Objective
Klippel Trenaunay is a congenital syndrome, generally sporadic, in which the main symptoms are port wine stains, hypertrophy of the bones or soft tissues and venous malformation. We present a case report of a pregnant woman whose fetus was diagnosed with Klippel Trenaunay syndrome (KTS), the management of the patient and the baby's symptoms and findings after birth.

Methods
The present study is about the following of a 28 weeks pregnant woman, whose fetus was diagnosed with KTS, during her prenatal care and hospitalization at our hospital, and the clinical manifestations on the baby after birth.

Results
A. C. S. P., female, 32 years old, admitted at fetal medicine department of Maternidade Escola UFRJ (ME-UFRJ) in April of 2016, after an external ultrasound showing skin cystic images. The patient was 28 weeks pregnant and had two previous births, one vaginal and the other cesarean. Both kids were asymptomatic. At the first medical appointment, she was hemodynamically stable, denied comorbidities but presented a blood pressure in the upper limit of normality (140 x 95 mmHg). The first ultrasound in ME-UFRJ showed fetal hydrops, large placenta, intrauterine growth restriction and cystic images on both upper and lower limbs. By these findings, some differential diagnoses were proposed, such as lymphangioma and venous malformation. We ordered serological tests for infectious diseases as well as routine for pregnancy-induced hypertension. One week later, the patient presented hypertensive peak, requiring hospitalization. The tests confirmed pregnancy-induced hypertension but were negative for infectious diseases. The tests also showed hypothyroidism and gestational diabetes. During the hospitalization, patient presented important transvaginal bleeding, and was diagnosed with placental abruption. After an emergency cesarean, patient gave birth to a female baby, alive, with 1975g weight, apgar 1/2. Surgical procedure occurred uneventfully. The baby had port wine stains and cystic skin tumors, particularly in lower limbs, hypertrophy of the right leg, and large and irregular placenta. Unfortunately, the baby came to death a few hours after the cesarean.

Conclusion
Although rare, Klippel Trenaunay was first described in 1900. The estimate is two to five cases per hundred thousand births. Although most cases are sporadic, there are reports demonstrating that a few cases are related to an autosomal dominant pattern of inheritance. The syndrome affects both women and men equally and the symptoms are usually present at birth or in early childhood. Klippel Trenaunay syndrome (KTS) may present with a variety of symptoms, but the main symptoms are port wine stain and hypertrophy of the bones or soft tissues. When associated with venous malformation it is known as Klippel Trenaunay Weber syndrome. It generally affects a single extremity being the leg the most common site, followed by arms and trunk. Other clinical manifestations include gastrointestinal bleeding, especially in rectum and distal colon and though as splenic hemangiomas. Is also common the involvement of skeleton, with scoliosis (secondary of a hypertrophy), polydactyly, oligodactyly and macrocephaly. In the majority of the cases, the diagnosis is clinical. However some cases may require additional tests, such as ultrasound, arteriography and computed tomography. The treatment is usually conservative and symptomatic. For patients with chronic venous insufficiency, lymphedema, recurrent cellulitis and recurrent bleeding, compression garments can be an alternative and though as prophylactic antibiotics for those with recurrent cellulitis. A multidisciplinary team and a pain management specialist are recommended. Is also important woman with KTS to avoid contraceptive pills with estrogen, in order to prevent thrombotic event.