A Case Of Placental Chorioangioma With The Review Of Literature
S Acharya, S Pringle

Citation

Abstract
Chorioangioma of the placenta is a relatively rare problem which most often goes unnoticed. However, it has potentially serious fetal risks and so the pregnancy needs to have regular surveillance. There has been a host of interventions described in the literature when complications develop. The larger the size of the tumor the more is the chance of developing complications. We present a case with large chorioangioma without any serious complications and a successful outcome.

CASE REPORT
A 28 year old primigravida was booked at 14 weeks of pregnancy. Her triple test showed her to be low risk with normal levels of the hormones alpha fetoprotein and β-hCG. She then travelled to Pakistan where she underwent a scan which showed a 17+2 weeks single viable pregnancy and a small hypo echoic area 3x2 cms near the lower edge of the placenta. Colour Doppler performed showed prominent vasculature suggestive of chorioangioma. She had regular antenatal check up in Pakistan and the pregnancy was uneventful. She was again seen at our hospital in the UK at 38 weeks of pregnancy when a scan showed normally growing fetus with normal liquor volume but a 10.3x10.7x8.9 cms hypoechoic area in the placenta (Figure: I).

Doppler studies revealed normal diastolic flow. She was induced at 39 weeks and had a straight forward normal delivery of a female baby with normal Apgar score and birth weight of 2.82 kilograms. Placenta was delivered by controlled cord traction and sent for histopathology. Macroscopically, the placenta was 18x16x6.5 cms and weighed 1060 grams. There was a large polypoid lesion on the placenta measuring 12x12x8.5 cms (Figure: II).

On sectioning this consisted of multiple dialated vascular channels. Histology confirmed plurinodal chorioangioma.
Both the mother and the baby were discharged in good condition following delivery.

**DISCUSSION WITH REVIEW OF LITERATURE**

Chorioangioma of the placenta is a benign vascular tumour arising from the primitive chorionic mesenchyme whose etiology is unknown. Incidence of large chorioangioma (>4 cms) varies from 1:3500 to 1:9000 (1). One of the largest retrospective studies on 22439 unselected placentas found 136 chorioangiomas with an incidence of 0.61% (1). They were associated with increased maternal age, diabetes mellitus and hypertension. They are more common in multiple pregnancy and female babies.

Most cases of chorioangioma are diagnosed following delivery. However, increased alpha-fetoprotein (α-f) or β-

References

14. Haak MC, Oosterhof H, Mow RJ, Oepkes D, Vandenbussche FP: Pathophysiology and treatment of fetal anemia due to placental chorioangioma. Ultrasound Obstet...
Author Information

Santanu Acharya, MD, MRCOG
Specialist Registrar, Department of Obstetrics and Gynaecology, Airedale General Hospital

Stewart Pringle, MRCGP, MRCOG
Clinical Director, Consultant Obstetrician and Gynaecologist, Department of Obstetrics and Gynaecology, Southern General Hospital