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Crossing the Os: Antenatal Diagnosis of Vasa Praevia

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Background

Vasa praevia is a rare but potentially catastrophic obstetric condition detectable antenatally by ultrasound. This case highlights the importance of careful assessment of placental morphology and fetal vessels.

Case & Antenatal Care

A 33-year-old parous woman with previous mid-trimester and recurrent first-trimester losses conceived spontaneously.

The anomaly scan showed placenta overlying the internal os with cord insertion nearby. At 24+2 weeks, a low-lying posterior placenta with an anterior succenturiate lobe was identified, with connecting vessels traversing the internal os.

At 31+3 weeks, the placenta had migrated to 3.8 cm from the os, but fetal vessels remained 1.7 cm from the os, consistent with vasa praevia.

Management & Delivery

The patient was admitted and received antenatal corticosteroids.

Caesarean section was performed at 35+1 weeks with senior obstetric input. A live male infant was delivered with expected neonatal unit admission.

Outcome

Maternal blood loss was 716 mL. Postnatal placental examination confirmed vasa praevia, with vessels connecting the placental lobes and crossing the membranes.

Conclusion

Vasa praevia may be identified through systematic assessment of placental location, morphology and connecting vessels. Even when a low-lying placenta resolves, persistent fetal vessels near the internal os require continued surveillance.



Figure 1. Placental assessment demonstrating fetal vessels near the internal os



Figure 2. Colour Doppler assessment of vessels adjacent to the internal os



Figure 3. Postnatal placenta confirming connecting vessels crossing the membranes