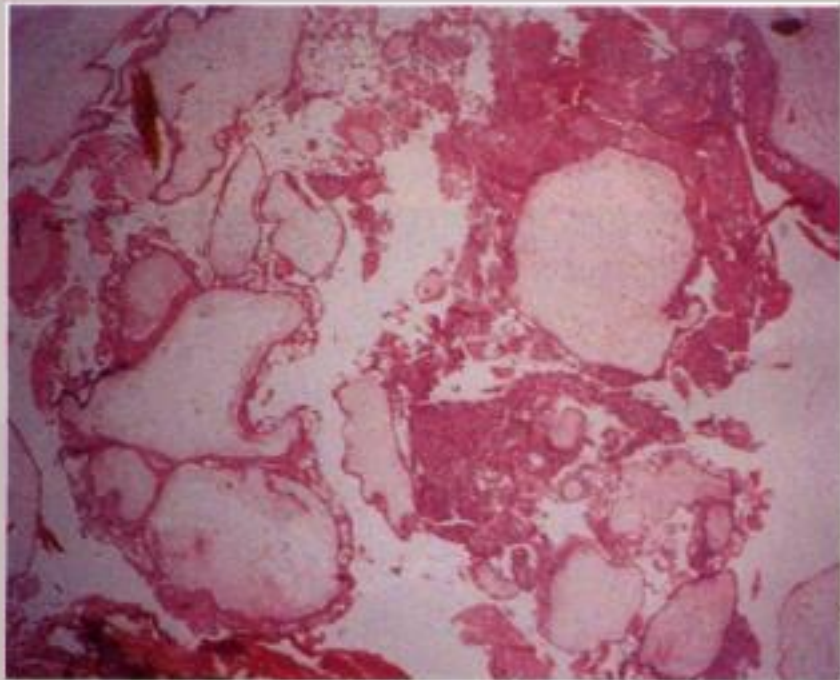
PARCIAL

- SOLO ALGUNAS VELLOSIDADES
- HIPERPLASIA FOCAL DE VELLOSIDADES
- SIN ATIPIA
- Embrión si, anormal
- Triploides (el extra paterno)



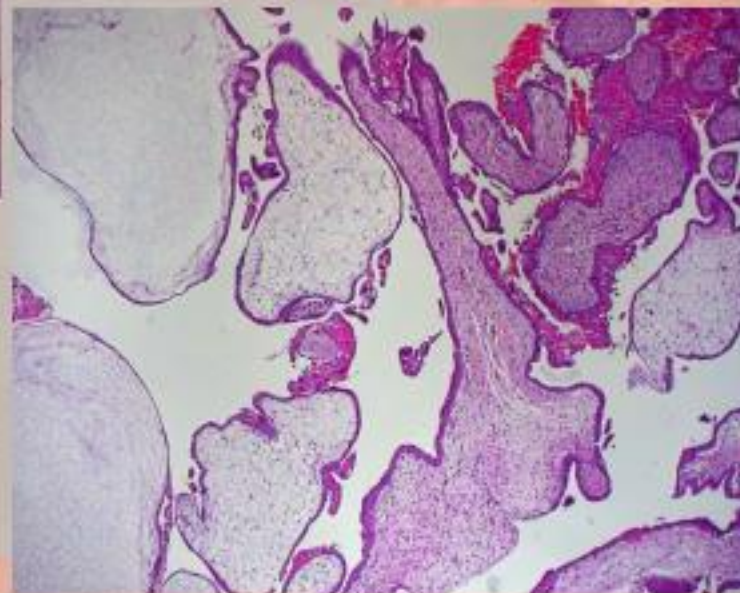


Patologia



Mola Completa

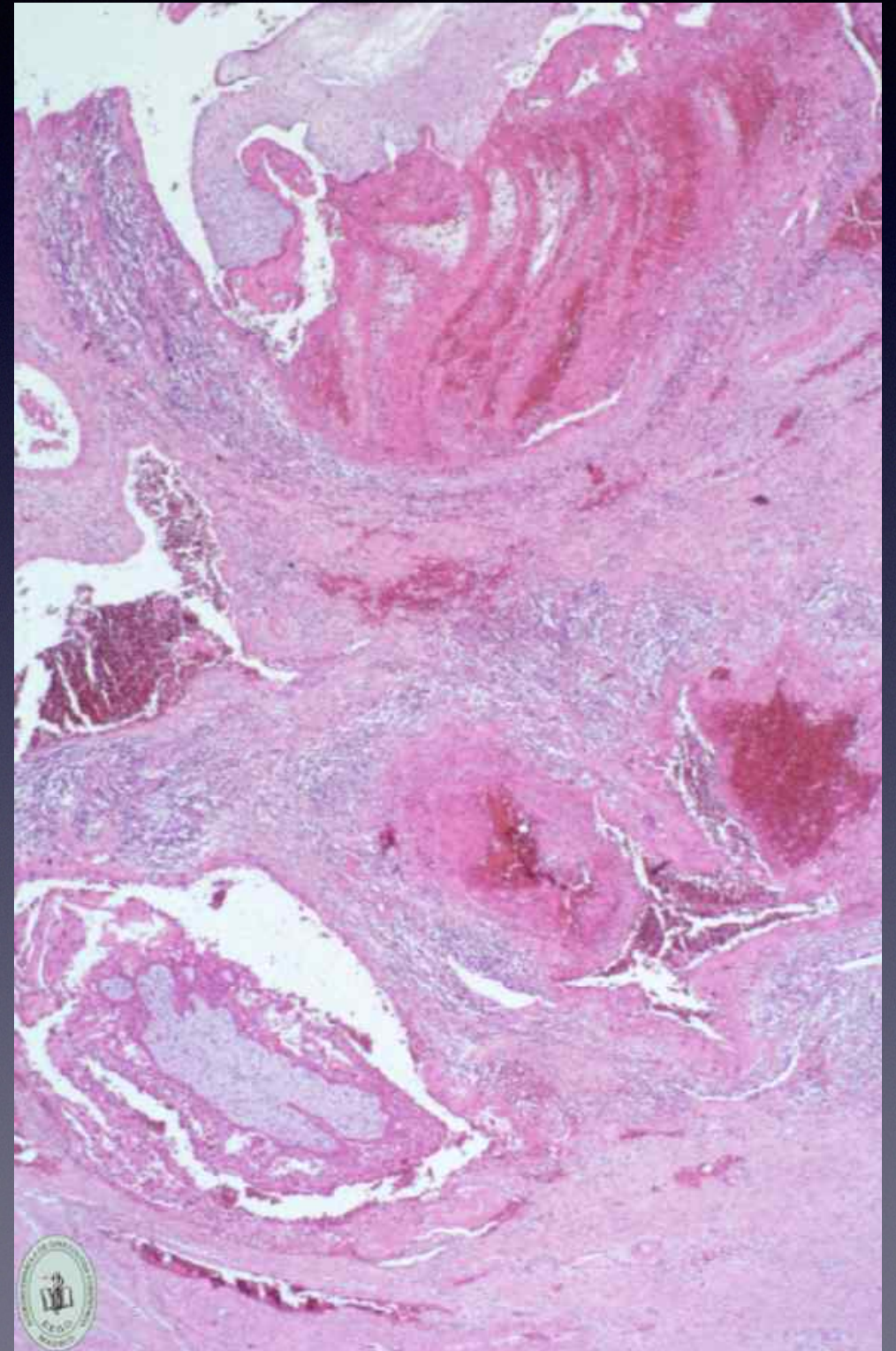
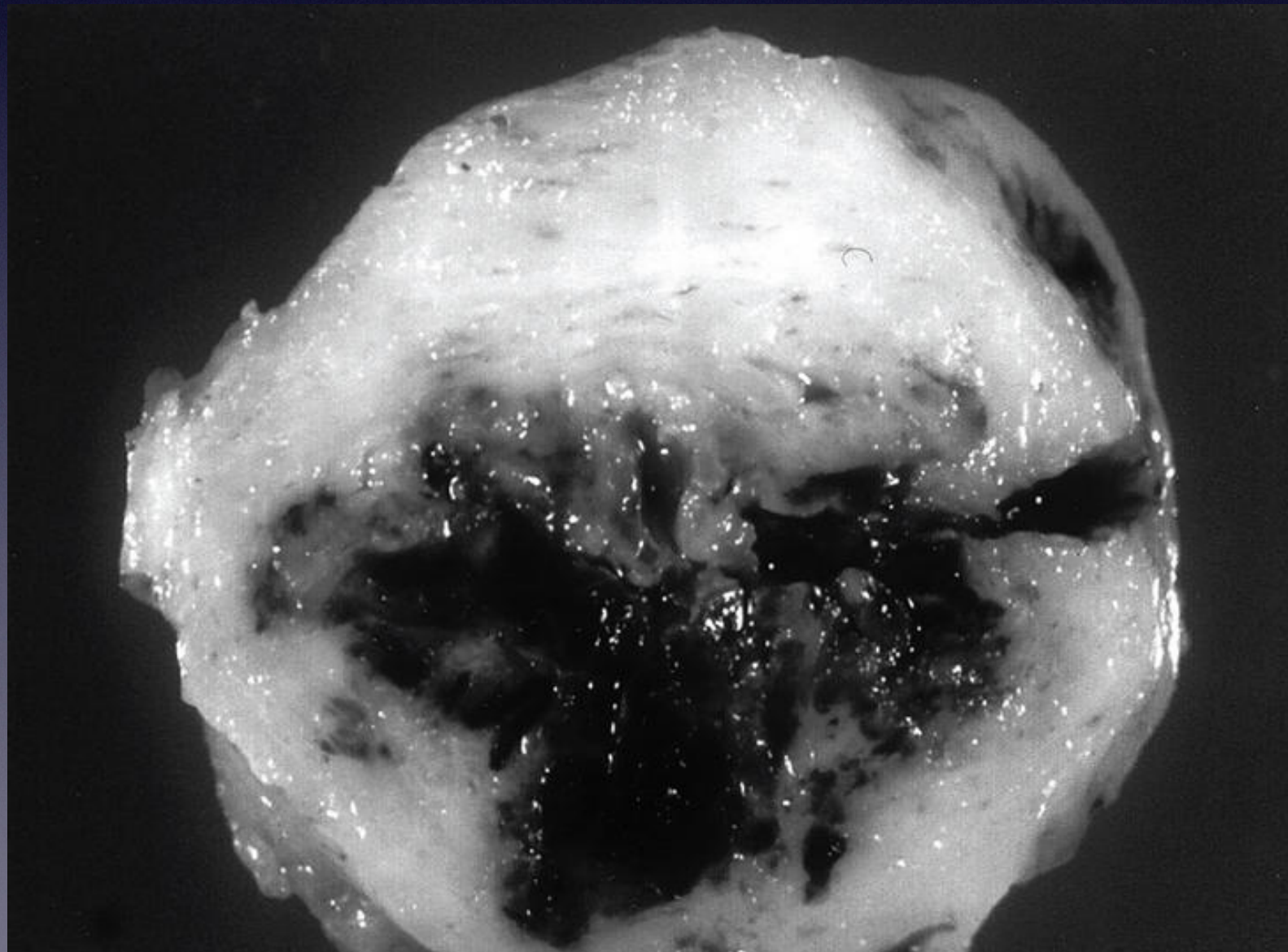
Mola Parcial



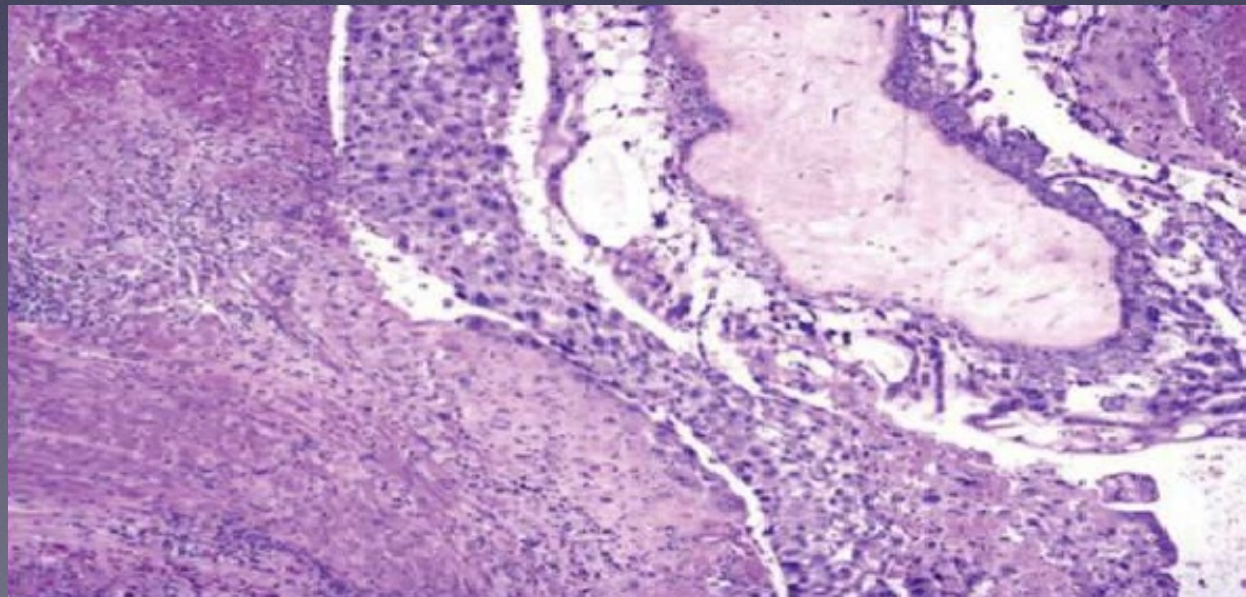
GTD

MOLA INVASORA

- CORIOADENOMA DESTRUDENS
- NEOPLASIA BENIGNA (AGRESIVA)
- INVASION MIOMETRIAL
- 15% MC EVOLUCIONA A MI



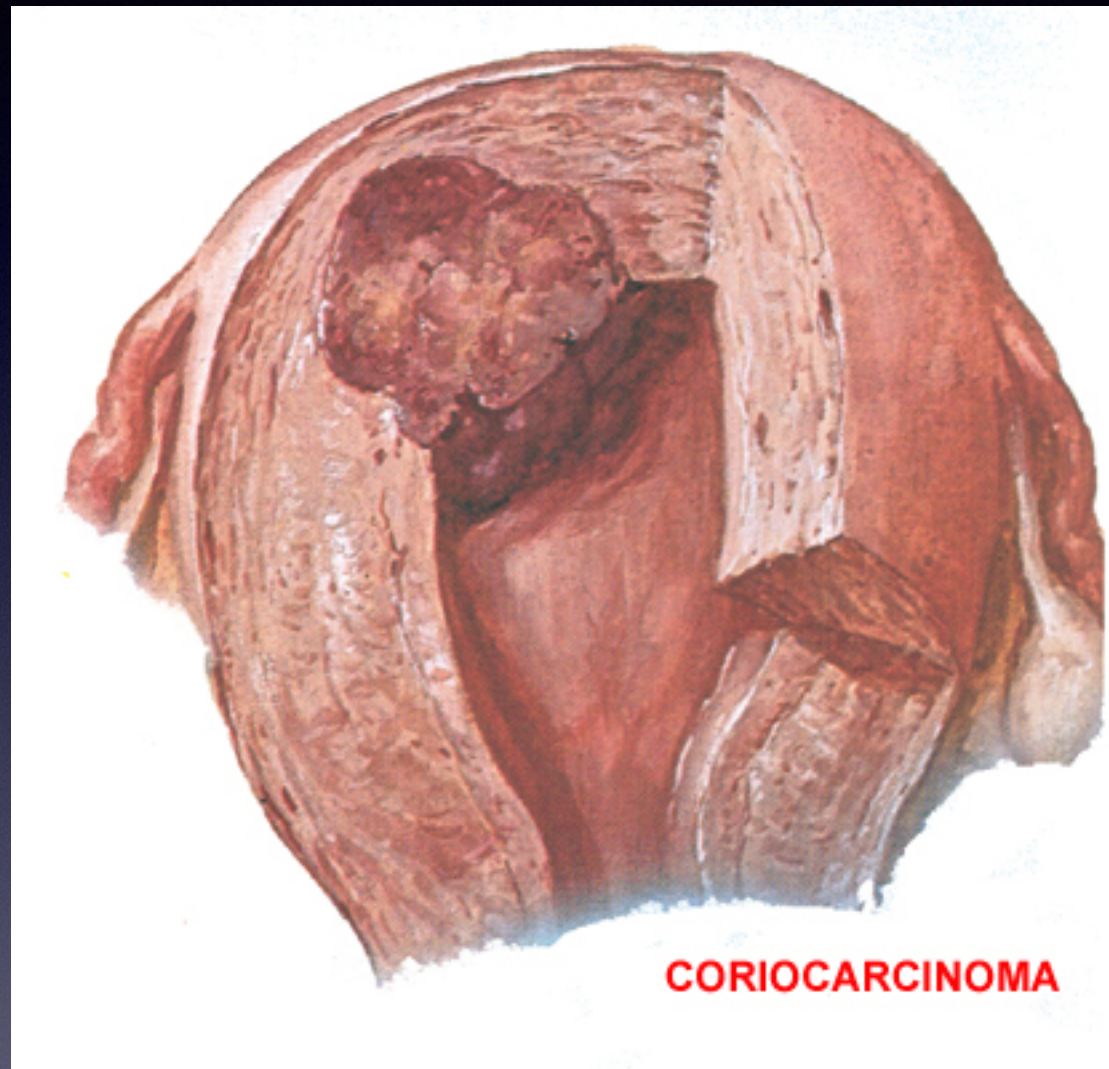
- Secundaria a mola completa
- Infiltración de miometrio, ligamentos anchos
- Metástasis vagina, vulva y pulmones
- Gonadotrofinas elevadas posterior una mola
- Perforación del miometrio

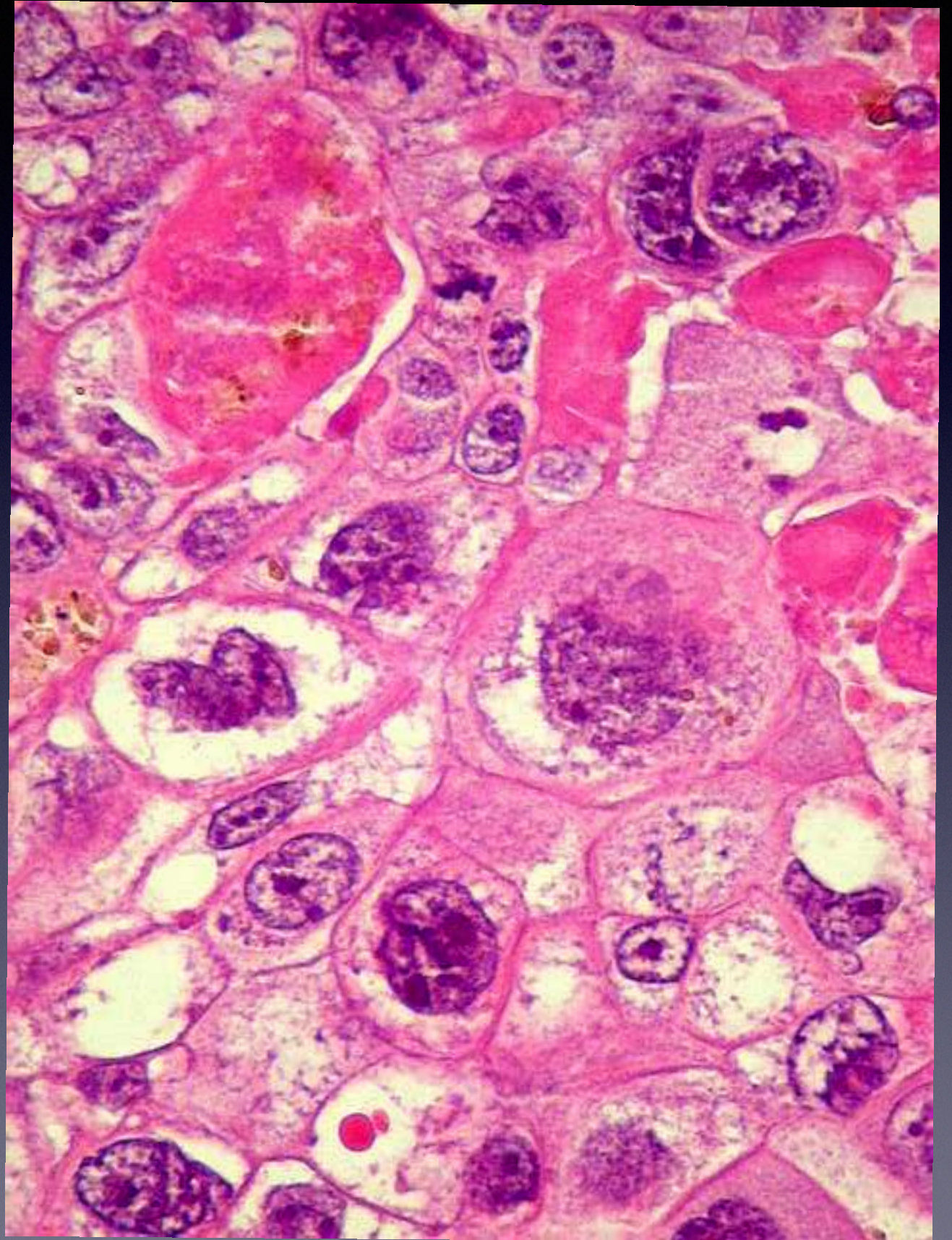
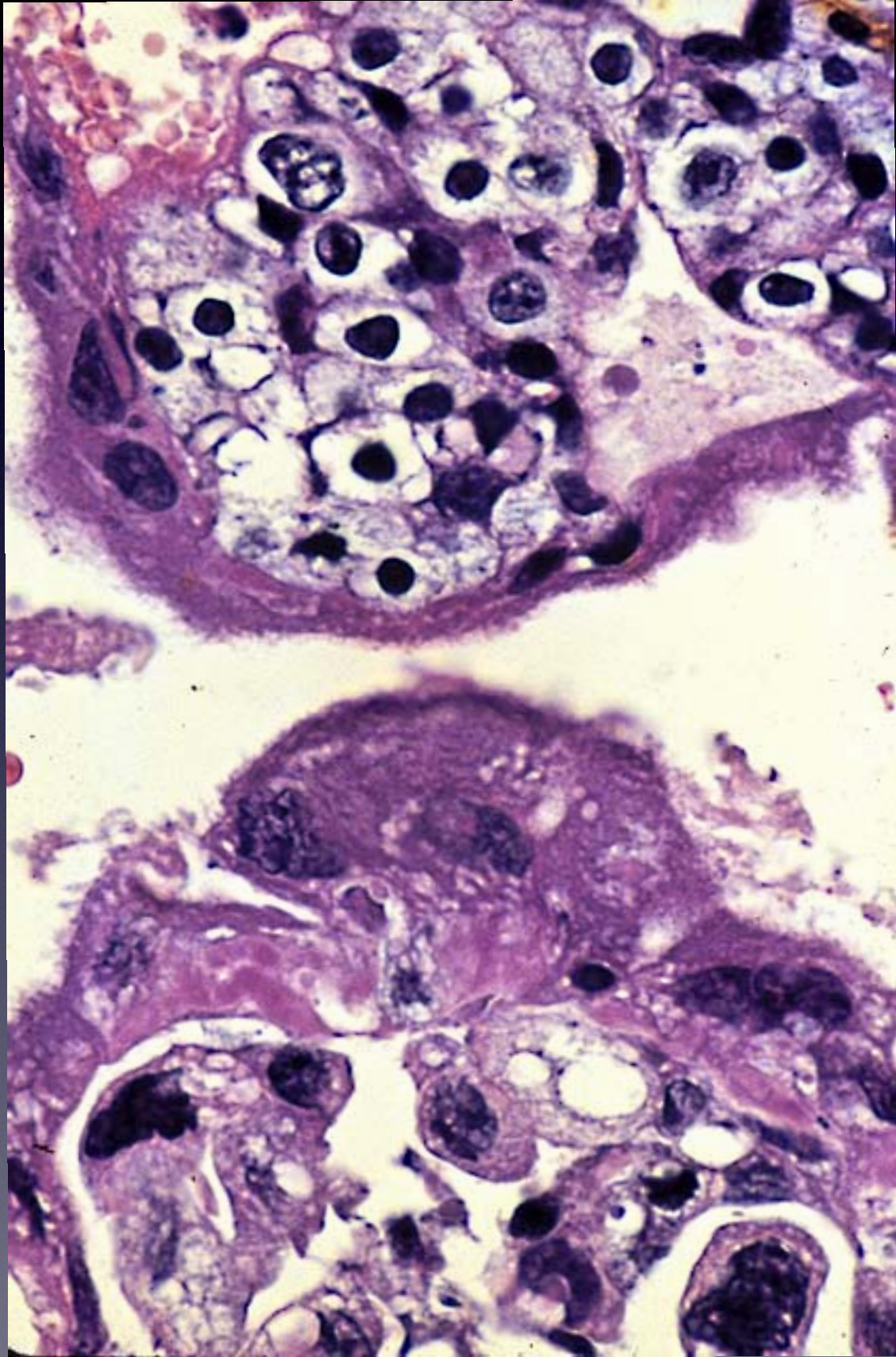


CORIOCARCINOMA

- EPITELIAL MALIGNO (INVASIVO Y METASTÁSICO)
- 50% ORIGEN EN MOLA
- 25% EN HISTORIA ABORTOS PREVIOS
- RESTO EN EMBARAZOS NORMALES O ECTOPICOS
- Mujeres gpo RhA
- Metástasis hematógenas tempranas

CORIOCARCINOMA





TUMOR TROFOBLASTICO DEL LECHO PLACENTARIO

- NEOPLASIA DEL TROFOBLASTO INTERMEDIO
- Pseudotumor trofoblástico (le sigue a un embarazo normal)
- POCO FRECUENTE
- PUEDE:
- INFILTRATIVO
- METASTÁSICO

