

A large Breus' Mole of placenta causing adverse foetal outcome

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Introduction

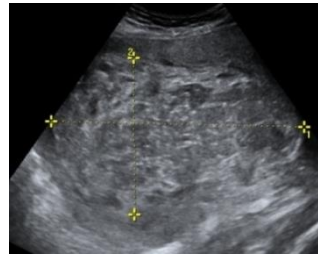
We present a case of large Breus' Mole of placenta complicated by intrauterine growth retardation and oligohydramnios resulting in intrauterine death.

Case report

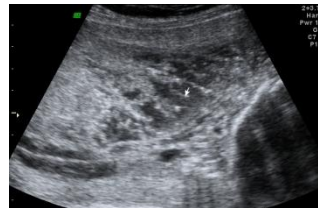
Patient was a 33 year old, gravida 5 para 2+3. She was referred from private centre at 23+5 weeks. Ultrasound screening scan performed showed symmetrical IUGR with large placenta mass of 14cm. Subsequent growth and Doppler scans showed oligohydramnios, reversed flow in umbilical artery and reversed 'a' wave in ductus venosus flow. The placental mass was present in all scans performed and consistently at around 13cm in size.

Ultrasound evaluation suggested a chorioangioma.

Patient presented at 29+1 weeks complaining of per vaginal bleed with irregular contraction and reduced fetal movement. Ultrasound confirmed intrauterine death. Patient was induced and delivered vaginally on the same day. Birth weight was 530g. Placental weight was 348g.



*Fig. 1
Heterogeneous aspect of the placenta.
Calipers indicate the limits of the Breus' Mole.*



*Fig. 2
The placenta is heterogeneous on the chorionic side (arrow) and more echogenic on the basal side.*

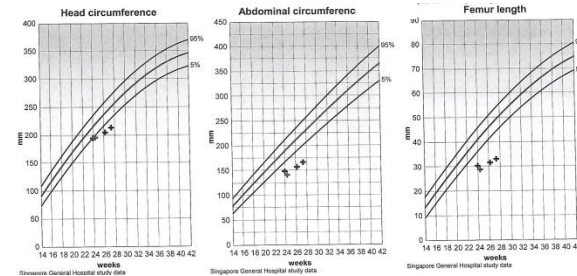


Fig.3 Fetal biometric parameters show symmetrical IUGR.

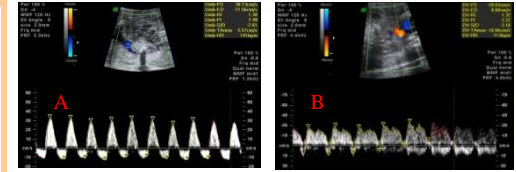


Fig.4 (A)Reversed diastolic flow is seen in umbilical artery waveform and (B) reversed 'a' wave in ductus venosus flow .

Result

Placental histology showed a massive subchorial haematoma (Breus' Mole). Increased nucleated fetal red blood cells. Chronic villitis of unknown etiology, high grade and changes in keeping with villous malperfusion.

Conclusion

In the index case, Breus' Mole appearances on ultrasound mimic a chorioangioma. Intrauterine growth retardation and compromised fetal circulation demonstrated on Doppler studies could be the consequences of uteroplacental insufficiency from the massive subchorionic haematoma.