

Pregnancy outcomes in first-trimester chorionic bump: a retrospective case series



Maria Abbas^{1, 2}, David Danon^{1, 2}

Department Of Obstetrics and Gynecology Emek Medical Center, Afula, Israel.
Ruth and Bruce Rappaport Faculty of Medicine, Technion - Israel Institute of Technology, Haifa, Israel.



OBJECTIVES:

A chorionic bump (CB) is an irregular, convex bulge arising from the choriodecidual surface detected on first-trimester ultrasound. Previous studies suggest an association between CB and adverse pregnancy outcomes; however, data remain limited and inconsistent. This study aimed to evaluate pregnancy outcomes in a cohort of pregnancies complicated by CB



METHODS:

We reviewed 16 patients demonstrating a chorionic bump and documented fetal cardiac activity on first-trimester ultrasound examinations performed over a 6-year period at our institution. Maternal demographics, medical history, bump characteristics and pregnancy outcomes were collected.



RESULTS:

Of the 16 pregnancies with chorionic bump 11 (68%) resulted in live birth and 5 (32%) ended in pregnancy loss. The mean gestational age at CB detection was 6 weeks. The rate of preterm delivery was 3/11 (27%) while term deliveries 8/11 (72%). Serial sonographic follow-up demonstrated evolutionary changes consistent with hematoma. One case (6%) with multiple chorionic bumps progressed to live birth. No chromosomal abnormalities were detected.

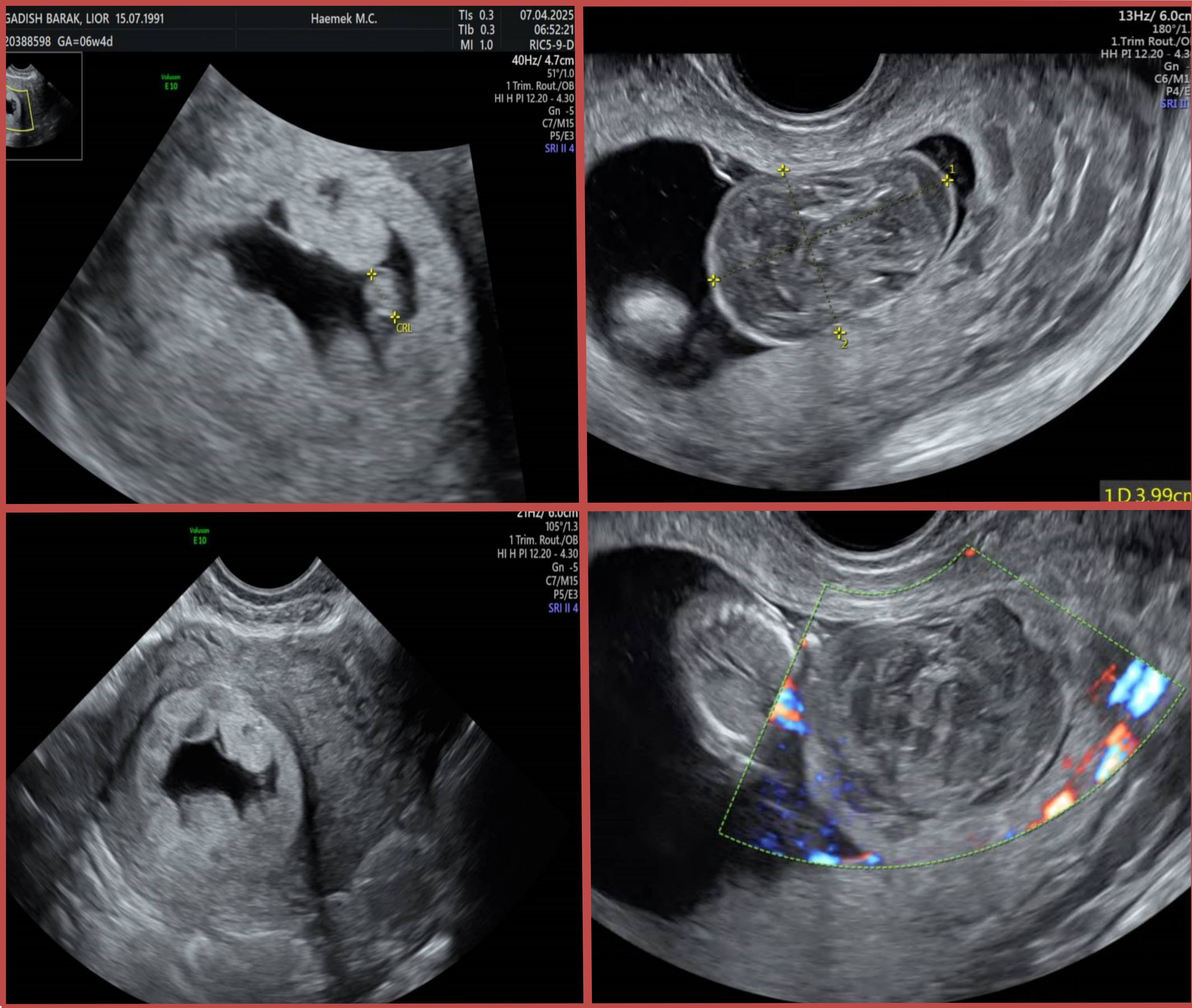


TABLE: Pregnancy Demographics and Outcomes

	Assisted Reproduction Pregnancy	3/16 (19%)
	Spontaneous pregnancy	13/16 (81%)
	Multiple CB	1/16 (6%)
	Term deliveries	8/16 (50%)
	Preterm delivery	3/16 (19%)
	Miscarriage	5/16 (31%)



CONCLUSIONS:

The presence of a chorionic bump on first-trimester ultrasound is associated with a guarded pregnancy prognosis. These outcomes reflect a lower live birth rate and a higher miscarriage rate compared with historical data for uncomplicated first-trimester pregnancies. Sonographic evolution suggests that CB likely represents a small hematoma protruding into the gestational sac. Larger studies are warranted to further clarify prognosis and counselling.