

Successful pregnancy outcome following in-utero embolization of symptomatic giant placental chorioangioma

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ABSTRACT

Introduction: Chorioangiomas are hamartomas of the primitive chorionic mesenchyme, being the most common tumour of the placenta. Small chorioangioma tends to remain asymptomatic. Large chorioangioma tend to complicate pregnancy. Giant chorioangioma may cause maternal and fetal complications. The principle of treating symptomatic placental tumour is mainly aimed at occluding the tumour of its blood supply. Key points to decide on the best treatment modality includes the site of tumour, accessibility, size and number of feeder vessels, operator expertise with modality and risk of iatrogenic pre-labour rupture of membranes. **Case Description:** A 27-year-old Malay lady, in her first pregnancy was referred to us at 26 weeks of gestation for a large mass in the placenta. It had complicated the pregnancy causing polyhydramnions, fetal anemia and imminent fetal cardiac failure. Under ultrasound guidance, Histoacryl tissue glue was used to embolise the tumour feeder vessel. Serial ultrasound assessment of the fetus showed resolution of fetal anemia, polyhydramnions and fetal cardiac failure. We successfully delivered the fetus at 37 weeks with a good neonatal outcome. **Discussion:** Endovascular embolization with Histoacryl tissue glue provides a safe and minimally invasive modality of treating a symptomatic chorioangioma.