



Chorioangioma associated with premature rupture of preterm membranes in pregnancy obtained by in vitro fertilization. Presentation of a case

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Abstract

Chorioangioma is the most common non-trophoblastic placental tumor, with an incidence of 1% of pregnancies. It was first described by Clarke in 1978. Although its etiology is not precisely known, it's believed to consist of an abnormal proliferation of vessels in various stages of differentiation in the placental stroma. Prenatal diagnosis is made through ultrasound visualization of a rounded, hypoechoic, homogeneous-looking formation located on the fetal side of the placenta, with color Doppler inside.

CASE CLINIC:

47-year-old woman, nulliparous. Pregnancy obtained by in vitro fertilization (egg donation).

Just overweight as risk factor. During routine ultrasound at week 34, a well-circumscribed rounded nodule was evidenced in the placental thickness, with peripheral and internal color Doppler, measuring 36x32mm (FIGURE 1).

The amniotic fluid is at the high limit (amniotic fluid index: 23 cm, FIGURE 2) and the fetal weight corresponds to 100th percentile for gestational age. At week 35, the patient was admitted due to premature rupture of membranes. A caesarean section was performed for breech presentation. A 2760g woman is born without incident. Placenta was sent (FIGURE 3) for study to Pathology, confirming the diagnosis of a 5 cm chorioangioma.

Chorioangiomas with measurements below 4-5 cm are usually asymptomatic and rarely cause complications; however, large ones are associated with adverse perinatal outcomes and maternal complications. Ultrasound is the gold standard for diagnosis and management. It is important to perform a placental evaluation during routine ultrasound to identify abnormal findings such as these tumors. Weekly ultrasound follow-up is recommended in order to identify early signs of fetal compromise. In cases of severe affectation (polyhydramnios, restricted intrauterine growth, fetal anemia...) intrauterine therapies have been described, such as alcohol ablation or tumor devascularization by laser..

Biography

Dra López works in Hospital de Poniente (Almería, España) since 2017. She always have loved obstetric ultrasound although her main field of work is cervical pathology and VPH lesions.

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