Clinical Images

Potter’s syndrome - a fatal constellation of anomalies

An autopsy requisition of a stillborn, male foetus born to a 23 year old primigravida, was received in the department of Pathology, Command Hospital, Pune, India, in July 2012. Autopsy findings were hypoplastic mandible; left lower limb contracture; hypoplasia of right lower limb; bilateral renal dysgenesis; postprostatic urethral obstruction; and bilateral hypoplastic lungs (Figs 1, 2), features classical of Potter’s syndrome\(^1,2\).

After 16 weeks, amount of amniotic fluid depends on foetal urine production. In these cases decreased urine production is caused by bilateral renal agenesis and/or by obstruction in the urinary tract. Urine is
critical for development of lungs by aiding in expansion of alveoli by means of hydrodynamic pressure and by supplying Proline, a critical amino acid for lung maturation. Urine also serves to cushion the foetus. There is no known prevention for this fatal condition. Hence, ultrasound screening for oligohydramnios and urogenital anomalies is recommended, between 16-18 wk of gestation.

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References