PIPADOR REVISION

MRCOG Part 1 Revision Notes

Placental Site Nodule

PATHOLOGY • LECTURE 327

VISUAL EXAMINATION REVISION NOTES

2026 Edition

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MRCOG PART 1 REVISION NOTES | PATHOLOGY

Placental Site Nodule

Pathology, differential diagnosis and management of placental site nodule and atypical PSN

Benign	Incidental	Ki-67 < 5%	Atypical PSN
Retained intermediate trophoblast	Usually on biopsy or curettage	Low proliferation	Refer — small malignant risk

■ KEY FACTS: Learning objectives

- Describe the pathology of placental site nodule (PSN).
- Distinguish PSN from other intermediate trophoblastic lesions.
- Describe management of PSN and atypical PSN.

327.1 Pathology

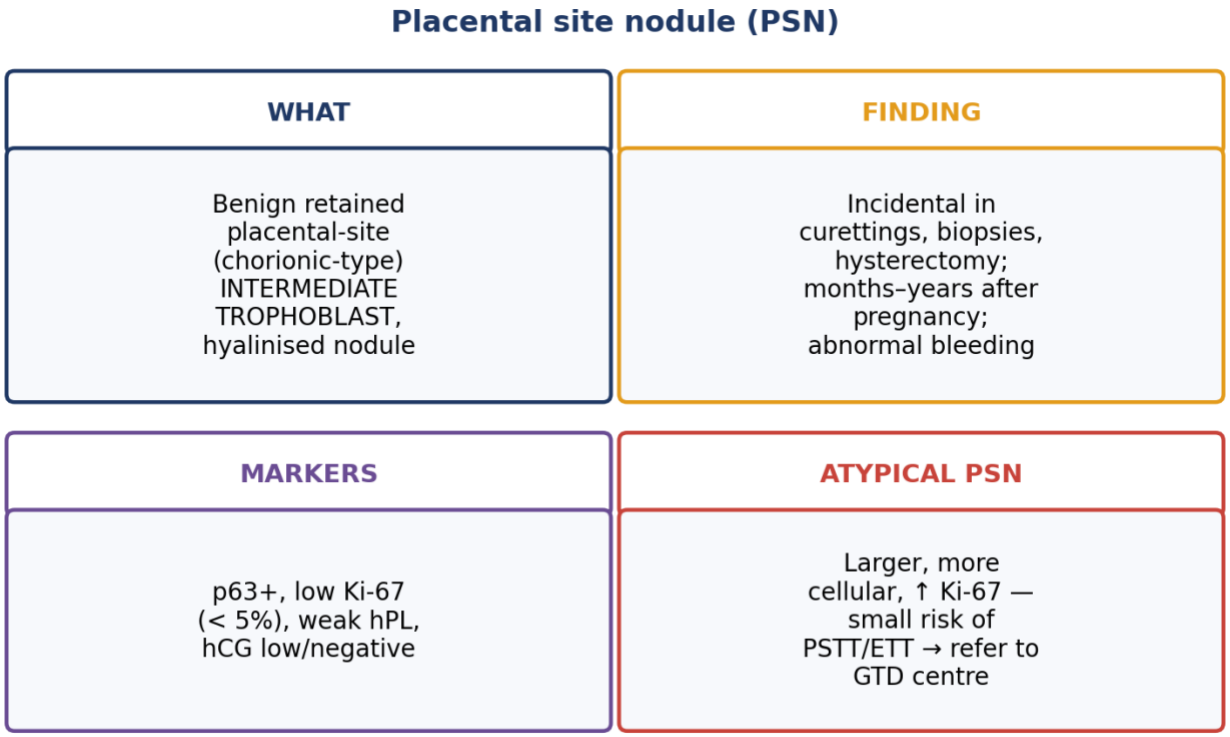


Figure 327.1 — Placental site nodule

- PSN is a well-circumscribed, often hyalinised nodule of **chorionic-type intermediate trophoblast** retained from a previous pregnancy (sometimes years earlier).
- Found incidentally in endometrial/cervical curettings, polypectomy or hysterectomy specimens; may cause abnormal bleeding.
- Differential: placental site trophoblastic tumour (larger, infiltrative, hPL+, Ki-67 higher)
  - Epithelioid trophoblastic tumour
  - Squamous carcinoma (p63 also positive — use trophoblast markers).

327.2 Management

Situation	Management
Typical PSN	Benign — no treatment beyond excision; reassure
Atypical PSN	• Larger, more cellular, higher Ki-67 — associated with PSTT/ETT in ≈ 10–15% → **refer to GTD centre** • HCG, imaging • Consider further sampling/hysterectomy depending on fertility wishes

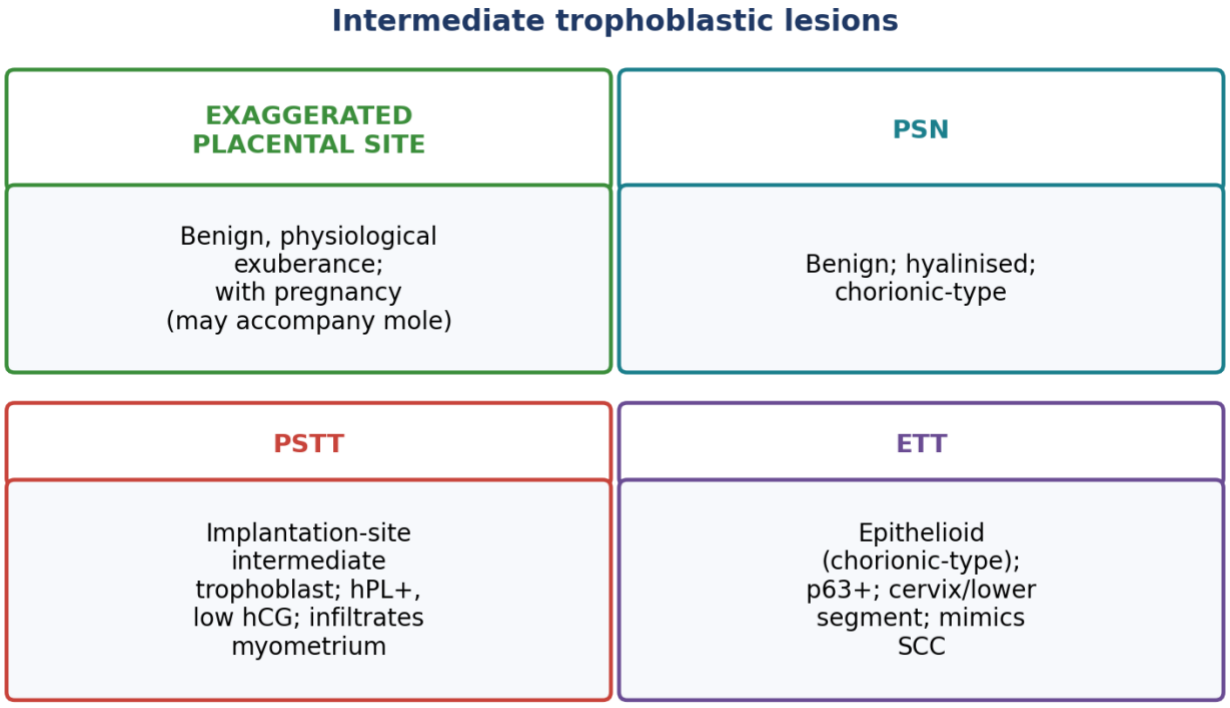


Figure 327.2 — Intermediate trophoblastic lesions compared

327.3 Must-know summary

■ EXAM TIP

- PSN = benign hyalinised nodule of chorionic-type intermediate trophoblast.
- Incidental; low Ki-67, p63+, low hCG/hPL.
- Atypical PSN → GTD centre referral (risk of PSTT/ETT).

■ MNEMONIC / MEMORY AID

'PSN = Persisting, Small, Nice (benign)'.