

Diagnosis and management of foetus with placenta chorioangioma – a case report

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1. Background

Chorioangiomas are the most common benign tumour of the placenta, with an incidence of 1%.⁽¹⁾ This is a case report of placenta chorioangioma diagnosed at 36 weeks gestation, its management and neonatal outcome.

2. Aims

Placental chorioangioma is associated with perinatal complications, hence close foetal surveillance and appropriate interventions is required to prevent negative outcomes.

3. Case

A 37-year-old, para 1, with an unremarkable medical history underwent routine antenatal care. From her biometry ultrasound at 36 weeks, a placental mass measuring 47 x 45 x 37mm (Figure 1) was discovered, given a sonographic impression of placenta chorioangioma.

She reports reduced foetal movement the next day and foetal surveillance revealed a borderline rising middle cerebral artery peak systolic flow, subsequent twice weekly monitoring shows increasing MCA PSV, indicating risk of foetal anaemia.

She has a medical induction of labour at 37 weeks gestation, and a liveborn baby was delivered following vaginal delivery. Both mum and baby were able to discharge home the next day.

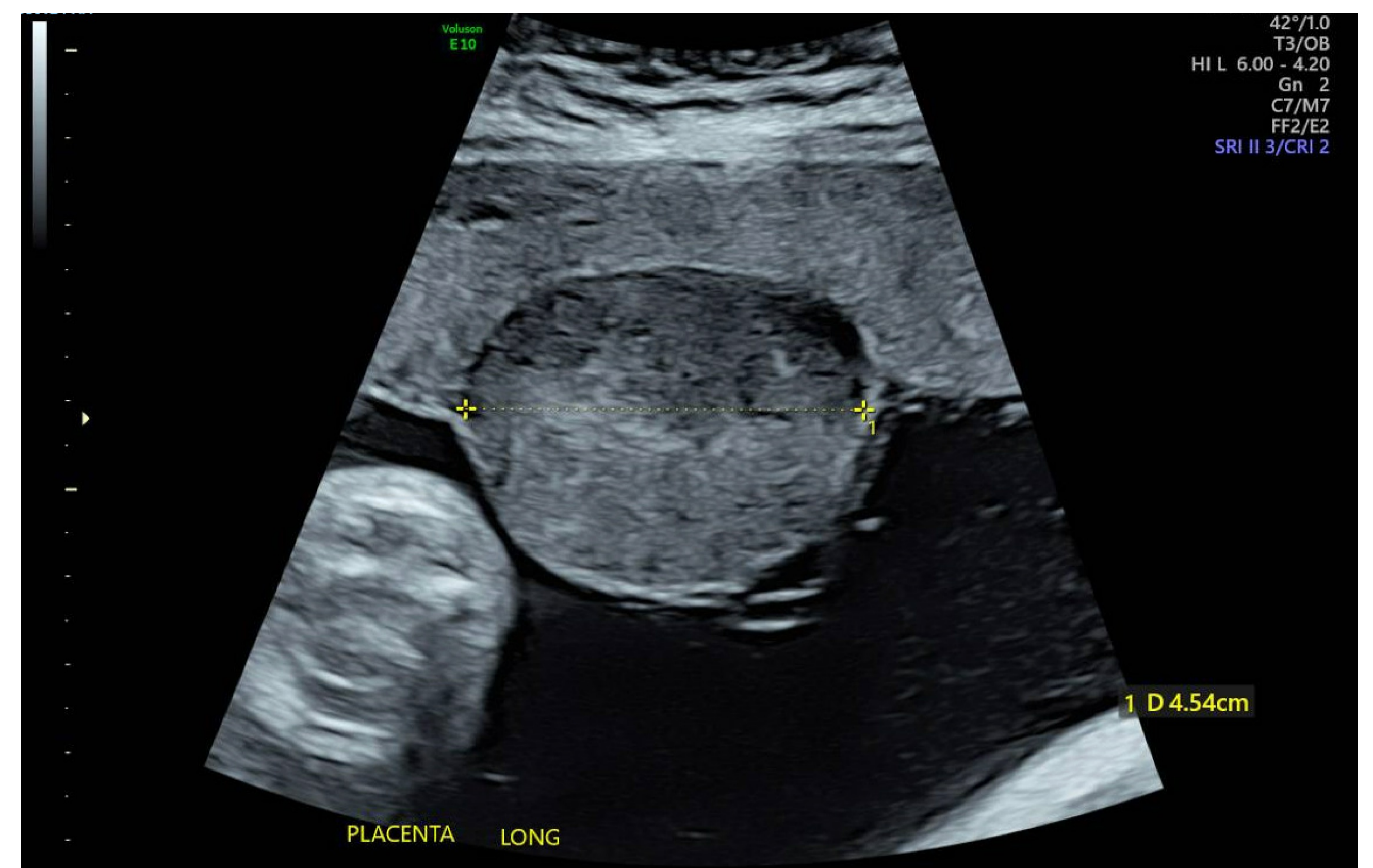


Figure 1: Sonographic image of the placental mass.

4. Results

- The neonate was delivered with good APGAR score and weighed 2.7 kilograms with haemoglobin of 125g/L.
- Histopathology of the placenta is consistent with placenta chorioangioma.

5. Discussion

Sonographic recognition of placental mass is important, and close foetal surveillance is recommended.

Medical induction of labour is necessary as prolonging gestation may put the foetus at risk of further complications including “stealing phenomenon” which may compromise foetal circulation.

References

1. Fan M, Skupski DW. Placental chorioangioma: literature review. *Journal of Perinatal Medicine*. 2014;42(3):273-9.