

Placental Abruption Associated With Multifocal Chorioangioma: A Case Report

MULTİFOKAL KORİOANJİOMA VE PLASENTAL ABRUPTION: VAKA TAKDİMİ

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SUMMARY

Objective: To detect the possible relation between the pie-cental abruption and multifocal chorioangioma and to review the related literature

Institution: Turkish Health and Therapy Foundation Medical Center Hospital

Materials and Methods: The histopathological examination of the placenta to reveal the cause a placental abruption with unknown etiology and discussion of the result.

Results: The detection of the multifocal chorioangioma with the histopathological examination of the placenta.

Conclusion: The placenta must be examined histopathologically in the cases of placental abruption with unknown etiology.

Key Words: Placental abruption. Placental chorioangioma

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ÖZET

Amaç: Abruption plasenta ile multifokal plasental korioanjimaller arasında olası ilişkiyi tespit etmek ve konu ile ilgili literatürü gözden geçirmek.

Çalışmanın Yapıldığı Yer: Türkiye Sağlık ve Tedavi Vakfı Tıp Merkezi Hastanesi

Materyal ve Metod: Etyolojisi bulunmayan bir abruption plasenta'nın sebebini araştırmak üzere plasentanın histopatolojik incelenmesi ve neticenin tartışılması.

Bulgular: Plasentanın histopatolojik incelenmesi sonucu multifokal korioangioma tespiti.

Sonuç: Sebebi bilinmeyen abruption plasenta vakalarında plasenta histopatolojik olarak incelenmelidir.

Anahtar Kelimeler: Placental abruption, Placental korioangioma

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INTRODUCTION

The separation of the placenta from its site of implantation before the delivery of the fetus; abruptio placenta, is associated with a high perinatal mortality rate between 30-35 percent. Even if the infant survives there may be adverse sequelae. While maternal mortality is now uncommon, morbidity is common and may be severe because of coagulopathy, shock, renal failure. The term accidental hemorrhage is sometimes employed in this situation in the event that this takes place without expectation (1). But there are some situations that one can expect abruptio in their presence. One of these, is placental chorioangioma which is detectable during routine ultrasonographic examinations if it is large enough. But abruptio in association with multifocal chorioangioma might be extremely rare and to our knowledge this is the first presented case.

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CASE

A 25-year-old woman, gravida 1, para 0 was admitted to our hospital at 38 weeks' gestation according to her last menstrual period, complaining of severe crampy abdominal pains and vomiting. She expressed that she could not feel the fetal movements since 3 hours, but just before this she felt very strong movements with sudden onset for a short period. Her prenatal course has been unremarkable. Her medical and family histories likewise unremarkable. There was finger tip cervical dilatation and 70% effacement on vaginal examination. The fetus was in vertex position. The membranes were intact and the uterus had nearly tetanic contractions. There was no bleeding. Her blood pressure and pulse rate were 70/40 mmHg and 96/min. respectively. Fetal heart beats could not be detected with doppler sonograph. On ultrasonographic examination there was a term fetus with no fetal cardiac activity. There was no pathological finding related to the placenta or amniotic fluid. Her initial hemoglobin and hematocrite levels were 10.08gr/dl and 30.9%. Platelet count and fibrinogen level were 113.000 and 6g/l. Her blood pressure was restored to

110/70mmHg. with intravenous fast infusion of Ringer lactate solution 500 cc and Haemaccel 500cc. After 45 minutes from her admission a profuse vaginal bleeding was started. Because of no progression in cervical dilatation and because of tetanic contractions, possible uterine rupture and decreasing hb and hct levels, a cesarean section was performed and a dead male fetus with a normal appearance 3220gr/53cm delivered. The placenta has been already and completely separated with a large retroplacental haematoma and there was a true knot of the umbilical cord. There was a Couvelaire uterus, the tubes and ovaries were normal. During and after the operation the patient received 5 units of whole fresh blood and 2 units of fresh frozen plasma. In the recovery period she did well and discharged on postoperative sixth day. The pathological examination of the placenta revealed multifocal small chorioangiomas. An autopsy to the fetus was not performed.

DISCUSSION

The primary cause of placental abruption is unknown, but there are several associated conditions such as pregnancy-induced or chronic hypertension, preterm prematurely ruptured membranes, external trauma, cigarette smoking, cocaine abuse, uterine leiomyoma, folic acid deficiency. The incidence increase with age. In addition it has been shown it to be higher in women of great parity (1).

Placental chorioangiomas are the most common benign tumors of the placenta. Their incidence has been reported to be about 1 percent on the basis of routine placental studies to 1 in 20.000 births for clinically significant cases. Although small chorioangiomas are relatively common, they are of little consequence and are essentially asymptomatic. Multiple or large tumors (over 5 cm) are associated with a variety of complications, including acute polyhydramnios, nonimmunohydrops fetalis, preeclampsia, preterm labor, fetomaternal transfusion, abnormal presentation, elevated amniotic fluid alpha-fetoprotein and abruptio placentae (2-8). Chorioangioma may be also associated with chromosomal imbalance (9).

Our patient did not have any etiologic factor that could be responsible for the placental abruption. Although the chorioangioma in our study is small multifocal and although it is well accepted that these tumors are not associated with serious complications if their diameters are smaller than 5 cm. (10) we could not explain the reason of the abruption with another factor. The presence of a true knot of the cord might be coincidental or it could be the result of the rough move-

ments of the fetus during the hypoxic stage. It could be explain the sudden death of the fetus but not the abruptio because it did not cause a shortening of the umbilical cord.

Although the literature did not support our view at present we think that as obstetricians we will be able to detect similar cases if we pay enough attention to the cases of placental abruption and routinely evaluate all the prematurely separated placentas histopathologically. If we can prove the association between the multifocal small chorioangioma and the placental abruption, the next step must be developing a method to detect them before labor and such a serious complication occurs.

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