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Case Report

Succenturiate placenta: a case report

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ABSTRACT

Succenturiate placenta is a rare placental abnormality that occurs when one or more accessory lobes develop some distance from the main placenta, usually having vascular connections of foetal origin to the main placenta. It could be associated with maternal and foetal complications such as antepartum haemorrhage, postpartum haemorrhage, postpartum infection, vasa praevia and abruptio placentae. A case of a 32-year-old multipara with succenturiate placenta that was discovered incidentally after delivery of a live foetus at term is been presented in this case report in order to raise awareness of this rare placental abnormality.

Keywords: Succenturiate placenta, Placental abnormalities, Vasa praevia

INTRODUCTION

Succenturiate placenta is said to occur when one or more accessory lobes develop in the membranes at a distance from the main placenta, and with vascular connections of fetal origin to the main placenta.[1] These placentae are smaller versions of the bilobate placentae.[1] The overall incidence is 3 per 1000 pregnancies, and 50% are complicated by vasa praevia.[2]

The risk factors of succenturiate placenta include; Advanced maternal age, in vitro fertilization and twin gestation.[1-3] Faulty implantations such as over leiomyomas, in areas of previous surgery, in the cornu, or over the cervical os could also lead to succenturiate placenta.[3] The diagnosis of this placental anomaly often occurs at birth, and only very few cases of prenatal diagnosis with ultrasound are reported as the diagnosis is difficult on routine abdominopelvic ultrasound scan.[2,4] Even though the diagnosis is challenging with routine ultrasound, colour Doppler scan, can be used to identify this condition.[5]

Complications associated with succenturiate placenta include: vasa praevia which causes dangerous foetal haemorrhage and death, and 50% of succenturiate placentae are complicated by vasa praevia.[2,5] Retained placenta is increased with this condition like bilobed and multilobate placentae, leading to postpartum haemorrhage and postpartum infection.[1-3] Other complications are; Antepartum haemorrhage from low implantation of accessory lobe and premature separation of the placenta leading to abruptio placentae and bleeding.[4,6,7]

Succenturiate placenta presents as an incidental finding at birth or with any of the above complications. This condition is rare, hence the need to report this very rare placental abnormality.

CASE REPORT

A 32-year-old booked gravida 2 para 1^{+0} alive, a known retroviral disease patient on highly active antiretroviral therapy for 5 years. She had uncomplicated antenatal period and presented to the obstetrics emergency of the

Hospital, at term with 5 hours history of lower abdominal pain. She had a previous normal delivery 3 years ago. Examination findings were normal (she was afebrile, not pale, not dehydrated and not jaundiced). Her vital signs were also stable (pulse rate was 80 beats per minute and blood pressure was 120/80mmHg). Abdominopelvic examinations were in keeping with normal term pregnancy in active phase of labour at 5 centimetres cervical dilatation. She progressed over 5 hours to deliver a live male neonate with APGAR scores of 8 and 9 in the first and fifth minutes respectively, who weighed 2.5 kilograms. The placenta was delivered by controlled cord traction. After thorough examination it was found to have an accessory lobe in the membrane some distance from the main placenta (Figure 1 and 2). The accessory lobe has vascular connections with the main placenta. The mother and the baby did not develop any complication after delivery and were discharged the next day.

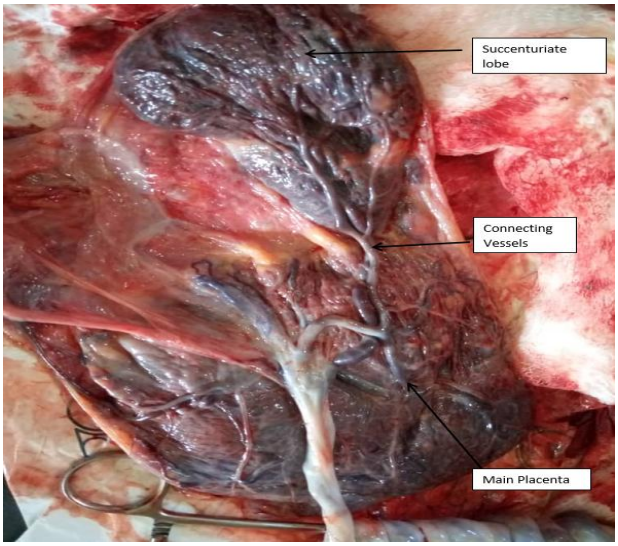


Figure 1: Foetal surface of the placenta with vascular connections between the main placenta and the accessory lobe.

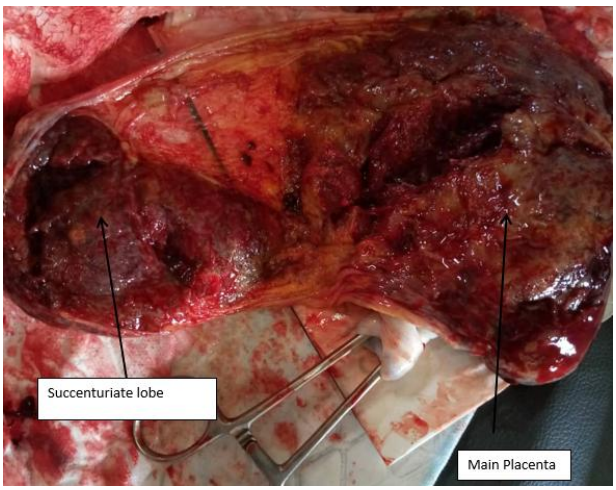


Figure 2: Maternal surface of the same placenta.

DISCUSSION

The term succenturiate is derived from the Latin word "succenturio" meaning "to substitute". Succenturiate lobe means one or more small accessory placental lobe, usually the size of a cotyledon, which develops in the membranes some distance from the periphery of the main placental disc usually having vascular connections of foetal origin, which runs through the membranes connecting the main placenta to the succenturiate lobe.[2] Sometimes the communicating membranes do not have vessels running through them, this is called placenta supuria.[5] When the chorionic villi on the chorionic leave is activated, an accessory lobe develops.[2] Some have hypothesized that multilobbed placenta results from implantation in areas of reduced uterine perfusion followed by preferential growth in areas of increased perfusion and atrophy in areas of poor perfusion. This is called trophotropism.[4]

The presence of a succenturiate lobe is usually diagnosed after delivery of the baby as was the case in this presentation. The perinatal diagnosis of succenturiate placenta is difficult and in Bangladesh, three abdominal ultrasound scans were done and only one picked the condition when the patient presented with antepartum haemorrhage.[4] In some cases maternal and foetal complications including antepartum haemorrhage, postpartum haemorrhage, retained placenta and intrauterine foetal death may be the mode of presentation.[2,3,7]

The maternal age at presentation was 32years. This is similar to the cases reported in India (35 years),[2] Italy (33years),[5] and Bangladesh (34years).[2,4,5] Human immunodeficiency viral infection and antiretroviral therapy (HIV/ART) have been shown to be associated with higher rates of abnormal umbilical cord insertion such as velamentous cord insertion and marginal cord insertion. [8] Other HIV associated placental findings may include; low placental weight, maternal vascular malperfusion, and acute chorioamnionitis.[9] Although succenturiate placenta has not been particularly associated with HIV/ART, it could be among the possible placental abnormalities seen in these patients. Even though succenturiate placenta is associated with complications to both the mother and the foetus, this case did not develop any complication.

CONCLUSION

Succenturiate placenta could be one of the placental abnormalities in HIV/ART patients, though a rare event and in some cases occurs without any maternal or foetal complications, it should not be neglected because it can be associated with catastrophic outcome. A careful ultrasound scan of the placenta especially Doppler scan is useful in making diagnosis and avoiding. complications.

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