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 distance 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...
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
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.

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**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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ABOUT THE AUTHORS

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**Snigdha Kumari** is Senior Resident Surgeon in the Department of Obstetrics and Gynaecology at ESIC- Postgraduate Institute of Medical Sciences & Research, Joka, Kolkata, West Bengal in India. She earned the undergraduate degree of MBBS from Nilratan Sircar Medical College & Hospital, Kolkata, India and postgraduate degree of Masters in obstetrics and gynaecology (MS) from Vivekananda Institute of Medical Sciences, Ramakrishna Mission Seva Pratishthan, Kolkata, India. She has presented as well as published many research papers in national and international academic journals and has won various awards in academic field. Her research interests include obstetric emergencies, subfertility and gynaecological malignancies.

**Ashok Kumar Biswas** is MBBS, MD, DNB, Professor, Department of Obstetrics and Gynecology, Vivekananda Institute of Medical Sciences, Ramakrishna Mission Seva Pratishthan, Kolkata, West Bengal, India.

**Gautam Giri** is MBBS, DGO, MD, Assistant Professor, Department of Obstetrics and Gynecology, Vivekananda Institute of Medical Sciences, Ramakrishna Mission Seva Pratishthan, Kolkata, West Bengal, India.

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