

EP09.09 | Microwave ablation for the treatment of giant placental chorioangioma in pregnancy complicated by fetal cardiomegaly and polyhydramnios

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INTRODUCTION

Placental chorioangiomas are the most common benign placental tumors. Giant chorioangiomas (>4 cm) are associated with increased risks of adverse maternal and fetal outcomes. Despite various minimally invasive treatments, optimal management remains unclear. To our knowledge, microwave ablation (MWA) has not been previously reported for this indication.

CASE PRESENTATION

A 30-year-old primigravid woman at 20+6 weeks of gestation was referred due to polyhydramnios and a large placental mass. Ultrasonography revealed a well-circumscribed, bilobulated placental mass measuring 82 × 43 × 34 mm on the fetal surface of the placenta, located near the umbilical cord insertion. Color Doppler examination demonstrated feeding vessels originating from the cord insertion site, extending into the mass and dividing into two main branches, along with prominent peritumoral vascularization. Following the evaluation, polyhydramnios and cardiomegaly with minimal tricuspid regurgitation were detected. Following informed consent, MWA was performed to coagulate the feeding vessels, achieving complete devascularization, followed by amnioreduction. The patient was closely monitored following the procedure, and the follow-up period was uneventful.

CONCLUSION

MWA may represent a promising minimally invasive option for the treatment of giant placental chorioangiomas; however, further studies are needed to confirm its safety and efficacy.

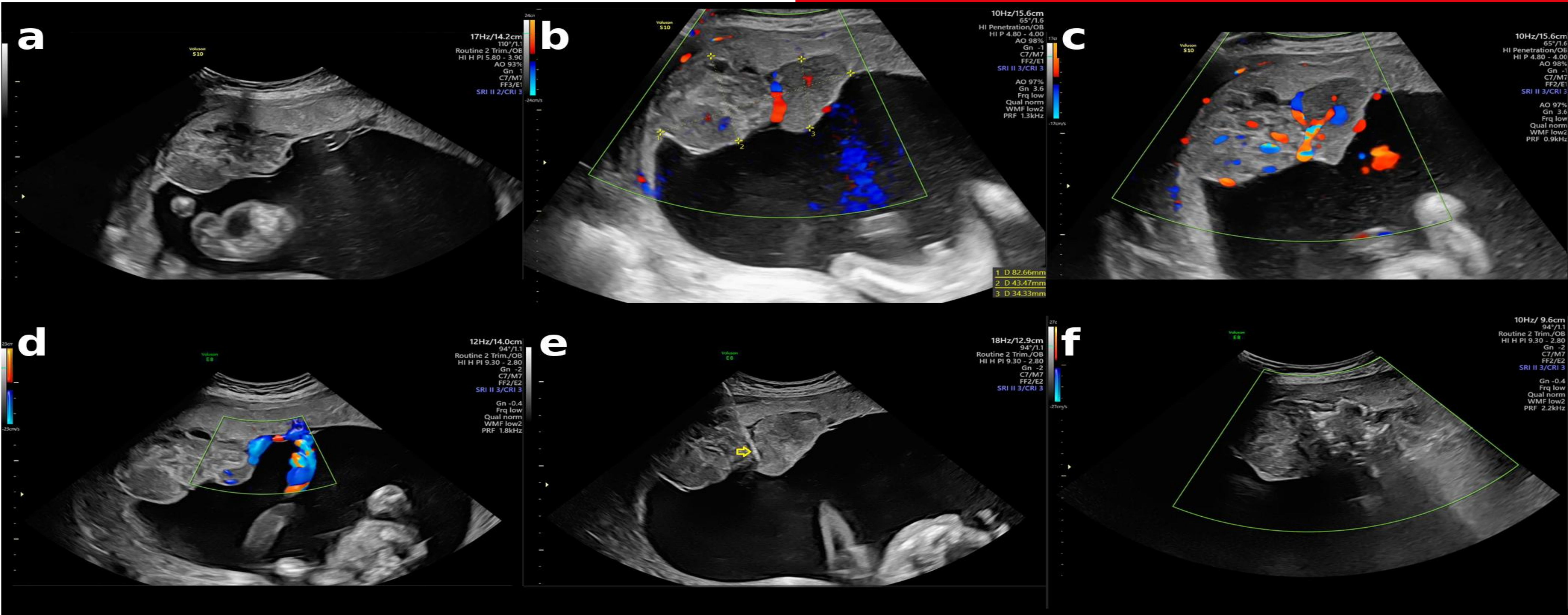


Figure 1. Ultrasonographic evaluation of giant placental chorioangioma.
(a) Grayscale image with polyhydramnios
(b) Measurement of placental chorioangioma
(c–d) Color Doppler showing vascularization and feeding vessels from the cord insertion
(e) Microwave ablation procedure
(f) Post-procedural devascularization

Figure 2. Post-delivery gross appearance of the microwave-ablated placental chorioangioma.

