A Rare Case of Chorangioma of Placenta

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Mrs. 'X' 20 years old, primigravida married 2 years presented with 3 months amenorrhoea. Her menstrual history was regular. Her LMP was 2.3.99 and her EDD was 09.12.99.

Her general and systemic examination was normal. Her P/A examination revealed the uterus to be just palpable. Her transvaginal USG showed 11-13 weeks of intrauterine pregnancy with CRL corresponding to her gestational age.



Photograph 1

All her investigations were normal. She had regular ANC and on 2nd Trimster screening at 20 weeks, transabdominal USG showed a hypoechoic mass measuring 4.0 x 3.0 cm in the placenta protruding into the amniotic cavity, which was situated in the anterior wall of the uterus. There was no colour flow within the mass by colour Doppler study due to deeper presentation of mass. Serial USG study showed mass increasing in size at 24 weeks 6.2×4.4 cm. and at 32 weeks 7.2×6.4 cm, and the foetus was going for IUGR. (Photograph 1) She was advised complete bed rest and regular drugs at 32 weeks. Patient developed mild PIH, BP: 130/96mmHg. and she was treated conservatively. At 34 weeks she developed severe PIH with BP of 150/110 mmHg, bilateral pitting pedal oedema and abdominal wall oedema. USG showed mass measuring 9.2 x 8.2 cm. She was admitted and treated with antihypertensives.

On 31.10.99 patient was admitted with draining PV without labour pain with meconium stained liquor. O/E her BP: 150/110 mmHg with Albumin: +, Urea, Creatinine Normal. Uric acid was 6.2 and liver function tests were normal. Emergency LSCS was done for PROM with severe PIH with foetal distress and delivered a female baby with IUGR weighing 1.9 kg. which had 6/10 apgar at 1 minute and 10/10 apgar at 5 minutes which was handed over to paediatric unit. Now baby is doing well. With delivery of placenta we noticed that hypoechoic mass was occupying more than 1/3 of placenta and it was hard to cut. Macroscopically little pale (Photograph 2). Histopathological report came as Haemangioma of placenta (Chorangioma).



Photograph 2

This case is presented because of the rarity of chorangioma as it occurs in 1% of placental mass.