sFIT-1/PIGF monitoring in women with high risk of preeclampsia - own experience

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Approximately 1 week earlier than the symptoms

Our preliminary results showed that abnormalities in PIGF and sFIT-1 concentrations are observed approx. 1 week (median value) prior to:

- circulation centralisation in ultrasound examination
- preeclampsia with/without pregnancy-induced hypertension
- high risk of foetal asphyxia (CTG analysis)

14 women included in the study

- 18 women screened as high-risk of preeclampsia in the 1st trimester screening based on MoM values of mean arterial pressure (MAP), uterine artery pulsatility index (UTPI), and serum placental growth factor (PLGF) AND their medical history
- 5 women were diagnosed with IUGR
- 14 women completed the study

C-section vs. natural birth

- 8 women had C-section, but only 3 were performed due to current threat to the mother or the foetus
- other 5 indications included breech presentation and state after C-section in previous gestation
- 6 women had natural birth

PIGF and sFIT-1 monitoring

Placental growth factor (PIGF) and soluble fms-Like Tyrosine Kinase-1 (sFIT-1) were monitored once in each patient between 19 and 37 weeks of gestation.

Laboratory reference values were taken into account.

Pre-term and term births

7 births were pre-term, with the lowest gestational age of 32
7 births were term

Pregnancy complications and medical history

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