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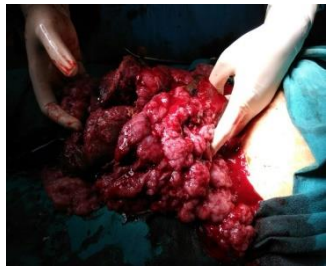
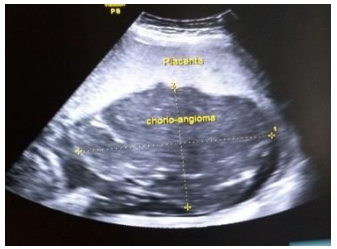
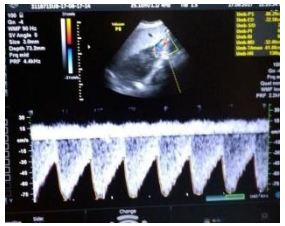
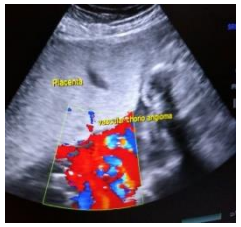
Title: Case of giant placental chorioangioma with Ballantyne syndrome

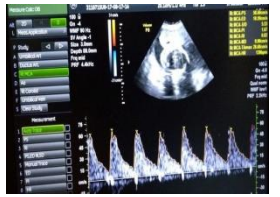
INTRODUCTION-Placental chorioangioma is the most common benign non-trophoblastic tumour of placenta, derived from primitive chorionic mesenchyme. Occurs in 1% in all pregnancies,≥4-5cm in diameter, maybe associated with maternal and fetal complications











CASE REPORT- 34 yr,G3P1L1A1 at 29w4d POG , with dyspnoea on moderate exertion and swelling of B/L lower limbs,
O/E- vitals stable, P/A-uterus 34wk

INVESTIGATIONS-USG- large hypo-echoic rounded mass of 13x9.7cm arising from foetal side of anterior placenta protruding into amniotic cavity, EFW-1.3kg, AFI-26cm, scalp oedema, neck fold thickness and foetal ascites ,Doppler-1.Umbilical artery - low resistance flow in mass and artery.2.MCA - ↑ flow with median PSV of 71cm/sec{ 1.83MOM},s/o foetal hydrops
Diagnosis- placental chorioangioma with NIFH and Ballantyne or maternal mirror syndrome.

MANAGEMENT- ACS given, LSCS at 30w2d due to NRCTG, female baby, 1.4kg, APGAR 9/10. post-op-uneventful
HPE- proliferative capillaries with scanty stroma, normal chorionic villi at periphery, no evidence of malignancy ,s/o as giant chorioangioma
baby kept in NICU for day 21.

DISCUSSION-vascular communication between foetal circulation and rapidly growing tumour→ shunts blood from high to low resistance vascular bed [STEALING mechanism]. Larger size of tumour, more the shunt amount, leading to foetal anaemia ,heart failure, FGR, foetal distress and foetal hydrops. Excessive transudation of fluid→ polyhydramnios. In our case, early diagnosis was done and fatal complications was prevented. The histological findings supported our provisional diagnosis. Detailed USG with follow up every 2-3 weeks, delivery at hospital with ICU .

CONCLUSION-placental chorioangioma is a rare case, mostly associated with complications. Detailed examination of placenta in high risk pregnancy is necessary for studying this tumour. Early detection and treatment can reduce both maternal and foetal mortality and morbidity.

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REFERENCES-
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