

CHORANGIOMATOSIS AND CERVICAL INSUFFICIENCY: A CASE OF EXTREME PREMATURITY AND LOSS

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INTRODUCTION

Chorangiomas are characterized by vascular proliferation within the placental villi. Though rare, it is often associated with fetal growth restriction, congenital anomalies, and neonatal mortality, especially when multifocal or diffuse. Chorangioma, a related vascular lesion, can coexist with chorangiomas and may further compound fetal compromise. This report discusses a case of multifocal chorangiomas and chorangioma in a patient with cervical insufficiency, resulting in extreme prematurity and neonatal death.

CASE PRESENTATION

A 25-year-old gravida 2 para 0+1 with a history of second-trimester miscarriage at 21 weeks due to cervical insufficiency presented with per vaginal bleeding at 26 weeks and 6 days of gestation. She had undergone a McDonald cerclage at 19 weeks for cervical insufficiency. Ultrasound showed a breech fetus with an anterior low-lying placenta. Due to worsening symptoms, an emergency lower segment cesarean section (LSCS) and cervical cerclage removal were performed for preterm labor with a breech presentation. The neonate suffered from severe neonatal anemia, acute renal failure, and disseminated intravascular coagulation, leading to early neonatal death (ENND). Histopathological examination of the placenta revealed diffuse/multifocal chorangiomas and a 1.5 cm × 1.5 cm × 5 mm chorangioma.

HISTOPATHOLOGICAL EXAMINATION

Placental Examination:

Gross findings :

- Trimmed weight: 260.8 grams (75th centile)
- Marginal hematoma
- Subchorionic brownish lesion: 15×15×5 mm
- Umbilical cord: 3 vessels, 4 coils, UCI 0.18 (normal range)

Histopathology :

- Diffuse/multifocal chorangiomas (MC type)
- Focal chorangioma (1.5 cm)
- Vascular proliferative lesions involving stem and intermediate villi
- No features of placental mesenchymal dysplasia

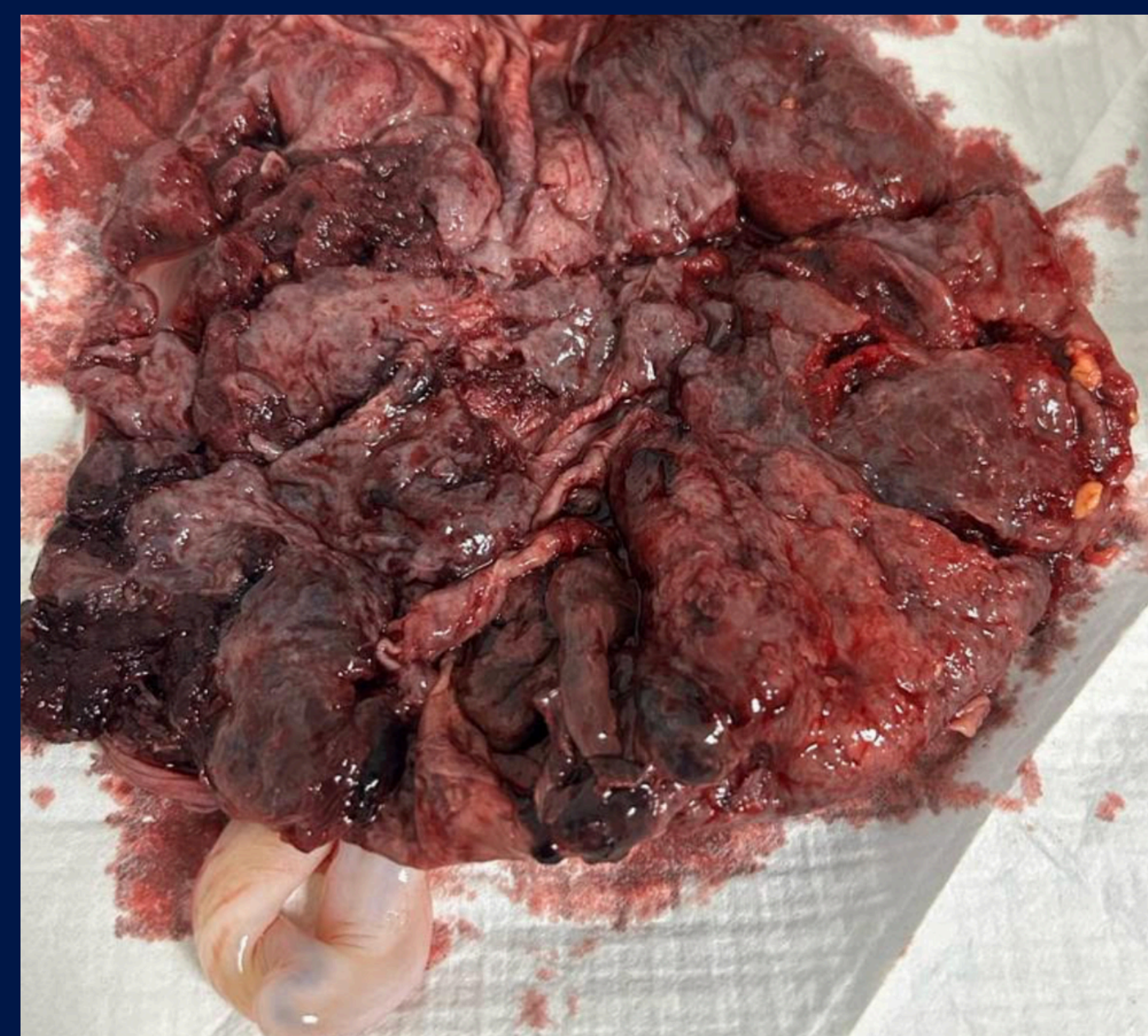


Figure 1: Gross appearance of the placenta

DISCUSSION

Chorangiomas are a rare condition associated with fetal growth restriction, congenital malformations, and neonatal mortality, particularly in cases of extensive involvement. It is more commonly observed in pregnancies before 32 weeks and may lead to thrombocytopenia and severe neonatal complications. Interestingly, this patient had undergone a detailed anomaly scan in the second trimester, which did not raise any suspicion of placental abnormality. The placenta appeared structurally normal on ultrasound, with no evident masses or increased vascularity. This highlights a known limitation in the prenatal diagnosis of chorangiomas, particularly the multifocal or diffuse subtype, which may not manifest distinct sonographic features, unlike large chorangiomas that may appear as hypoechoic or hyperechoic masses.

CONCLUSION

This case highlights the significance of recognizing chorangiomas as a potential cause of adverse perinatal outcomes. Early detection through ultrasound and close antenatal monitoring are crucial in high-risk pregnancies.

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