Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/12965
DOI URL: http://dx.doi.org/10.21474/IJAR01/12965

RESEARCH ARTICLE

SUBAMNIOTIC HEMATOMA : CASE REPORT AND REVIEW OF LITERATURE

Najlae Lrhorfi, Hasnae Moslih, Siham El Haddad, Nazik Allali and Latifa Chat
Pediatric Imaging Department, UHC IbnSina, Faculty Of Medicine, Mohamed V University, Rabat, Morocco.

Manuscript Info

Manuscript History
Received: 30 March 2021
Final Accepted: 30 April 2021
Published: May 2021

Key words:-
Subamniotic Hematoma, Placenta, Obstetric Ultrasound

Abstract

Subamniotic hematomais a classic placental lesion resulting from the rupture of chorionic vessels near the insertion of the cord. The development of these lesions is rarely reported in utero. We present the case of asubamnioticheматomadiscoveredincidentally on obstetric ultrasound in a 28-year-old woman, primigestin her20th gestational week.

Introduction:-

Subamniotic hematomais a placentallesiondeveloping on itsfetal surface, resultingfrom the rupture of chorionicvesselsnear the insertion of the umbilicalcord. Most of thesecystsresultfrom excessive pulling on the umbilicalcordduringchildbirth(1).

Case report :

A 28-year-old woman, with no significantmedicalhistoryincludingobstetrics, seen for the first time in her 20th week of gestation. The clinicalexaminationwasunremarkable, the obstetricultrasoundwas normal apartfrom the discovery of anunilocular, rounded, echogeniccysticlesionevolving on the fetal surface of the placenta near the insertion of the umbilicalcord, containingtwoinerthyperechogenic formations related to organizedclots, withoutcolorDopplerflow, whichwas in favor of a subamniotichematoma(Figure 1). Subsequentultrasoundexaminationscoupledwithcolor Doppler of umbilicalcordarterieswerescheduled to assess a possible impact on fetalgrowth and which have all been normal.

Discussion:-

Evaluation of previous cases of cystic masses originatingfrom the fetal surface of the placenta isdifficult due to the varyingterminologyused. The type of lesionwe are reportinghereappears to be the same as what has been described in the literature as “membranouscyst”, “subchorioniccyst”, “chorioniccyst” and “ surface placentalcyst ”.

The overall incidence of theseplacentalcystscanreach 5% of pregnancies (2). Oftenthesecysts are locatednear the insertion of the umbilicalcord and mayalreadybepresentduring the first trimester (3).

Subamniotic hematomacanbeaccuratelydiagnosed in utero on ultrasound and differentiatedfromotherlesions of the placentalchorionic plate. It is a unilocularcystlimited on one side by the amnion, and on the otherside by the chorionic plate of the fetal surface of the placenta (4); on ultrasound, its content ishypoechogenicwith the presence of inert formations, floating or attached to the chorionic plate, related to retractedbloodclots and / or fibrindeposits.

Corresponding Author:- Najlae Lrhorfi
Address:- Pediatric Imaging Department, UHC IbnSina, Faculty Of Medicine, Mohamed V University, Rabat, Morocco.

Although the lesionislocatedbetween the chorion and the amnion, cystslargerthan 4.5 cm or more than 3 in numberseem to have a higherfrequency in terms of complications, namely: fetal-maternalhemorrhageresponsible for an IUFD or fetalgrowthrestrictionin approximately 10% of cases (2), hence the importance of an earlyantenataldiagnosis.

The riskfactors for theselesions have not yet been identified. In one reported case, therewasbleedingbetween the 15th and 17th weeks of gestation beforedetectingsubamniotichematomaon the second trimesterultrasound (3). However, in practice, bleedingistoocommon in pregnancy to be a usefulindicator. Moreover, the two are not necessarilyassociated. In somereported cases (3, 5), aFPwaselevated, possiblyrelated to hemorrhage, and therewas restriction of intrauterinefetalgrowth. None of thesecharacteristicswereobserved in our case.

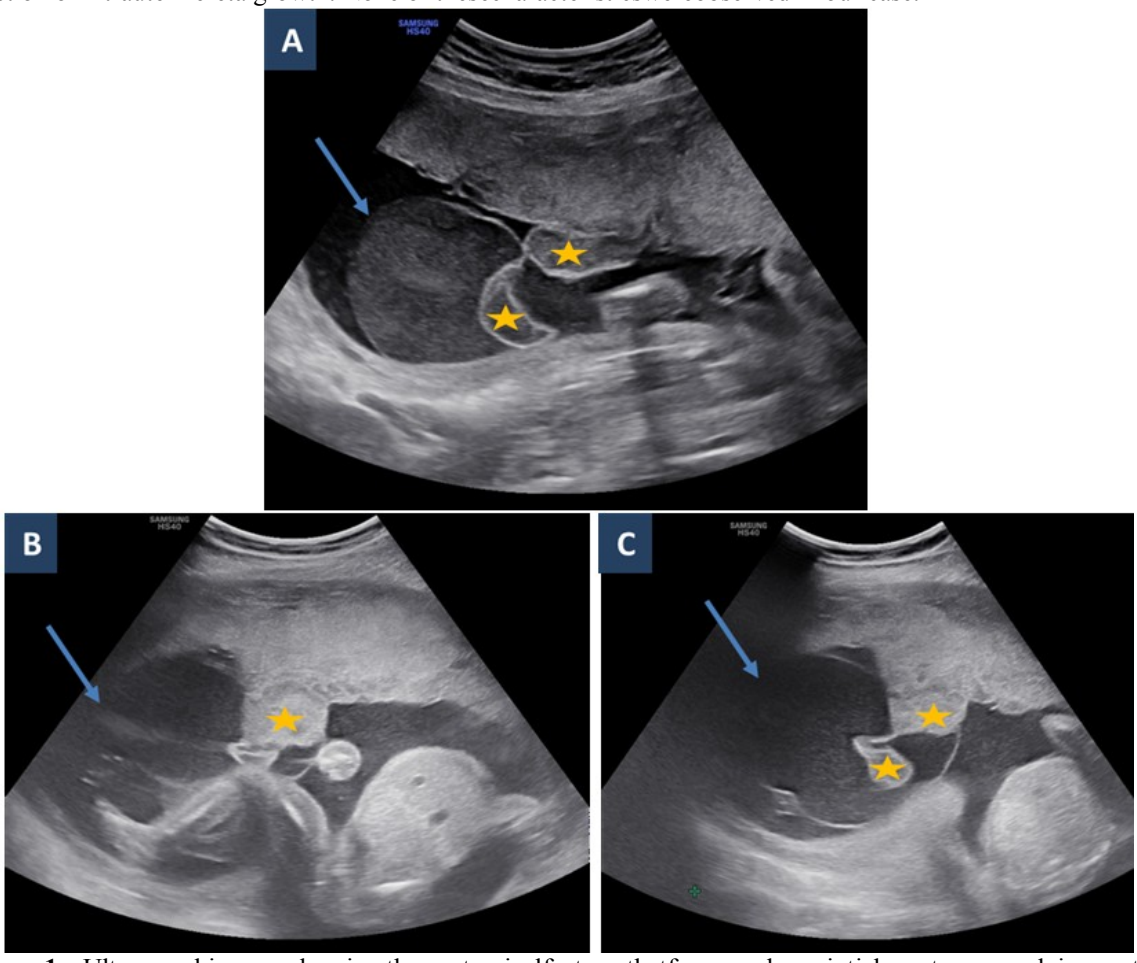

Figure 1:- Ultrasound images showing the anatomicalfeaturesthatform a subamniotichematoma, evolving on the fetalside of the placenta: (A) at 20 weeks and (B), (C) at 28 weeks of gestation in the same patient. Note a cystic formation protrudingfrom the chorionic plate, thin-walled (arrows) and hypoechogenic content, withtwoinert formations, one floating, and the otherisstillattached to the chorionic plate, corresponding to organizedclots (stars).

Conclusion:-

Most subamniotichematomasare unique, occurnear the umbilicalcord and do not cause obstetric complications, however, ultrasound control withobstetric Doppler isnecessaryespecially in the thirdtrimester and obstetric management isdetermined by fetalgrowth.

References:-

1. Deans A, Jauniaux E. Prenatal diagnosis and outcome of subamniotic hematomas. Ultrasound ObstetGynecol 1998;11:319-23
2. Brown D, Di Salvo DN, Frates MC Davidson KM, Genest. DR.et.al. Placental surface cysts detected on sonography. J Ultrasound Med 2002;21:641-646

3. Witters I, Sieprath P, Van Holsbeke C, Theyskens C, Deraedt K. Prenatal diagnosis of multiple large subchorionic placental cysts with intracystichemorraghe. Facts Views Vis Obgyn. 2017;9(4):223-225.
4. Volpe G, Volpe N, Fucci L, Campobasso G, De Robertis V, Schonauer LM, Volpe P. Subamniotic hematoma: 3D and color Doppler imaging in the differential diagnosis of placental masses and fetal outcome. Minerva Ginecologica 2008;60(3):255-61
5. Van den Bosch T, Van Schoubroeck D, Cornelis A, et al. Prenatal Diagnosis of a subamniotic hematoma. FetalDiagnTherapy 2000;15:32–5.