



A Rare Case of Recurrent and Life-Threatening Breus' Mole

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Massive subchorionic hematoma (MSH) also known as Breus' mole is a large placental blood clot. It has an incidence of only about 0.03–0.08% [1]. The adverse pregnancy outcomes reported due to this condition are mainly confined to poor fetal prognosis, and Breus' mole causing life-threatening complication in the mother is extremely rare. It is not typically familial and hence is not thought to recur. We came across the case of a pregnancy complicated by Breus' mole with a history of Breus' mole in the previous two consecutive pregnancies. All the three pregnancies had life-threatening hemorrhage due to hematoma requiring emergency hysterotomy, blood transfusion, vasopressors and ventilator support each time.

A 30-year-old lady was referred as G3P0A2 (abortions 2), 17 weeks pregnancy with placentomegaly. Her pregnancy had been uneventful so far, and all the antenatal investigations were within normal limits. In both her previous pregnancies, there was history of MSH at 16–17 weeks of gestation. The woman required life-saving emergency hysterotomy along with blood transfusion and ventilatory support in both the pregnancies. In the current pregnancy, she had an ultrasonography (USG) at 17 weeks of gestation which showed a single live fetus and placentomegaly (placental thickness 6.5 cm) Fig. 1. She was referred to this hospital for further evaluation and management. She

was hemodynamically stable and her hemoglobin (Hb) was 10.7 gm/dl. She was admitted and investigated for the cause of placentomegaly and possible subchorionic hemorrhage. All investigations like thrombophilia profile, toxoplasmosis, rubella, cytomegalovirus and herpes simplex were negative. Evaluation of MTHFR gene mutation and factor V mutation was also done, and no abnormalities were detected. Protein C and protein S levels were also normal.

She was kept under strict monitoring clinically. Patient complained of acute abdominal pain on the third day of hospital stay, and a sudden increase in fundal height was observed. There was fall in the Hb of patient from 10.7 to 7 gm/dl over a period of few hours. Patient was considered for termination of pregnancy on clinical suspicion of hemorrhage and worsening of anemia. She was taken for emergency hysterotomy. Per operatively a huge retroplacental collection of blood of about 1200 cc was found. Placenta weighed around 180 g, and no gross abnormality was identified on visual inspection of the placenta. The fetus weighed around 350 g, with no apparent malformations Fig. 2. Urgent blood transfusion was done. Due to hemodynamic instability, she needed ventilator support in the postoperative period. However, within a week, she recovered fully and was later discharged in satisfactory condition.

Similar case was reported by Szlachetka et al. in 2017 [2] where Breus' mole had occurred in two consecutive

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Fig. 1 Ultrasound picture showing placentomegaly with fetus

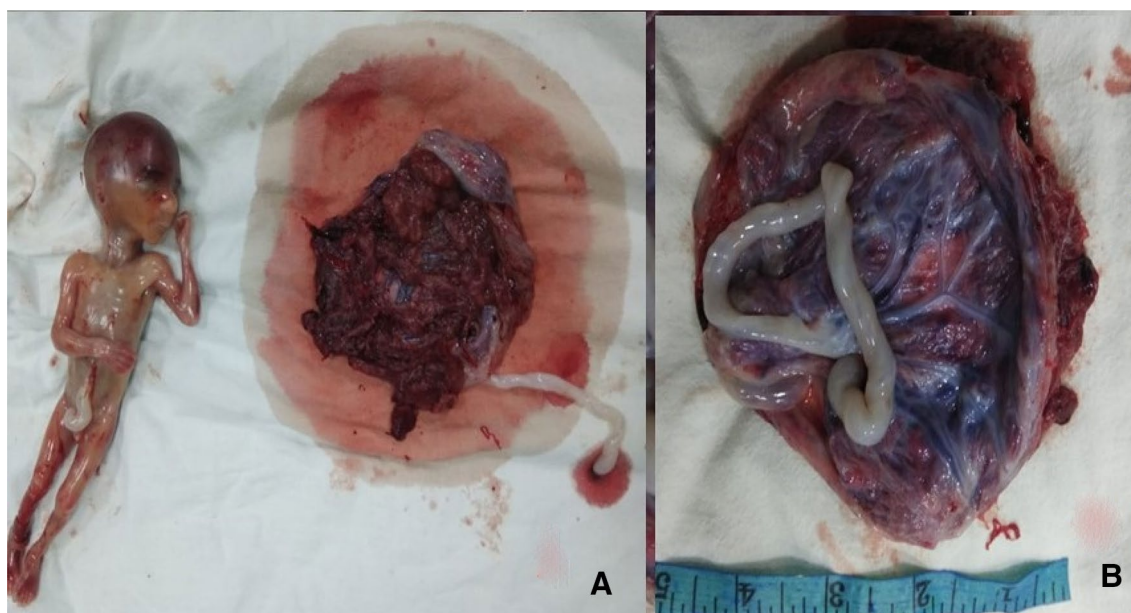


Fig. 2 Fetus along with placenta; **a** maternal side and **b** fetal side of placenta

pregnancies of a patient. Unfortunately, even they were unable to ascertain the cause of the consecutive recurrence of Breus' mole in the patient.

Breus' mole is a rare disease. Women with cardiac problems, disorders of circulation, monosomy, hypertension and diabetes are predisposed to Breus' mole. Usually, the hematoma is formed due to maternal blood; however, fetal growth restriction and fetal demise may occur if hematoma is near cord insertion or volume is increased significantly [1]. Serial ultrasound and/or Doppler is indicated to monitor the size of hematoma and well-being of fetus. This scenario with consecutive life-threatening hematomas behind chorionic plate with all normal investigations is intriguing. This case highlights the need of further research regarding Breus' mole because not only does it have the propensity to recur in consecutive pregnancies but it can also result in severe maternal morbidity and mortality. Subchorionic bleeding due to vascular pathology or sudden vascular accident may be a causative factor. A clear understanding of the process of formation of MSH is needed to prevent its occurrence by intervention in the early pregnancy as well as preconceptional period, if possible. Data regarding Breus' mole are scarce; through this case, we hope to add further insight into this topic by emphasizing the possibility of it being both recurrent and life threatening. The recurrent nature of Breus' mole also points toward its etiology being genetic or familial as opposed to the existing literature.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Consent for Publication Consent was obtained from the patient for publication of the case and anonymity of the patient maintained.

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Informed Consent Consent was obtained from the patient.

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