

Chorangioma in Multiparous Aged: Clinical Case

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ABSTRACT

Introduction: Chorangioma is a vascular tumor of placental origin that belongs to the group of vascular hemangiomas, the first report of this tumor was due to Clark in 1798; it is the most common primary non-trophoblastic placental tumor of vascular origin; Due to the few cases reported in the literature, the case treated at our hospital is reported. **Clinical case:** A 37-year-old female has been admitted with the following history: menarche at 12 years of age, IVSA at 13 years of age Gesta 3, Para 2, Caesarean sections 0, Abortions 0, FUP 7 years ago, FPP 06-19-2022 with two follow-up visits prenatal; US pregnancy of 34 SDG, FPP 05-30-2022, Weight 2,250 g. The patient presents obstetric pain of one hour of evolution and, a pregnancy of 35 WG plus labor in the latent phase was diagnosed. Eutocic delivery without complications and placental tumor observed. **Conclusions:** This tumor teaches us that the placental evaluation by ultrasound-doppler control is essential to detect this type of tumor that when they are small, generally goes unnoticed.

Keywords: chorangioma placentae; diagnoses; treatment; multiparous aged.

INTRODUCTION

Chorangioma is a vascular tumor of placental origin that belongs to the group of vascular hemangiomas, the first report of this tumor was due to Clark in 1798; it is the most common primary non-trophoblastic placental tumor of vascular origin; Due to the few cases reported in the literature, the case treated at our hospital is reported.

CLINICAL CASE

A 37-year-old female has been admitted with the following history: menarche at 12 years of age, IVSA at 13 years of age Gesta 3, Para 2, Caesarean sections 0, Abortions 0, FUP 7 years ago, FPP 06-19 -2022 with two prenatal follow-up visits; US pregnancy of 34 SDG, FPP 05-30-2022, Weight 2,250 g. The patient presents obstetric pain of one hour of evolution and, a pregnancy of 35 WG plus labor in the latent phase was diagnosed. Eutocic delivery without complications and placental tumor observed.

CONCLUSIONS

This tumor teaches us that the placental evaluation by ultrasound-doppler control is essential to detect this type of tumor that when they are small, generally goes unnoticed.

Clinical case

A 37-year-old female who was admitted to the emergency department with the following history: menarche at 12 years, IVSA at 13 years Pregnancy 3, Para 2, Cesareans 0, Abortions 0, FUP 7 years ago; Ultrasound with pregnancy of 35 SDG. The patient presented obstetric pain of one hour of evolution and pregnancy plus latent labor was diagnosed. Rest of clinical examination, physical examination and laboratory tests without alterations. Eutocic delivery was attended, a live female product was obtained with meconium (+++), thick umbilical cord, size 49 cm, PC 33.5, PT 39, SI 21, foot 7.5 cm, weight 2,895 g. A placenta was obtained where a placental tumor was observed (Fig. 1). The Pathology report reported: monoamniotic, monochorionic placenta, 17.5 x 17 cm ovoid placental disc with central insertion of the umbilical cord 17 cm long x 1 cm in diameter. Tumor separated from the placenta, pedunculated, measuring 8.2 x 4.2 x 4 cm, with a dark brown multilobed surface. Solid mass with two delimited light brown and dark brown areas with a hematic appearance (Fig. 1). Type of tumor compatible with placental chorioangioma with extensive infarcts, calcifications, and hemosiderin deposits (Fig. 2)

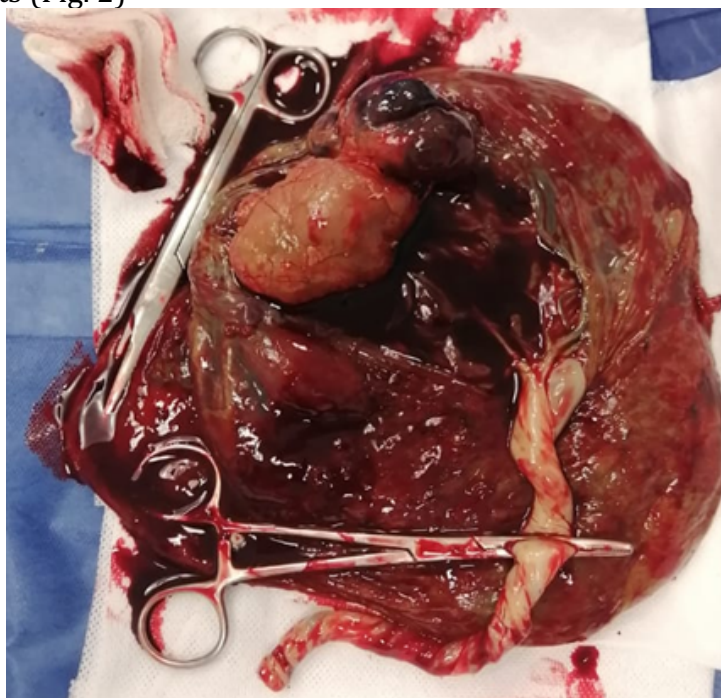


Figure 1. Macroscopic image of a tumor on the posterior face of the placenta.

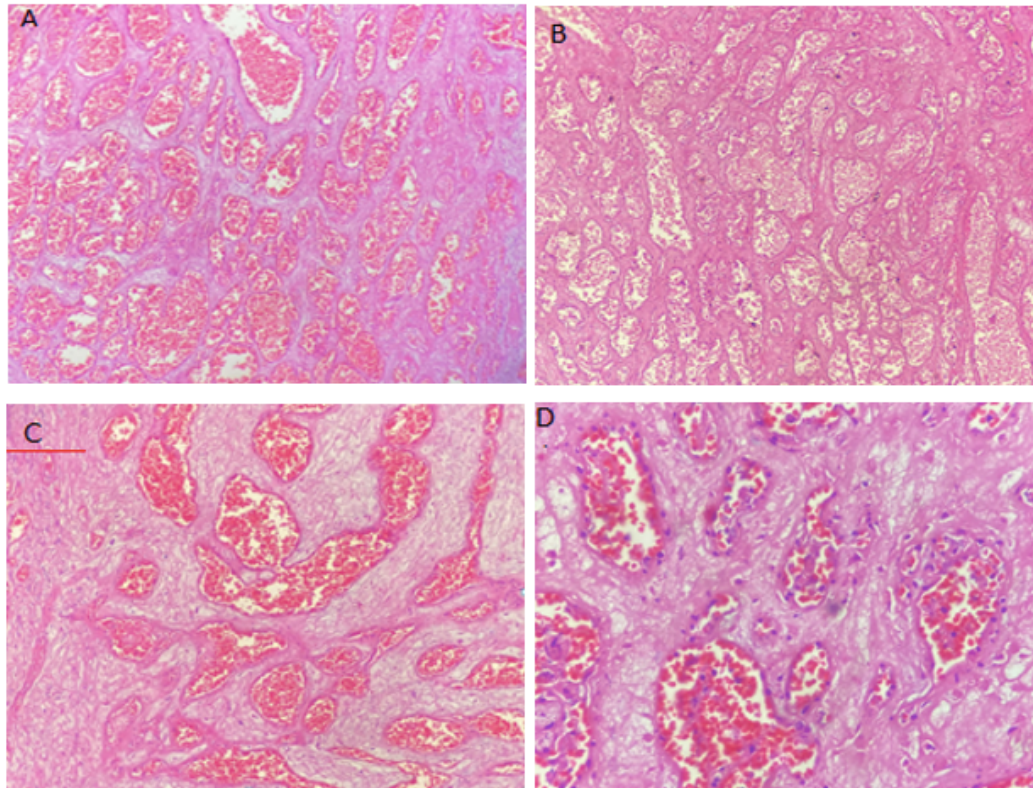


Figure 2. A) A benign neoplasm characterized by 4x vascular (capillary) proliferation is observed. B) It is accompanied by 4x infarct zones. C). When approaching we observe the ectatic capillaries, with abundant erythrocytes inside 10x. D) At a closer approach, endothelial cells with soft cytological characteristics are identified 40x.

DISCUSSION

Giant placental chorioangiomas (greater than 5 cm) are associated with multiple obstetric complications and estimated perinatal mortality varies between 30 to 40% and presents high fetal mortality with various perinatal abnormalities. Ramírez-Cárdenas et al., 4 reported a case detected at 15 weeks of gestation with a hypoechoic placental tumor measuring 20.6x16.9 cm, with fetal death.

Other authors 5 report a case of giant chorioangioma diagnosed postpartum with polyhydramnios as the only clinical manifestation associated with preterm labor where they emphasize the value of diagnostic ultrasound that can discover placental lesions smaller than 4 cm from the second month of pregnancy.

Blengio V, et al., 6 report a case in a 21-year-old patient who presented a giant chorioangioma measuring 82x58 mm diagnosed at 28 weeks of gestation with a normal product obtained by cesarean section. This tumor did not increase in size during follow-up. no fetal-maternal repercussions

Torres-Correa et al, 7 report a case detected at 26 weeks of gestation in a 21-year-old patient with a 7-cm tumor whose histochemical analysis for CD34 and anti-smooth muscle antibodies

were positive with pregnancy complications, preterm delivery, hydrops fetal growth retardation and intrauterine fetal death.

Desai T et al, 8 report a case in a 26-year-old primigravid patient with 31 weeks plus 5 days of gestation. At 21 weeks of gestation, a 6.5x5.2 cm placental tumor was discovered close to the umbilical cord insertion site, diagnosing chorioangioma. At week 26, tumor growth of 115 to 160 ml was detected, which continued to increase and a cesarean section was performed in week 31 plus 5 days, obtaining a low-weight male product (1.56 kg) with an Apgar score of 6/10 to 8/10 at one minute and at 5 min, he remained two weeks in the neonatology unit and was discharged from the maternal-fetal binomial at 21 days of your hospital admission.

Moreno-López et al, 9 present a case of a 31-year-old patient, with multiple gestations, in whom a placental tumor of 68.4x63.6 mm was detected in the second trimester of pregnancy. The pregnancy was resolved by cesarean section, obtaining a female product with Capurro of 32.8 weeks of gestation, both were discharged without complications. The authors emphasize the follow-up of these cases with serial Ultrasonography. Novoa et al, 10 present the case of a 16-year-old pregnant woman with 25 weeks of gestation who presented a tumor of 8x8.3x4 cm and volume of 19 ml causing anemia severe fetus and polyhydramnios, intrauterine laser ablation of the feeding vessel was performed by fetoscopy, a female product was obtained by emergency cesarean section with good results.

Regarding the management of these cases, Sarmiento-Rodríguez et al 11 talk about monitoring these pregnancies, in utero fetal transfusion and invasive procedures guided by ultrasonography; Yadav et al, 12 recommend follow-up in small tumors every 6 to 8 weeks and in giant tumors every 1 to 2 weeks and their management can be with ultrasound-guided laser, endoscopic devascularization, alcohol ablation, amnioreduction and indomethacin to prevent perinatal mortality. . Conclusions: This tumor reminds us that placental assessment by control ultrasound during pregnancy is important to detect this type of tumors because when they are small they generally go unnoticed and in some cases they are only diagnosed when the postpartum placenta is reviewed, a review that should be systematic.

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