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SILENT GIANT, A RARE CASE OF PLACENTAL CHORIOANGIOMA

Pathology

Dr Swarna GM	2nd Year Post Graduate
Dr Divya TK	Professor
Dr Ashwini Nayak	Professor
Dr Vijaya C	HOD, Department Of Pathology

KEYWORDS

INTRODUCTION

Chorioangioma are the most common benign tumors of the placenta and are hemartomas of primitive chorionic mesenchyma or angioma and have an incidence of 1%. Small tumors are usually asymptomatic, but large tumors may be associated with polyhydramnios, fetal anemia, hydrops fetalis, preterm labor, IUGR. Placental chorioangioma is associated with perinatal complications, hence close fetal surveillance and appropriate intervention is required to prevent negative outcomes.

CASE SUMMARY

A 26 years old primigravida with 38+2 weeks of gestation came with scan s/o placental chorioangioma.. She conceived after ovulation induction with letrozole. k/c/o hypothyroidism and gestational hypertension.

On examination her PR-110bpm, Bp-140/90mmhg. she was term pregnancy with cephalic presentation Her routine blood investigations were within normal limits. She was a short stature with height-145 cm.

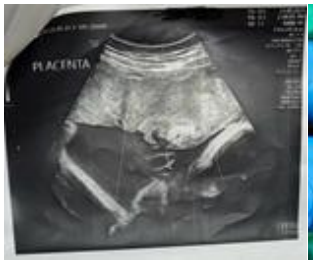
Her Obstetrics scan showed a SLIUG-3.328kgs and hyperechoic area noted in placenta measuring 4.8x1.2cm with mild vascularity and calcification on color doppler likely chorioangioma. Normal doppler studies.

Patient underwent emergency lscs (ivo CPD in labor) and extracted a male baby of birth weigth 2.98Kg at 12:09 PM on 10/03/2025 with good APGAR.

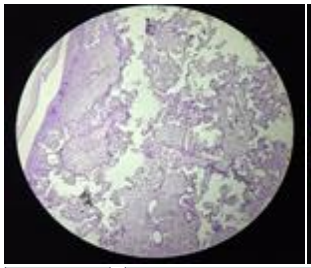
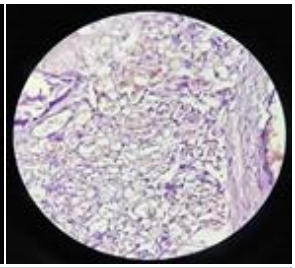
The neonate was delivered with good APGAR score and weighted 2.98kgs with hemoglobin 12.5gm/dl

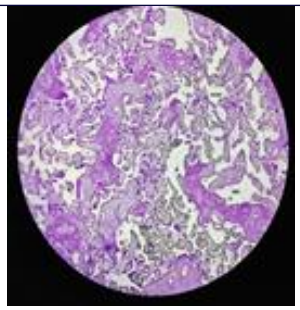
Histopathogy of the placenta is consistent with placental chorioangioma.

IMAGES



Approximately tumor size measuring 5x2cm noted on the maternal side of placenta.



***Courtesy : Dept Of Pathology**

- Multiple Villi
- Few Blood Vessels Surrounded By Stroma
- Trophoblastic Proliferation Without Atypia

DISCUSSION

Sonographic recognition of placental mass is important ,Doppler imaging is crucial for monitoring and managing potential complications and close fetal surveillance.

Management strategies ranges from conservative monitoring to interventions like amnioreduction, intrauterine transfusions or surgical devascularization, depending on severity of symptoms and gestational age.

Medical induction of labor is necessary as prolonging gestation may put the fetus at risk of further complications including “stealing phenomenon” which may compromise fetal circulation.

CONCLUSION

The importance of serial ultrasound and Doppler surveillance cannot be over stated, guiding timely intervention in case of developing fetal anemia,hydrops or polyhydramnios.This case highlights that,with careful monitoring, even borderline large chorioangiomas can reach term without invasive therapy, supporting balanced and individualized clinical decision making.

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