

Symbolic Case of a Diffuse Chorangiomas without Foetal Impact with a Review of the Literature

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Case Report

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Abstract: Most of the macroscopically visible abnormalities of the placenta are of no functional significance, the major exception to this general banality being the uncommon large haemangioma or diffuse chorangiomas which can cause complications in the mother, fetus and neonate [1]. Fetal complications are represented by: intrauterine growth retardation, intrauterine fetal death, placenta praevia, fetal distress [2]. Complication neonatal dominated by the cardiac insufficiency; the anemia of the other deformations is has to look for in native comment: angiomas of the infant with visceral or cutaneous localization [3]. We bring back the case of a diffuse chorioangiomas at a mother who presents no pathology linked to pregnancy and to whom the newborn child presented no anomaly. In spite of the placenta was totally taken it had no clinical translation thing which did not suit to the data of the literature.

Keywords: Chorangioma, Chorangiomas, Placental Vascular Lesions, Pregnancy Outcomes.

INTRODUCTION

The chorangioma is a placental angioma found in 1 % often small-sized and asymptomatic on the other hand the large-sized chorangioma or the diffuse forms: chorioangiomas are very rare and often accompanied by intra-uterine growth retardation, hydramnios, prematurity, hydrops fetalis what involves the importance of the ultrasound study of the placenta in search of these anomalies as well as the interest of the examination of the placenta after any delivery. Histologically the chorangioma present as capillary channels forming a lesion expansible; the component stromale is established by cells surrounded with the trophoblaste [4].

CASE REPORT

It is about a 19 years old patient primigest, primiparous with pregnancy of 40 weeks of amenorrhea without any notable pathological antecedent, no concept of consanguinity or of malformation in the family. The pregnancy was held normally without any problem detected

At the time of follow-up: normal blood pressure, no gestational diabetes and no neonatal infections. Nevertheless serology of the toxoplasmosis; rubella; cytomegalovirus not made as well as morphological ultrasound.

We accept patient in active phase of work: normotensive, afebrile, the vaginal examination Find a collar opened in 6 cm Amniotic sac broken with clear liquid. A fetal heartbeat was normal, obstetric echography finds a biometrics corresponding at the

gestational age with an amniotic fluid in normal quantity.

A RCF carried out returned normal obstetric echography finds a biometrics corresponding at the end with an amniotic; the placenta was heterogeneous with multiples vacuoles. The childbirth proceeded normally, it allowed the extraction of new born with an appgar score at 10 that weighs 3300 g. an artificial delivery discovered a placenta of abnormal aspect, multi nodular. The pediatrics examination did not reveal any anomaly and abdominal echography in search of angioma or other malformation returned normal.

The anatomopathology find at macroscopic study a heavy placenta (3 kg), measuring 34 /30 /3 cm badly limited heterogeneous aspect with multiple nodular formations measuring between 0.5 to 8 cm .(fig 1)

At microscopic study show an heterogeneous population of placental villousities of big size with vascular proliferation of many dilated capillaries bordered of a simple layer of regular cells with hemorrhagic suffusions, intervillous spaces are filled by the hemorrhage and fibrin deposits (fig2;3) we concluded a morphological aspect of multiple placental Choriangiomas.

DISCUSSION

The origin of the chorangioma or the chorangiomas remains little clarified but the histological study shows an overlapping of the capillary villousities which implies blood narrowband and consequently a foetal hypoxia[5].

The chorangioma is a vascular present tumor in 1 % of placenta but which is detectable in the macroscopic examination only in 10 % cases most of these angiomas have a small size and without fetal echo on the other hand when it is about big placental angiomas of more than 5 cms or when it is about spread choriangiomas the foetal repercussions are serious [6].

The most dangerous complications found in this entity are: growth retardation, fetal demise, lower birth weight. And there is a correlation between the

multifocal presence of this lesion and the severity of their clinical translation [7, 8].

Congestive heart failure revealed by a cardiomegalie, oedema under cutaneous, hydropsfetalis, an hydramnios, is understandable by a redistribution of the systematic flow through of multiple vascular shunt in the choriangiomas which required an adaptation of the foetal hemodynamic. A part of the oxygenated blood resulting from the umbilical artery does not participate anymore in the exchanges uteroplacentaires, it can who entrainer a functional placental insufficiency. The anaemia and the thrombopénia are brought back they are due to an excessive detention. This choriangiomas can be associated has other congenital angiomas to see in angiomas which are afterward going to seem in the childhood what implies their research after the birth[10].

The case which we bring back represents a diffuse choriangiomas discovered just to the delivery which stuffed all the placenta with rare bum around healthy and that the newborn child presented a normal weight and presented no anomaly what leads us to question the correlation between the severity of the placental lesions and the fetal complications and leads us to study the ways of placental substitution.

Iconography



Fig-1: Heterogeneous placenta stuffed with nodules

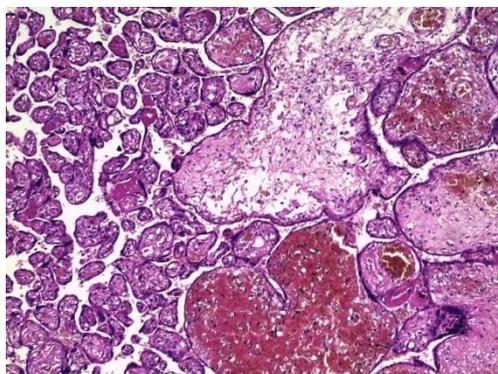


Fig-2: Enormous placental villousities with normal villousities (G X 10)

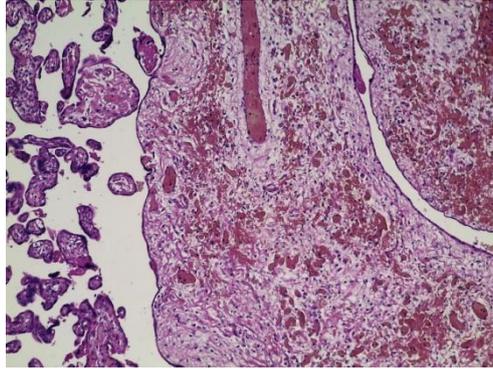


Fig-3: Large-sized villousities with numerous congestive capillaries with oedema and thinning down of the trophoblaste (GX40)

CONCLUSION

The diffuse chorioangiomas is a very rare placental pathology the diagnosis is evoked in the obstetric ultrasound and on examination of the placenta which is heterogeneous nodular and confirmed by the histology the foetal impact is variable as a function of the mechanisms of placental substitution and the foetal adaptation.

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