Opinion

Placental Histopathology and Placenta Abruption and its Associated Remarkable Changes in the Placenta

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ABSTRACT

The placenta is a complex organ which promotes the normal fetal development. The main changes in the fetus are influenced by pathological changes in placenta. Several studies have suggested that the indices of placenta have a very significant role in fetal growth and weight.

Key Words: Placenta, Abruption, Pregnancy

INTRODUCTION

Placental abruption occurs when the placenta separates from the inner wall of the uterus before birth. Placental abruption can deprive the baby of oxygen and nutrients and cause heavy bleeding in the mother. In some cases, early delivery is needed.

The cause of placental abruption is not entirely clear. Risk factors include smoking, pre-eclampsia, prior abruption (most important and predictive risk factor), trauma during pregnancy, cocaine use, and previous cesarean section. Diagnosis is based on symptoms and supported by ultrasound. It is classified as a complication of pregnancy.

During the process of conceiving the placenta maintains a dynamic relationship with the foetus weight development. The placenta of hypertensive disorders of pregnancy are less in weight, diameter, thickness and the fetoplacental ratio is diminished the rate at which the baby weight reduced was less than the rate of reduction of the placental weight.

Goswami P et al. [1] identified that the fetoplacental ratio in the normal group is 5.38, in the PIH group, it was 5.097, whereas in the abruption of placenta, it is 6.7. placental insufficiency was associated with preterm birth, neonatal morbidity, and altered placental dimensions.

Goswami P et al. [2] observed mean fetoplacental ratio in normal pregnancy was 5.8 and 7:1, and in PIH, the mean fetoplacental

ratio was increased to 6.04. In 2011 observed the fetoplacental ratio of 5.35 in normal and in PIH, 6.03. He also observed in abruption of placenta mean birth weight and placental weight were lower especially in preterm births with placental ratio <10th centile risk ratio 0.4, 95% CI 0.2–0.8. Several studies have shown that the reduced placental weight abruption also low birth weight of the baby.

Placenta abruption was associated with several remarkable changesin the placenta weight such as small placental weight and diameter and this may result in several contagious abnormalities, and the less weight of the baby which also altersthe fetoplacental ratio and also observed in abruption of placenta mean birth weight and placental weight were lower especially in preterm births with placental ratio <10th centile risk ratio 0.4, 95% CI 0.2–0.8. Several studies have shown that the reduced placental weight abruption also low birth weight of the baby.

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