CHORIOANGIOMA OF PLACENTA

(A Case Report)

by

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Benign tumours of the placenta are rather uncommon. The incidence varies from 1 in 3,500 (Marchetti, 1939) to 1 in 100 (Siddall, 1924). Single cases are reported usually in the literature. John Clarke in 1798 for the first time reported chorioangioma of the placenta. The present case simulated accidental haemorrhage, hence of clinical interest.

CASE REPORT

Mrs. T.B., a 40 years old woman was admitted at Bhagalpur Medical College Hospital on 10th February 1977 at 2 P.M. with amenorrhoea of 9 months and pain in abdomen for 6 hours. Her menstrual cycles were normal. She was 4th gravida and had 3 term deliveries normally at home. Age of the last child was 3 years. She had no antenatal check up during the present pregnancy. The general condition was fair, pulse was 86 per minute, B.P. was 100/70 mm of Hg., the cardio-vascular and respiratory systems were clinically normal.

The height of uterine fundus was up to xiphisternum and the whole abdomen was woody hard as in case of accidental haemorrhage. The foetal parts and foetal heart sounds could not be located clearly.

On vaginal examination the cervix was found to be ¾ taken up with 3 fingers dilatation and the forebag was felt very tense. Presenting part could not be made out easily and the pelvis was found to be adequate. At 4 P.M. the membranes ruptured spontaneously and blood stained liquor amnii in copious amount, approximately 2000 ml., drained out. After the escape of liquor the abdominal tenseness was relieved and the foetal parts and foetal heart sounds could be appreciated. There was moderate foetal tachycardia, vaginal examination at this stage revealed cephalic presentation at station zero. At 6 P.M. spontaneous delivery of alive, dysmature asphyxiated male child took place. Weight of the baby was 1 kg. After 15 minutes the placenta was expelled spontaneously. On examination of the placenta following points were noted.

The placenta was very big, weighing 1 kg. and had a big retroperitoneal clot. The umbilical cord was 38 cms in length and was attached pericentrally to the placenta. There was a soft, oblong tumour with its prominent and convex surface towards the foetal aspect of the placenta. There were two blood vessels traversing over the tumour surface (Fig. 1). The measurements of the tumour were 8.5 cms x 5 cms x 4.2 cms. The cut surface demonstrated several fibrous trabaculae dividing the tumour into multiple lobes. On histology the tumour was found to consist of loose network of connective tissue, chorionic stromal cells and capillaries filled with R.B.C. (Fig. 2). It was diagnosed as chorioangioma of placenta. The patient was discharged on the 4th postpartum day.

Discussion

Benign tumours of the placenta vary in size from a pea to a foetal head. Many of the small tumours are often missed because of their intraplacental situation. Careful examination of placentae both gross and on cut section will add to the incidence of such tumours. Many theories have been put forward to explain the aetiology. According to Eastman (1961) groups of blood vessels and stroma ori-

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ginating in the chorionic mesenchyme proliferate and grow outside the regular arrangement of the chorionic villi. This theory is accepted by majority of workers. Other views are villous hyperplasia, villous fusion or early stages of hydatidiform mole and chorionepithelioma. Marchetti (1939) differentiated, 3 types of chorioangiomas, the vascular or mature type which is most common, immature or cellular type and the degenerative type. In the present case there was preponderance of blood vessels filled with red blood cells so it belongs to the vascular type. Hydramnios and prematurity are associated with one third of cases (Decosta, 1956) Hydramnios was a feature in the present case too. Other associated conditions are pre-eclamptic toxaemia (Hagglvent *et al*, 1965), antepartum haemorrhage (Earn and Penner, 1950), cardiomegaly and increased tendency for formation of cutaneous angiomata (Fox, 1967). Sometimes because the uterus does not undergo appreciable reduction in size after delivery due to the large chorioangioma suspecion of second foetus arises as has been discussed by Banerjee (1975). The present case had hydramnios and the liquor was haemorrhagic. It simulated accidental haemorrhage.

Summary

A case of chorioangioma of placenta associated with hydramnios is recorded. Histologically there is prepondrance of blood vessels filled with R.B C. Thus it is vascular type of Chorioangioma.

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See Figs. on Art Paper III