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Natural evolution of a giant chorioangioma

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Case report

A 16-years-old patient, with no significant medical history, 28 weeks' gestation, following a routine anomaly ultrasound scan which had detected an abnormal tumor in placenta.

One day prior to admission, she presented uterine contractions which increased in frequency and intensity. On arrival, her vital signs were normal.

On examination, an uterus of 38 cm, 3 contractions in 10 minutes, FHR at 150 bpm, cervix was 3 cm dilated, 50% effaced. An ultrasound is performed reporting an EFW of 1228 grams, 65th percentile, CVS of 13 cc, pelvic presentation, a placental-dependent tumor of 7 cm was observed, vascularized on doppler, and umbilical cord insertion at the site of the tumor, MCA-PS 91 cm/s, MoM 2.52 altered, probable fetal severe anemia. An amnioreduction was performed, obtaining 1500 cc of clear amniotic fluid, with a final CVS of 7 cc.

The patient had an improvement in the symptoms of uterine activity, however, when a vaginal examination is performed 12 hours later, the cervix was 7 cm dilated, so an emergency caesarean section was performed due to a product pelvic presentation. A female 1240 grs baby was delivered with good apgar scores, at 30 weeks according to the Ballard score, hemogram reported 10.2 mg/dL hemoglobin. A 9x8 cm, purpish colored mass is visualized in the placenta. Weighing approximately 1000 grams.

The patient had a satisfactory evolution and was discharged 2 days after. The infant is admitted to neonatal intensive care for growth and development.

Conclusion

Ultrasound plays an important role in prenatal diagnosis, to carry out adequate monitoring, providing the option of timely treatment in the event of any complications to improve perinatal outcomes.



Figure 1. Placental-dependent tumor, vascularized on doppler, and umbilical cord insertion at the site of the tumor

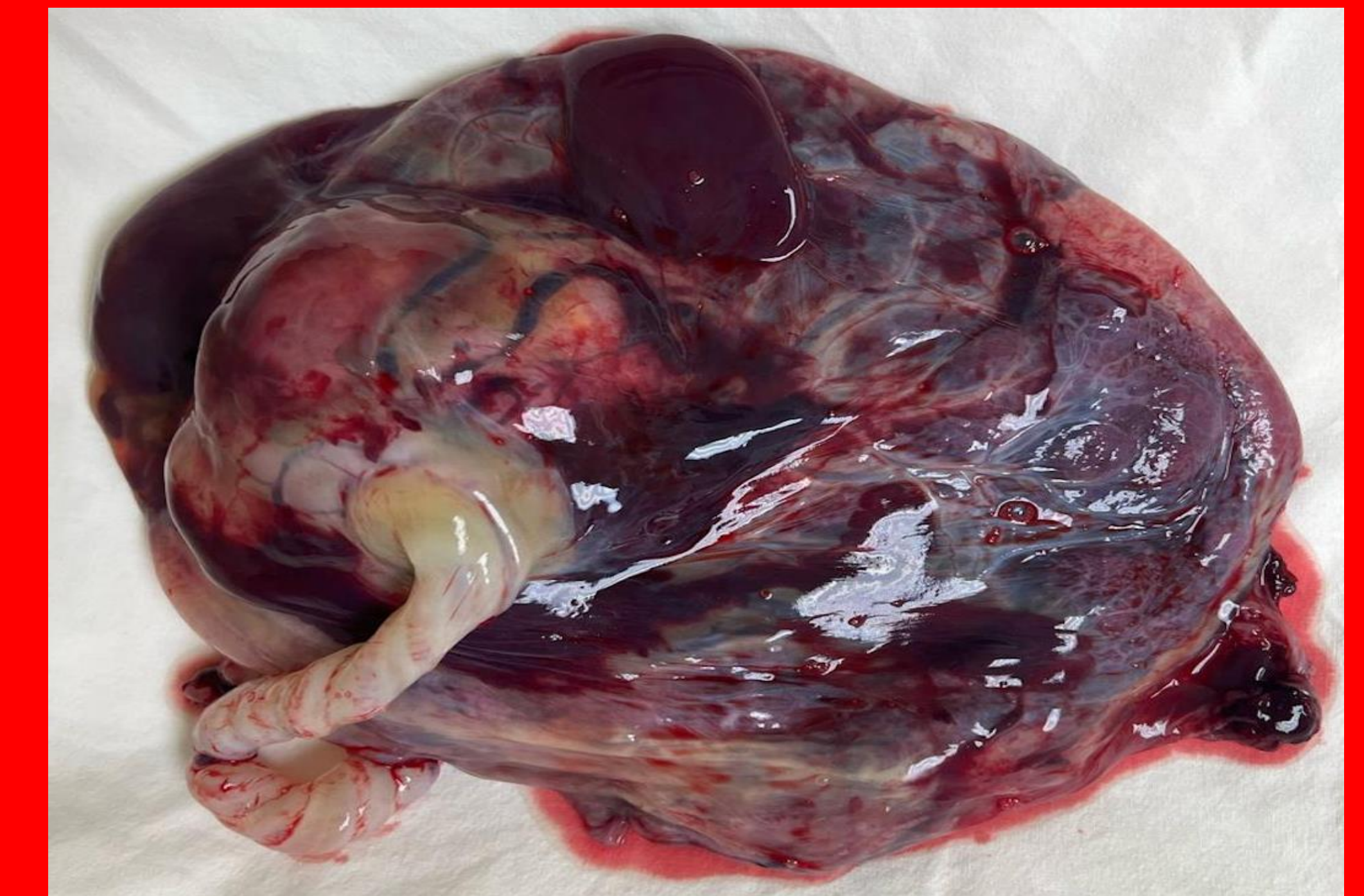


Figure 2. Macroscopic placenta

Pathology report

Chorioangioma with a diameter of 9.5 cm with foci of infarction, acute and chronic mild chorioamnionitis.