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Giant placental chorangioma: A case report

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Abstract
Chorangioma is the most common tumor of placental origin associated with varied feto-maternal outcome. Our study showed preeclampsia associated with fetal growth restriction and placental chorangioma.

Introduction

Chorangioma being the most frequent non-trophoblastic tumor of placenta is identified by ultrasonography or at the time of delivery [1]. They are often seen in primigravida and hypertension can be found associated with them. Usually, larger placental tumors known as giant chorangioma more than 5cm is associated with poor feto-maternal outcome [2]. Our study showed chorangioma associated with preeclampsia fetal growth restriction.

Case Report

This case reports an unbooked patient, a 28-years-age primipara, at 32 weeks presented in our hospital setting, Shaikh Zayed hospital with pregnancy induced hypertension already taking Tab Methyldopa and fetal growth restriction on USG. She doesn't have any known co-morbid. On examination her blood pressure was 140/90, pedal oedema 2+, however reflexes were normal. Urine dipstick showed 2+ proteinuria, rest of the biochemical investigations were normal. Her recent doppler ultrasound showed disparity of 4 weeks with Estimated Fetal weight of 1.1 kg and mild fetoplacental insufficiency (S/D: 3.2). Middle Cerebral Artery showed decreased RI in keeping with brain sparing effect. Placenta showed hypo reflective mass measuring 5 × 3.7 cm in anteromedial margin most likely chorangioma. This patient underwent Elective LSCS due to Preeclampsia and fetal growth restriction and delivered a baby boy of 1.1 kg, length 42cm with Apgar's 5/10, 7/10 over 1 and 5 minutes of birth respectively. On placental examination, approximately 5 × 4 cm growth was present near attachment of umbilical cord, rest of the placenta seemed normal with weight of 500g. On histopathology, placenta measured 14 ×12×12 cm with well circumscribed nodular piece of tissue measuring 6 ×4× 3 cm, cut section showed brown homogenous mass revealing fetal capillaries with surrounding stroma and trophoblasts. Foci of hemorrhage and infarction are seen. Features consistent with chorangioma. Both mother and baby are doing well till date.

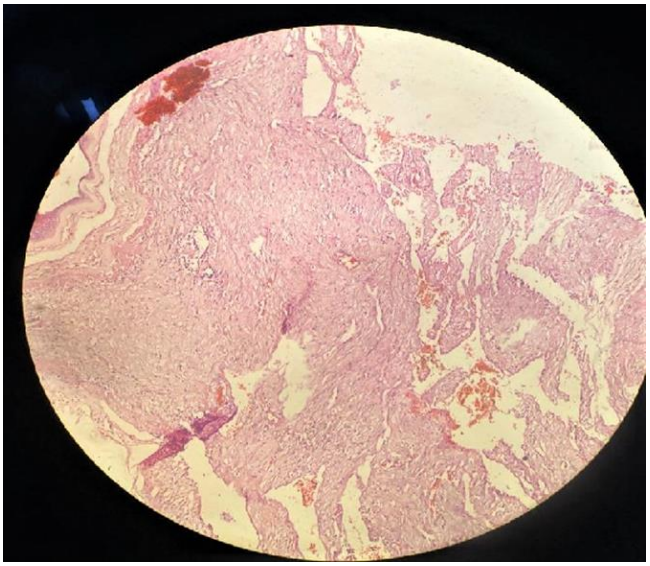

Fig 1: Microscopic view showing Pleomorphism with mitosis and fetal blood vessels

Discussion

Placental chorangioma is a rare non-trophoblastic tumor with frequency of 1% only which is incidentally found on ultrasongraphy presented as either single or less commonly multiple nodules [2]. It includes variants like chorangiosis, chorangiomatosis and chorangioma due to extravagant angiogenesis [3]. Larger chorangiomas like in our case is associated with poor fetal outcome [2].

Conclusion

Our study showed preeclampsia associated with fetal growth restriction and placental chorangioma. There must be detailed study of etiopathology of this tumor and its association with variant fetal outcomes.

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