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Poster Number: EP 038 Name: Dr Nivedha Joseph, Dr Anju Arpana, Dr Rekha N
(Post graduate, Professor and Professor & HOD)

Title: CHORIOANGIOMA OF PLACENTA IN A PRIMIGRAVIDA– A CASE REPORT

INTRODUCTION

Placental chorioangioma is a benign non- trophoblastic tumor derived from primitive chorionic mesenchyme. Large massesmaybe associated with maternal complications like preeclampsia, preterm labor, placental abruption, and polyhydramnios. Fetal complications like hydrops, hemolytic anemia, congenital anomalies, fetal thrombocytopenia, cardiomegaly, and growth restriction.

The largest retrospective study of 22,000 placenta examinations showed 138 chorioangioma with an incidence of 0.6%.

CASEREPORT

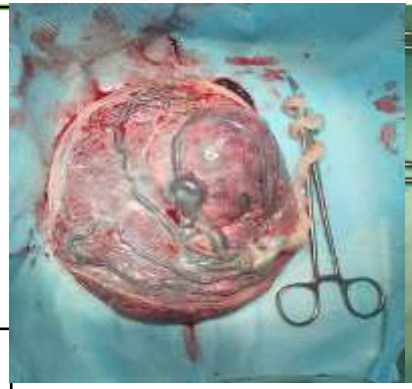
A 23-year-old primigravida came at 38 weeks of gestation with stage 1 IUGR, with severe preeclampsia. USG findings showing single alive fetus corresponding to 36 weeks of gestation, with normal amniotic fluid index and no gross structural abnormalities. Patient underwent emergency LSCS i/v/o severe preeclampsia delivered a female baby weighing 2.32kg with placenta weighing 680g. Placenta sent for HPE. The patient was closely monitored, the puerperal period was uneventful and baby had no visible anomalies and hence discharged in a stable condition.

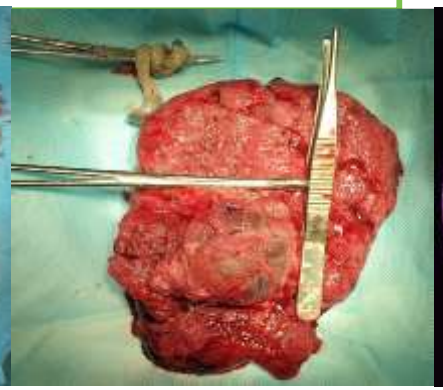
GROSS EXAMINATION FINDINGS: Placental disc size of 16x14x4cm, weighing 680g of maternal surface and showing a large ovoid mass measuring 6x5cm soft in consistency.

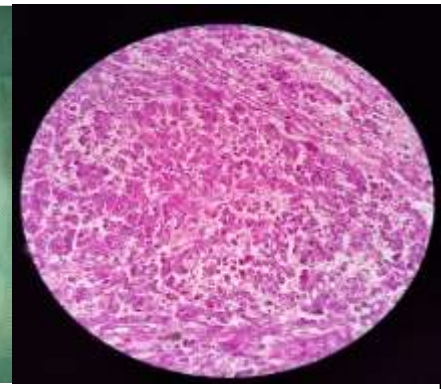
MICROSCOPIC FINDINGS: A circumscribed mass comprising of capillaries of varying sizes separated by intervening fibrocollagenous stroma with areas of hyalinization, necrosis and calcification. The fetal surface of placenta shows chorionic villi at various stages of maturation lined by cytotrophoblast and syncytiotrophoblast. Few syncytial knots seen.

DISCUSSION

Chorioangioma has been referred to as a hyperplastic capillary lesion, rather than a true neoplasm. Chorioangiomas larger than 4cm, there can be significant effects on the hemodynamic and circulatory processes of the fetus, leading to grave clinical consequences. Chorioangiomas can show various histopathological pictures, ranging from vascular to cellular and can undergo degenerative changes. Chorioangioma must be differentiated from other villous capillary lesions, namely, Chorioangiomatosis has been associated with negative fetal outcomes such as IUGR and preeclampsia. Chorioangiosis is associated with maternal diabetes mellitus.







CONCLUSION

Research highlights the importance of early diagnosis and chorioangioma as well as the potential for complications that can impact both maternal and fetal health. Each case requires a tailored approach to ensure the best possible outcomes. Needs more research to be done.

Depending on the size and severity of the chorioangioma, management may involve close monitoring with serial ultrasounds, fetal monitoring, and in some cases, interventions like fetal blood transfusions or early delivery.

Chorioangioma can sometimes be associated with elevated beta-Hcg levels, particularly when the tumor is large and which lead to a higher than normal hCG reading; this is why a chorioangioma should be considered in the differential diagnosis when elevated beta hCG levels are seen during pregnancy.

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