

isuog2026.2f1008d

Giant placental chorioangioma with uncomplicated pregnancy outcome: prenatal ultrasound and pathological correlation

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Introduction

Placental chorioangioma is the most common benign placental tumour. Giant lesions can shunt blood, causing fetal hydrops and growth restriction.

Case Presentation

A 39-year-old primigravida was referred at 32 weeks with a placental mass.

The 45×50 mm heterogeneous mass showed prominent vascularity on colour Doppler with low-resistance flow, consistent with a giant chorioangioma.

Management & Outcome

Weekly surveillance monitored fetal cardiomegaly, MCA Doppler and amniotic fluid. No shunting or fetal anaemia developed despite the tumour's size. Due to maternal gestational diabetes, an elective Caesarean at 38 weeks delivered a healthy 3100 g neonate, Apgar 9/10.

Pathological Findings

Gross exam confirmed a 5 cm encapsulated mass. Histology showed classic capillary proliferation within a fibrous stroma.

Discussion

Hemodynamic profile, not tumour size, determines fetal risk in chorioangioma. Longitudinal Doppler surveillance is key to anticipating complications in large placental masses.

Conclusion

Giant chorioangioma can have an uncomplicated outcome with close monitoring. Hemodynamic status — not size alone — should guide surveillance and delivery timing.

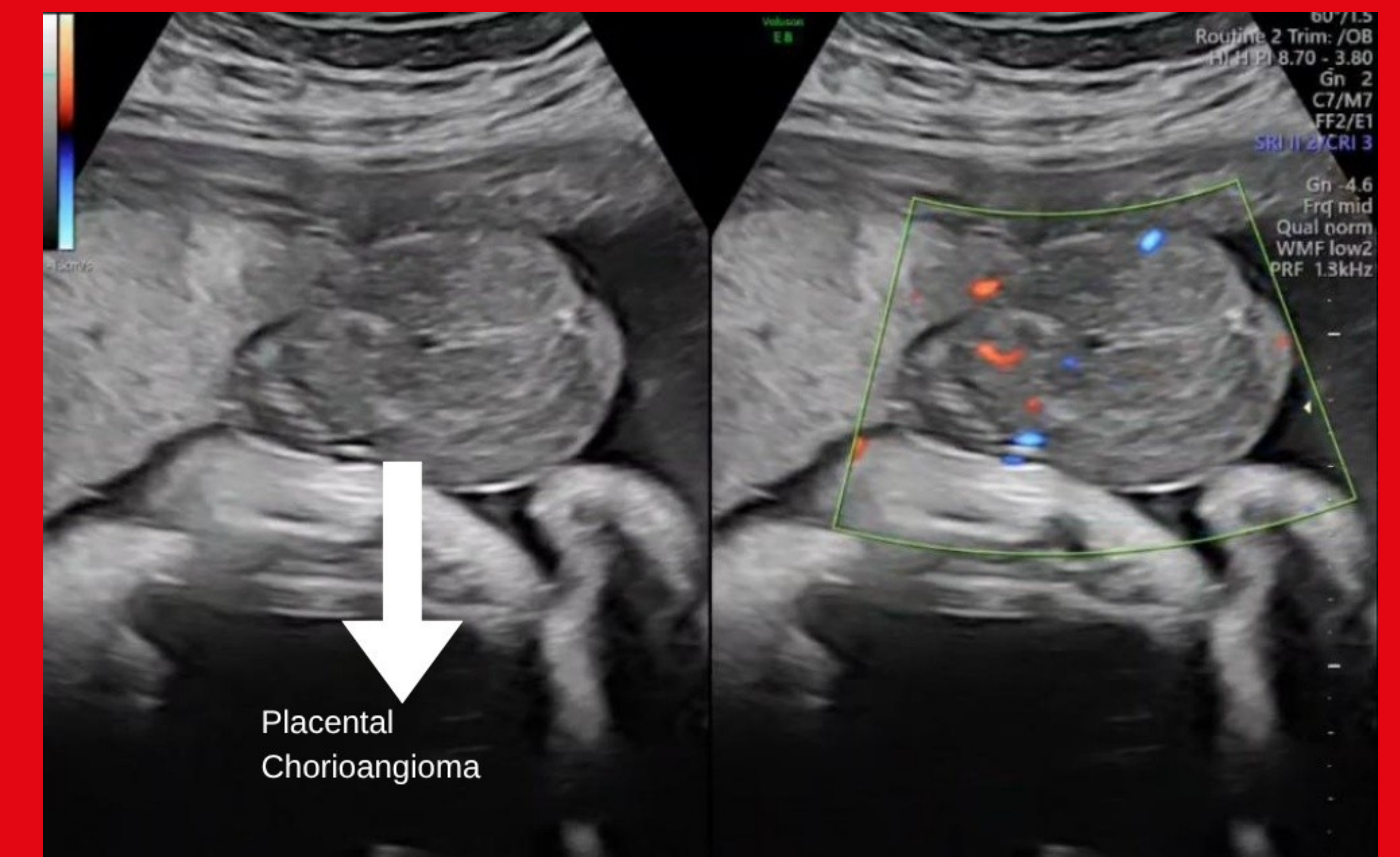


Figure 1. Grey-scale and colour Doppler USG showing the giant chorioangioma.

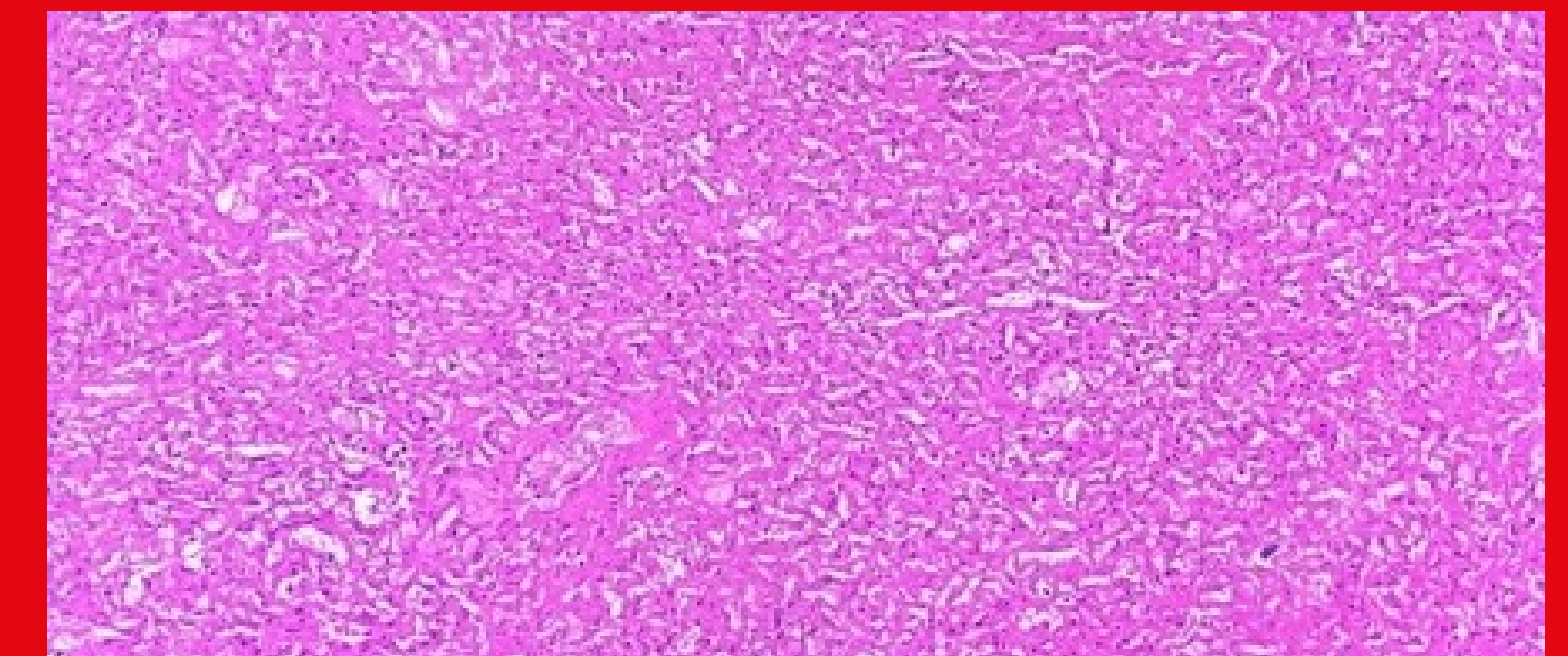


Figure 2. Histopathology (H&E, ×100) of the chorioangioma.

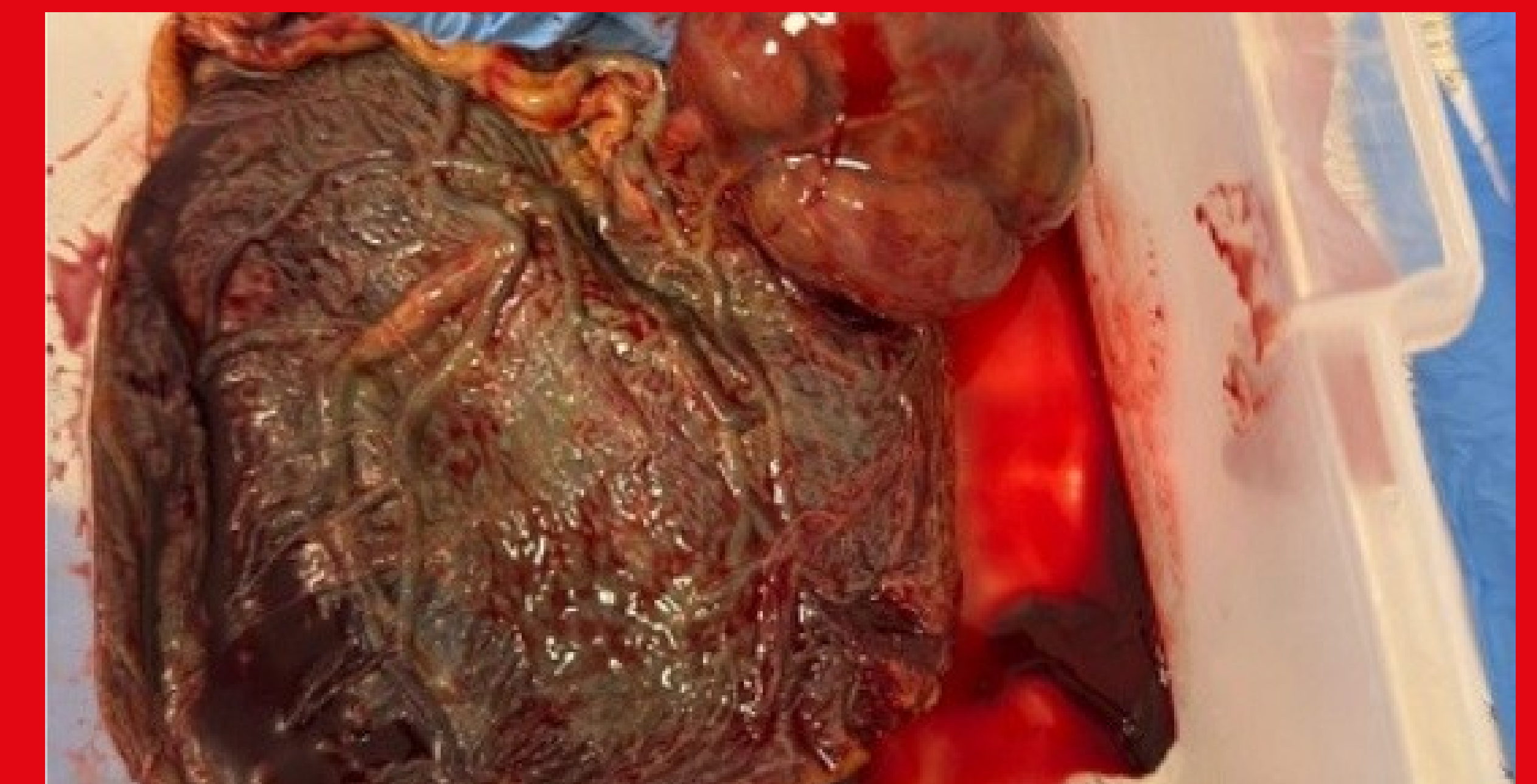


Figure 3. Gross specimen.