Scholars Journal of Applied Medical Sciences (SJAMS)
Abbreviated Key Title: Sch. J. App. Med. Sci.
ISSN 2320-6691 (Online)
ISSN 2347-954X (Print)

A Unit of Scholars Academic and Scientific Society, India
www.saspublisher.com

Obstetrics&Gynecology

Symbolic Case of a DiffueChorangiomatosis without Foetal Impact with a Review of the Literature

Mohattane A[1*], Abida A[1], Sarroukh M[1], Lamalmi N[2], Ragala A[1], Amrani S[1], Bargach S[1]
[1]Department of Gynecology Obstetrics Cancerologyand High Risk Pregnancy Souissi Maternity Hospital Teach, Rabat
[2]Department of Anatomopathology Child's Hospital Teach, Rabat

Case Report

***Corresponding author**
Mohattane A

Article History
Received: 05.09.2018
Accepted: 16.09.2018
Published: 30.09.2018

DOI:
10.21276/sjams.2018.6.9.36

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 chorangiomatosis 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 chorioangiomatose 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, Chorangiomatosis, Placental Vascular Lesions, Pregnancy Outcomes.

INTRODUCTION

The chorangioma is a placentaryangioma found in 1 °/° often small-sized and asymptomatic on the other hand the large-sized chorangioma or the diffuse forms: chorioangiomatosis are very rare and often accompanied by intra-uterine growth retardation, hydramnios, prematurity, hydropsfetalis 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, apyretic, 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 carriedout returned normalobstetric echography finds a biometricscorresponding 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 villosities 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 Choriangiomatosis.

DISCUSSION

The origin of the chorangioma or the chorangiomatosis remains little clarified but the histological study shows an overlapping of the capillary villosities which implies blood narrowband and consequently a foetalhypoxia[5].

The chorangiome 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 placentaryangiomas of more than 5 cms or when it is about spread chorioangomatose 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 cardiomégalie, oedema under cutaneous, hydropsfetalis, an hydramnios, is understandable by a redistribution of the systematic flow through of multiple vascular shunt in the chorioangiomatosiswich required an adaptation of the foetalhémodynamic. A part of the oxygenated blood resulting from the umbilical artery does not participate anymore in the exchanges utéroplacentaires, it can who entrainer a functional placental insufficiency. The anaemia and the thrombopénia are brought back they are due to an excessive detention. This chorioangiomes 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 chotangiomatosis 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 placentary lesions and the fetal complications and leads us to study the ways of placentary substitution.

Iconography

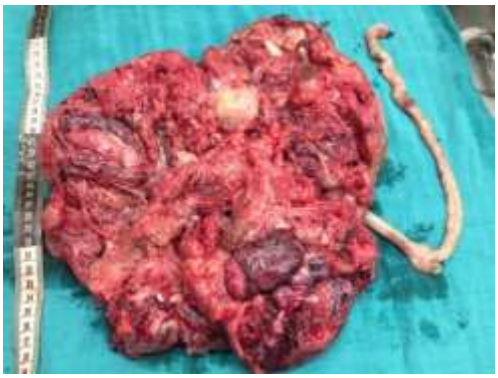

Fig-1: Heterogeneous placenta stuffed with nodules

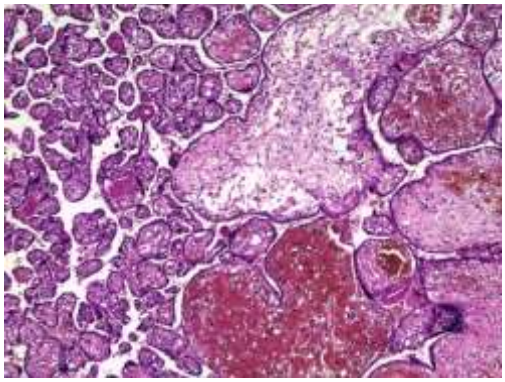

Fig-2: Enormous placentaryvillosities with normal villosities (G X 10)

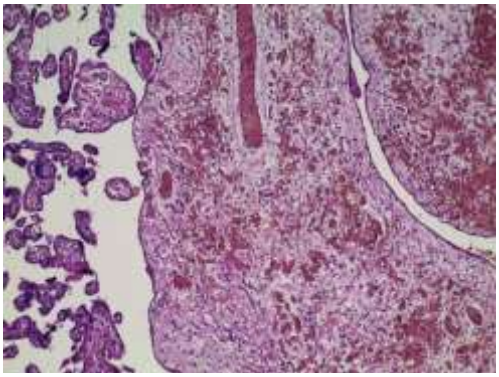

Fig-3: Large-sized villosities with numerous congestive capillaries with oedema and thinning down of the trophoblaste (GX40)

CONCLUSION

The diffuse chorioangiomatosis is a very rare placentary 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 placentary substitution and the foetal adaptation.

REFERENCES

1. Pathology of the placenta.Fox H. ClinObstetGynaecol. 1986 Sep;13(3):501-19.
2. Chorangiosis and chorangioma in three cohorts of placentas from Nepal, Tibet, and Japan. Soma H, Watanabe Y, Hata T ReprodFertil Dev. 1995;7(6):1533.
3. North PE, Waner M, Mizeracki A, Mrak RE, Nicholas R, Kincannon J, Suen JY, MihmJr MC. A unique microvascular phenotype shared by juvenile hemangiomas and human placenta. Archives of dermatology. 2001 May 1;137(5):559-70.
4. Final Diagnosis. Intrauterine fetal demise due to multifocal chorangiomatosis of the placenta *Lananh Nguyen, MD and W. Tony Parks, MD.* Hum Pathol. 2000 Aug;31(8):945-54.
5. Ogino S, Redline RW. Villous capillary lesions of the placenta: distinctions between chorangioma, chorangiomatosis, and chorangiosis. Human pathology. 2000 Aug 1;31(8):945-54.
6. Hirata GI, Masaki DI, O'toole M, Medearis AL, Platt LD. Color flow mapping and Doppler velocimetry in the diagnosis and management of a placental chorioangioma associated with nonimmune fetal hydrops. Obstetrics and gynecology. 1993 May;81(5 (Pt 2)):850-2.
7. MomeniBoroujeni A, Yousefi E, Vincent MT, Anderson V. Chorangiomatosis: Evaluation of a placental vascular lesion and related clinical effects. Fetal and pediatric pathology. 2014 Oct 1;33(5-6):331-8.
8. Ogino S, Redline RW. Villous capillary lesions of the placenta: distinctions between chorangioma, chorangiomatosis, and chorangiosis. Human pathology. 2000 Aug 1;31(8):945-54.
9. Mubiayi N, Cordonnier C, Le Goueff F. Choriangiomesplacentairesdiagnostique´s pendant le second trimestre de grossessequatrecas. J GynecolObstetBiolReprod (Paris). 2002; 31:187–92.
10. North PE, Waner M, Mizeracki A, Mrak RE, Nicholas R, Kincannon J, Suen JY, MihmJr MC. A unique microvascular phenotype shared by juvenile hemangiomas and human placenta. Archives of dermatology. 2001 May 1;137(5):559-70.