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Case Reports

Chorangioma - A Case Report

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Abstract:

We present a female patient with pregnancy associated with normal live birth and the unusual concomitance of chorangioma. It was an incidental finding during the routine microscopic examination of the placenta of the 30 year multipara whose pregnancy was clinically normal. She was admitted to the Bangladesh Medical College Hospital for labor at 34 weeks gestation. She was investigated thoroughly because of irregular pervaginal bleeding before delivary. Caesarian section was done at 37th weeks of pregnancy. The placenta was found enlarged, irregular and haemorrhagic. Histopathological examination from the sections of specimen was done and diagnosed as Chorangioma. The case is presented as below.

Key words: *Chorangioma*

Case Report:

A 30 year old pregnant female was admitted to Bangladesh Medical College with complaints of pervaginal bleeding. She was admitted to the hospital for labor at 34 weeks of gestation. Caesarian section was performed. She gave birth to a healthy child. Placenta measured 16x14x4cm with centrally attached umbilical cord and radially distributed alantoic blood vessels. The maternal surface showed a dark brown circumscribed area of 8x6cm. The cut surface was spongy and dark brown. Other areas of placenta appeared unremarkable.

Microscopic examination showed a lesion composed of many endothelial cells forming intercommunicated channels. Some of these are forming solid sheets. Most of these cells are plump having oval nuclei with moderate amount of cytoplasm. Some of the intercommunicating channels contain blood. In some areas degenerative changes are seen along with hemorrhage.

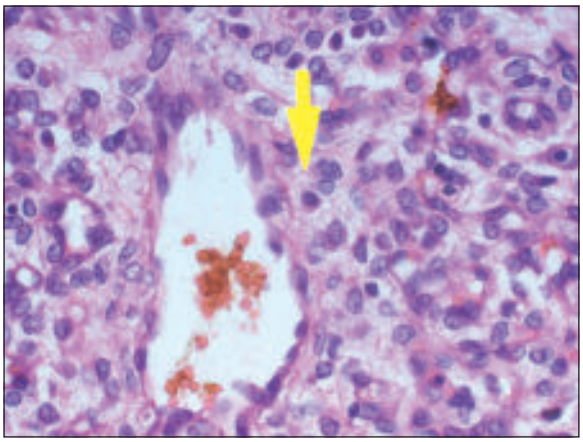

Fig.-1: *Showing many endothelial cells forming channels*

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Discussion:

Chorangiomas (placental haemangioma) represent an excessive proliferation of blood vessels in chorionic villi. It has been referred to as a hamartoma like or a hyperplastic capillary lesion, rather than a true neoplasm. Even though it has no fibrous capsule, it is sharply demarcated from surrounding placental parenchyma by a single or, less frequently, double layer of chorionic epithelium. Chorangioma occurring within villi was considered as a rare tumor of placenta, but in the recent literature it is found in 1% of all placentae[1]. The rate of their occurance rises almost linearly with maternal age. Most are small, discrete and intraplacental. Chorangiomas are found most often in women who are over 30 years old. They are found in primipara and twin pregnancies. Hypertension and diabetes are found more often in combination with chorangioma than they are in otherwise normal pregnancies[2]. Smaller chorangiomas are clinically insignificant. Larger chorangioma (e" 50mm in diameter) may be intraplacental and elevate the fetal surface.

It may be associated with various types of pathology, e.g. heart failure, hydrops fetalis, anaemia, thrombocytopenia, cardiomegaly, premature labor, antepartum hemorrhage and sudden intrauterine fetal death [3-5]. Grossly, chorangioma is well circumscribed. They may lie on the maternal surface, within membrane, or may be attached to the placental disk by a vascular pedicle. It could be divided into endotheliomatous, capillarious, cavernous and fibromatous form. Among these the capillarious type is the most

common. Chorangiomata probably arise as malformations of the primitive angioblastic tissue of the early placenta. An antenatal diagnosis of placental chorangioma, especially those which are large enough to be of clinically significant may be diagnosed as antenatally by ultrasound examination. It may be cause of elevated maternal á-fetoprotein [6]. Parental diagnosis is important to minimize the chance of extensive pervaginal bleeding during childbirth.

Conclusion:

Chorangioma is uncommon but not a rare lesion. It is uncommonly asymptomatic but sometimes give rise to fetal antipartum haemorrhage and occasionally fetal death. Placental morphology should be routinely examined sonologically during antenatal checkup. Suspicious lesions should be access histologically for confirmation.

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