

Succenturiate placenta: An incidental finding

Snigdha Kumari, Ashok Kumar Biswas, Gautam Giri

ABSTRACT

Introduction: The placenta succenturiata or, succenturiate placenta is a morphological abnormality of placenta having succenturiate lobe. Succenturiate lobe is one or, more small accessory placental lobe, size of a cotyledon developing in the membranes at a distant from the periphery of the main placental disc usually having vascular connections of fetal origin which runs through the membranes connecting main placenta to the succenturiate lobe. The accessory lobe is developed from the activated villi on the chorionic leave. The estimated incidence is ~ 3 per 1000 pregnancies. It carries an increased incidence of vasa praevia. Approximately, 50% of vasa praevia is associated with succenturiate placenta. They are associated with increasing maternal age and are more common in women who have undergone in vitro fertilization (IVF). **Case Report:** Herein, we report a case of pregnancy

with an incidental finding of succenturiate lobe of placenta in a 35-year pregnant woman. She was admitted in the labor room where she delivered a healthy female baby. The placenta was delivered by controlled cord traction. It had a small accessory lobe, a size of a cotyledon in the membranes at a distance from the main placenta. This accessory lobe had vascular connections with the main placenta. **Conclusion:** The succenturiate placenta is a morphological abnormality, the ultrasonography guided recognition of which in the antenatal period is important. This variety of placenta incurs many risks like; rupture of the succenturiate lobe may leading to intrauterine fetal demise, postpartum hemorrhage or rarely uterine sepsis and sub involution.

Keywords: Succenturiate placenta, Succenturiate lobe, Vasa praevia

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INTRODUCTION

The placenta succenturiata or, succenturiate placenta is an abnormality of placenta having succenturiate lobe. The term succenturiate derives from the Latin word "succenturio" meaning "to substitute". Succenturiate lobe is one or, more small accessory placental lobe, size

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of a cotyledon which develops in the membranes at a distant from the periphery of the main placental disc usually having vascular connections of fetal origin which runs through the membranes connecting main placenta to the succenturiate lobe. The accessory lobe is developed from the activated villi on the chorionic leave. Its overall incidence is approximately 3 per 1000 pregnancies. Most of the succenturiate lobe have vasa praevia. This placental anomaly is noted mostly in elderly pregnant females and who have undergone in vitro fertilization (IVF). This rare entity might complicate the pregnancy and risk the life of mother as well as fetus. Succenturiate lobes of placenta are associated with retained placenta and hence postpartum infection and hemorrhage. The succenturiate placenta is a morphological abnormality, the ultrasonography guided recognition of which in the antenatal period is important. Accompanying vasa praevia might cause fetal hemorrhage at delivery.

CASE REPORT

A 35-year-old female with routine antenatal checkup having and uneventful present pregnancy, presented to our emergency at term with pain in lower abdomen. She had previous normal vaginal delivery. Examination revealed stable vitals (pulse 90/min, regular, blood pressure 126/84 mmHg, supine), other systemic examination were normal. After proper internal examination, she was admitted in the labor room where she delivered a 3kg healthy female baby. Subsequently, the placenta was delivered out by controlled cord traction. The placenta on being thoroughly examined was found to be intact. It had a small accessory lobe, a size of a cotyledon in the membranes at a distance from the main placenta. This accessory lobe had vascular connections with the main placenta. No other abnormality was detected in the placenta itself and the umbilical cord (Figures 1 and 2). There was no incidence of excessive bleeding per vaginal infection. The postpartum period was uneventful in terms of mother and baby and she was discharged on the third postpartum day. Patient and her baby is doing well after two years follow-up.

DISCUSSION

Placental abnormalities are an uncommon obstetric finding and among them the succenturiate lobe of placenta is a very rare entity which is common in elderly pregnant women aged more than thirty five [1]. It is encountered mostly in complicated pregnancies which might result infetal death [2]. This rare entity is usually missed by transabdominal ultrasound [3]. Hence, thorough examination of the cotyledons of placenta after delivery is of utmost importance to document this rare variety of placenta. In singleton pregnancies, the incidence of placental complications such as

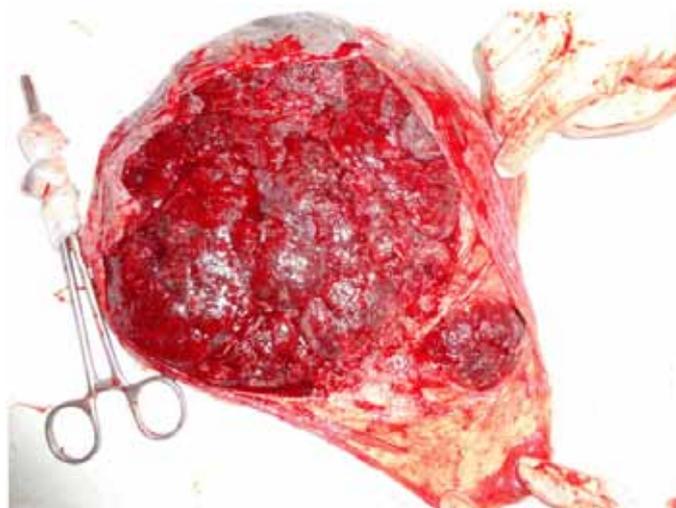


Figure 1: Succenturiate lobe of placenta at a distant from the periphery of the main placental disc.



Figure 2: Leash of blood vessels running through the membranes connecting succenturiate lobe to main placental disc.

placental abruption, vasa praevia and retained placenta were observed to be associated with the presence of abnormally shaped placentae [4]. Succenturiate lobes of placenta are associated with retained placenta and there is an increased incidence of postpartum infection and hemorrhage with this placental anomaly [5]. This case is a unique presentation of a succenturiate lobe of placenta in an elderly pregnant woman which remained undiagnosed even after periodic antenatal ultrasound examinations of the placenta. Also in our case there was no untoward complication to the mother or baby which is much more commonly reported in women having succenturiate lobes of placenta.

CONCLUSION

The succenturiate placenta is a morphological abnormality, the ultrasonography guided recognition of

which in the antenatal period is important. This is due to the fact that the vessels connecting the main placenta with the succenturiate lobe may rupture during labor and lead to fetal demise. In addition, retained placental material may lead to primary as well as secondary postpartum hemorrhage. Later on it may lead to uterine sepsis and sub involution. Accompanying vasa praevia might cause dangerous fetal hemorrhage at delivery. There is mild risk of placental abruption also. However, there is no increased risk of fetal deformities.

Author Contributions

Snigdha Kumari – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Final approval of the version to be published

Ashok Kumar Biswas – Analysis and interpretation of data, Drafting the article, Final approval of the version to be published

Goutam Giri – Substantial contributions to conception and design, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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