A case of pregnancy complicated by antiphospholipid syndrome
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Objective
The Antiphospholipid syndrome can compromise both the mother’s and the child’s lives and can cause fetal growth restriction, preeclampsia, stillbirth and low perfusion of placenta. The aim is to report a case complicated by antiphospholipid syndrome and the associated adverse fetal outcome.

Methods
Case report.

Results
This is a case report of an adverse outcome of a pregnancy complicated by preeclampsia treated with Methyl-Dopa and Aspirin and postpartum diagnosed Antiphospholipid antibodies. Due to IUD (intrauterine dead) at 33 weeks a labour was induced. The postmortem examination showed male stillborn infant of 1670g with general thrombosis of the whole body. The placenta was calcified with some infarcts (Fig 2) and haematoma (Fig 3) even of the umbilical cord (Fig 2, 4) could be seen. At 35 weeks’ gestation, diagnosed fetal death in utero was diagnosed and induction of labour was performed. After ten hours a dead fetus was born. It weighed 1670 g and had trombosis of the body. The placenta was calcified (Fig 1) weighting 280 g, measuring 12x13x2, 5 cm. There were a couple of infarcts (Fig 2) and haematoma (Fig 3) in the placenta. There was also haematoma of umbilical cord (Fig 2, 4).

Conclusion
In our case, the Antiphospholipid syndrome harmed both the fetus and the placenta. Fibrin deposits in the placenta cause hypercoagulation and intravascular coagulation, microthrombosis in many organs and disturbance of uteroplacental circulation. An inadequate concentration of nutrients and oxygen provided to the fetus resulted in growth restriction and death.