Original Resear	Volume - 13 Issue - 03 March - 2023 PRINT ISSN No. 2249 - 555X DOI : 10.36106/ijar Obstetrics & Gynaecology A CASE REPORT OF PLACENTA SUCCENTURIATA
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ABSTRACT Placenta succenturiate is a morphological abnormality of the placenta where one or more of the lobes are present outside the placental body. These can have different sizes and are connected by blood vessels to the main placenta. The accessory lobe develops from the chorionic villi that did not involute from the mild chorion. The estimated incidence worldwide is 1.04%. This entity has	

lobe develops from the chorionic villi that did not involute from the mild chorion. The estimated incidence worldwide is 1.04%. This entity has been associated with two main risk factors, advanced maternal age and women who have undergone in vitro fertilization. case report: Herein, we report a case of pregnancy with an incidental finding of succenturiate lobe of placenta in a 30-year G2P1L1 at 38 weeks +6 days' gestation presented to our emergency with pain in lower abdomen. she was admitted in the labor room where she delivered a healthy male baby. The placenta was delivered out along with membranes intoto by controlled cord traction. It had a small accessory lobe, a size of two cotyledons in the membranes at a distance from the main placenta. This accessory lobe had vascular connections with the main placenta. Conclusion: the succenturiate placenta is a morphological abnormality, and is generally diagnosed in the postpartum period, but the ultrasonography guided both the fetus and the mother.

KEYWORDS:

INTRODUCTION

The placenta succenturiate or, succenturiate placenta is an abnormality of placenta having succenturiate lobe. In anatomy "succenturiate" means accessory to an organ. The term succenturiate derives from the Latin word "succenturio" meaning "to substitute". Succenturiate lobe is one or, more small accessory placental lobe, size of a cotyledon which develops in the membranes at a distant from the periphery of the main placental disc usually having vascular connections of fetal origin which runs through the membranes connecting main placenta to the succenturiate lobe. If these interconnecting vessels are missing, the placenta is called 'placenta spuria'. Most of the succenturiate lobe have vasa previa. The accessory lobe is developed from the activated villi on the chorionic leave. Another hypothesis is that implantation of the ovum occurs in the sulcus between the two walls of the uterus. Its overall incidence is approximately 1.04%.

CASE REPORT

A 30-year-old G2P1L1 at 38 weeks +6 days' gestation presented to our emergency with pain in lower abdomen. She had her routine antenatal checkup and uneventful present pregnancy. She had previous normal vaginal delivery. Examination revealed stable vitals with pulse rate of 78 beats per min, regular in rhythm and volume, blood pressure of 108/72 mmHg measured in supine position in right arm. Other systemic examination was normal. After proper internal examination, she was admitted in the labor room where she delivered a 2.7 kg healthy male baby. Subsequently, the placenta was delivered out along with membranes intoto by controlled cord traction. The placenta on being thoroughly examined had a small accessory lobe, a size of two cotyledons in the membranes at a distance from the main placenta. This accessory lobe had vascular connections with the main placenta. No other abnormality was detected in the placenta and the umbilical cord. There was no incidence of excessive bleeding per vaginum. The postpartum period was uneventful. She underwent puerperal sterilization on postpartum day 3 and was discharged on postpartum day 10 after suture removal.

DISCUSSION

Placental abnormalities are an uncommon obstetric finding and among them the succenturiate lobe of placenta is a very rare entity which is common in elderly pregnant women and who have undergone in vitro fertilization (IVF). The pathogenesis is considered to be the local failure of normal villous atrophy, which results in a remnant of villous tissue at a distance from the main placenta. Another hypothesis is that implantation of the ovum occurs in the sulcus between the two walls of the uterus. The proposed hypothesis for increased risk due to IVF can be attributed to the fact that the pregnancy and formation of the chorion are initiated in vitro, and hence the inherent difference in the nature of the placenta itself predisposes the patient to various risks like placenta

and the main placenta. However, before making the diagnosis of a succenturiate placenta, it is imperative to rule out multiple pregnancies by assessing the chorionicity. In addition, there have been cases reported in the literature wherein the USG diagnosis of succenturiate placenta was mistaken as amniotic band syndrome owing to the interconnecting vessels between the two parts of the placenta. Using colour Doppler to visualize fetal blood flow is helpful in excluding the diagnosis of amniotic band syndrome. Use of colour Doppler also improves detection of the most dreaded complication of a succenturiate placenta-vasa previa. In a patient with prenatal diagnosis of succenturiate placenta, vaginal bleeding can be a baleful sign. The cause and source of bleeding should be determined with utmost priority and concern. A ruptured vasa previa almost always indicates a poor prognosis for the fetus. This rare entity might complicate the pregnancy and risk the life of mother as well as fetus. Succenturiate lobes of placenta are associated with retained placenta and hence postpartum infection and hemorrhage. The succenturiate placenta is a morphological abnormality, the ultrasonography guided recognition of which in the antenatal period is important. Accompanying vasa previa might cause



previa, placental abruption, and abnormalities related to morphology such as succenturiate and bilobate placenta. Increased maternal age is

responsible for endothelial damage due to ageing, which predisposes

the placental tissue to develop infarcts. Literature also mentions that

one-third of cases of succenturiate placenta are associated with some

type of infarction that may lead to atrophy between the accessory lobe

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Vascular connections of fetal origin which running through the membranes connecting main placenta to the succenturiate lobe

Risk factors

Some authors suggest that there is a higher prevalence of a succenturiate lobe in patients:

- Elderly pregnant women
- With a history of in vitro fertilization.

RADIOGRAPHIC FEATURES

Antenatal ultrasound

It is seen as a smaller separate lobe of similar echotexture to the main placental disc. It is important to establish the location of any connecting vessels, and in particular to look for any vascular connection crossing the internal os (i.e. vasa previa)



Placenta with Succenturiate lobe



Placenta with Succenturiate lobe with connecting blood vessels

COMPLICATIONS

- Increased incidence of type II vasa previa.
- Increased incidence in pelvic infection, infertility, and preeclampsia.
- Increased incidence of postpartum hemorrhage due to retained placental tissue.
- Increases the risks for prematurity, impaired fetal growth, and cesarean delivery
- Subinvolution: It's due to the retained lobe of the placenta.
- Polyp formation: Polyps are growths that can form in the lining of the uterus due to retained lobe. They are usually benign, but can sometimes be malignant.

DIFFERENTIAL DIAGNOSIS

If more than one lobe of the placenta is confidently seen in an antenatal scan, consider:

- bilobed placenta: two lobes are usually of similar size
- twin pregnancy with two placentas

For a focal area of increased thickening on ultrasound:

- focal myometrial contraction
- isoechoic hematoma from a placental abruption

CONCLUSION

The succenturiate placenta is a morphological abnormality, and is generally diagnosed in the postpartum period, but the ultrasonography guided recognition of which in the antenatal period is important. This variety of placenta carries many risks that can compromise the health and life of both the fetus and the mother.

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CONFLICT OF INTEREST

Authors do not have any conflict of interest.

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