HAEMANGIOLIPOMA OF PLACENTA

(A Case Report)

by

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Vascular tumours of the placenta are considered to be rare and single cases are reported, even though reviewers of large groups have evidence to show that these tumours are rather common provided one looks for them. Even the clinical side-effects are given undue prominence because of the single case reports recording such tumours. In literature we could not find many reports of these tumours and so the necessity for the present report, along with a brief review of the incidence, pathogenesis and clinical effects of the tumour.

Case Report:

A 30 year old woman, 11th gravida and 10th para, full term, came for delivery to the hospital in the first stage of labour. All her previous births were full term normal deliveries and all the children are alive. The last child was born 4 years back. Her blood pressure was 110/80 mm. of Hg. and there was nothing abnormal in the urine. There was no history of any toxaemia in the previous pregnancies.

The foetal position was not clear and the uterus was much larger than normal and so twins were suspected. Foetal heart was not clearly heard. Her pelvis was gynaecoid. She delivered a live premature female baby. The first 2 stages of labour took 14 hours 20 minutes and the third stage 10 minutes. Amniotic fluid drained was 8 litres. There was no post-partum haemorrhage and the placenta was delivered entire without difficulty.

The foetus was alive and vigorous and weighed 2.048 kg. Length was 17″ and circumference of chest and head were 11″ and 12″ respectively. Cord length was 18″.

The placenta weighed 0.793 kg. There was a swelling (10 cm x 5 cm x 4 cm) on the decidual side of the placenta, about its middle, in a depression corresponding to the site of the insertion of the cord. There was a vascular stalk (1/3rd cm. in diameter) connecting the tumour to the cord. On the surface of the tumour there were large vessels (Figs. 1 & 2). The weight of the tumour was 190 gms. It was a capsulated, firm, ovoid, nodular mass and had a mottled appearance. On cut section, the nodularity was evident and showed varied colors. The capsule was thick.

Histopathology showed areas of capillary haemangiomatous structure (Fig. 3). There were other areas where thrombosis was seen with areas of infarction of the tumour. The capsule was thin and consisted of collagen. On the external aspect of the capsule there was a thin layer of syncytial cells. There were small areas of calcification in area which were infarcted. There were thick collagen bundles separating the areas of haemangiomatous tissue. Fat was also present in the angiomatous areas (Fig. 4). Angiomatous tissue in some areas was well formed and in other areas the tissue consisted of loose immature connective tissue.

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Comment

A case of vascular tumour of the placenta has been reported by Reddy and Kanakadurgamba (1965). Good reviews on the subjects have been given by Fox (1966 and 1967) and Marchetti (1939).

Fox (1966, 1967) is of the opinion that these tumours are quite common, provided the placentas are thoroughly examined. Though in the literature the incidence varies from 1 in 50,000 to 1 in 2,000, these tumours may be seen in 1 per cent of the placentas if they are thoroughly examined.

Various views are expressed by early workers regarding the origin of the tumour, like villous hyperplasia, villous fusion or early stages of hydatidiform mole and chorionepithelioma. But now it is recognised that these tumours are either true neoplasms or haematomata. The controversy regarding these two modes of origin is not clear yet, even regarding the haemangiomata in general. The origin of these tumours is believed now to be from chorionic mesenchyme capable of angiogenesis. Though circumvallate placentae are supposed to be more often associated with haemangiomata of placenta, the over-all incidence of this abnormality of placenta is not any higher than in general when large numbers of vascular tumours of the placenta are analysed. The only abnormality of the placenta associated with haemangioma is that the placenta could be big.

The haemangioma occurs more often in older women and in multigravida. This is seen in the present case and also in the case reported by Reddy and Kanakadurgamba (1965).

Hydramnios occurs in a high proportion of cases with this tumour of the placenta. Hydramnios is common in large haemangioma but not with small growths. With large tumours Siddall, 1924, reported hydramnios in 48.7% of cases. Hydramnios could even be due to the associated foetal abnormalities, like spina bifida, etc. But, even on exclusion of foetal abnormalities cases showing hydramnios are quite high. The cause of the hydramnios is still obscure, though pressure on the insertion of the cord by large tumours and exudation from the surface of the tumours are blamed. Hydramnios could be present even with tumours situated away from the insertion of the cord.

The other clinical effects recorded in individual cases are pre-eclamptic toxaemia, antepartum haemorrhage and premature onset of labour. But on review of a large number of cases with haemangiomas of placenta, none of these complications were found in a higher percentage of cases with haemangioma of placenta than in normal pregnancies.

Perinatal mortality may be high with this tumour of the placenta. The foetus may have cyanosis and distress at birth. If the foetus dies, it may have cardiomegaly and also skin angiomata.

In the present case the tumour was big (190 gms.), the placenta was large (.793 kg.), there was hydramnios (8 litres) and the baby was premature (2.048 kg.). The foetus was normal with no external congenital abnormality and was discharged alive and well.

Histologically, the tumour also

contained fatty tissue; the presence of this tissue has not been recorded before. Otherwise, the tumour is similar to the ones described in earlier reports and reviews. The presence of fat in this type of tumour, though not recorded previously, could be explained by the mesenchymal origin of the tumour.

Summary

A large haemangioma of the placenta associated with hydramnios and a premature baby in a multigravida is recorded. Fat also formed a part of the tumour.

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See Figs. on Art Paper V