

Title: THE DOUBLE EDGED SWORD - A CASE OF PLACENTAL CHORIOANGIOMA

INTRODUCTION

Placental chorioangiomas are the most common benign tumors of the placenta with an incidence of 0.2 to 0.6%. They have been associated with a number of fetal complications including fetal anemia and polyhydramnios resulting in high perinatal mortality. A number of therapeutic interventions have been attempted with limited success in most cases.

CASE REPORT

A 24 year old G 3 A 2 was referred to our centre at 23 weeks + 5 days of gestation in view of a subamniotic hematoma measuring 5.4x5.3x4.2 cms on an obstetric ultrasound done outside due to acute pain abdomen.



Ultrasound done at our centre at 24 weeks + 2 days revealed a subchorionic fibrin collection measuring 5.8 x 4.3 cms with satisfactory growth parameters and placenta in the right lateral wall. Steroids were covered at 28 weeks in view of anticipated preterm delivery. Follow up scan at 30 weeks diagnosed a large placental chorioangioma measuring 8.8 x 6.2 cms, seen within the substance of the placenta on the fetal side.

Colour Doppler of the mass revealed blood supply directly from the umbilical cord which entered the mass; then proceeded to the fetus and a single large feeder was seen. Liquor was 26 cms- suggesting polyhydramnios. Doppler at 32 weeks + 3 days showed MCA PSV greater than 1.5 MOM suggestive of fetal anemia.

After preterm counselling baby was delivered as BREECH at 32 weeks + 3 days through a caesarean section. Postnatal evaluation of baby showed adequate haemoglobin values which eliminated the need for transfusion. Baby and mother were discharged on post operative day 8.

DISCUSSION

Benign tumors of placenta composed of multiple fetal capillaries supported by stroma. On ultrasound, appear as well circumscribed, round, heterogenous, hypoechoic masses often near the cord insertion site along the fetal surface of placenta and protrudes into the amniotic cavity.

Physiologically, they are perfused predominantly by fetal circulation. Size and vascularity correlate with the volume of fetal blood shunted through the mass thus predictive of fetal outcome.



Successful prenatal intervention is majorly influenced by location of the tumor and its blood supply.

RESULTS & CONCLUSION

Pathologic examination following delivery confirmed placental chorioangioma. As large chorioangiomas tend to be associated with poor perinatal outcomes, fetal therapy has been proposed in cases with evidence of fetal compromise. Definitive treatment aiming to interrupt blood supply to the tumor have been attempted. By accurate ultrasound diagnosis and serial follow ups, prompt delivery of the baby was possible thereby preventing adverse perinatal outcomes.

REFERENCES: Guschmann M, Henrich W, Entezami M, et al. Chorioangioma