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Image of Succenturiate Placenta with Velamentous Cord Insertion

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A 30-year-old multigravida, gravid 2 para 1, conceived naturally, presented in labour at 38 weeks of gestation with spontaneous conception. Antenatal ultrasound had not detected any placental abnormalities. She underwent an uneventful vaginal delivery of a healthy male child of 2900 gm, with an APGAR score of 9 at 1 minute, not requiring Neonatal Intensive Care Unit (NICU) admission. The placenta was delivered and examined, revealing a succenturiate lobe connected to the central placental mass by foetal membranes [Table/Fig-1]. Velamentous insertion of the umbilical cord was also noted [Table/Fig-2]. There were no retained bits of placenta or signs of postpartum haemorrhage. There was no history of antepartum haemorrhage or rupture of velamentous vessels. Histopathology for the same was not sent as the patient was not willing.

A succenturiate placenta is an accessory lobe connected to the central placental disc by membranous vessels. Velamentous cord insertion refers to the abnormal placement of the umbilical cord into the foetal membranes, leading to exposure of vessels between the amnion and chorion [1,2]. Both anomalies increase the risk of vasa previa, retained placental tissue, postpartum haemorrhage, and foetal growth restriction [1].

Antenatal ultrasonography, particularly when combined with transvaginal scanning and colour Doppler, is valuable in detecting



[Table/Fig-1]: Gross specimen showing succenturiate lobe of placenta marked by the arrow.



[Table/Fig-2]: Gross specimen showing velamentous insertion of the umbilical cord as shown by the arrows.

placental anomalies such as velamentous cord insertion and vasa previa [2].

A 2023 study demonstrated that universal colour Doppler screening during mid-trimester anatomy scans resulted in a 153% increase in the accurate detection of vasa previa, accompanied by only a slight rise in false positives, underscoring its effectiveness. A recent meta-analysis by Siargkas A et al., found that the detection of velamentous cord insertion by second-trimester ultrasound is approximately 100% specific, while sensitivity is around 70% [3].

Identifying placental issues, such as succenturiate lobes and velamentous cord insertion, is crucial for avoiding complications during and after birth.

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