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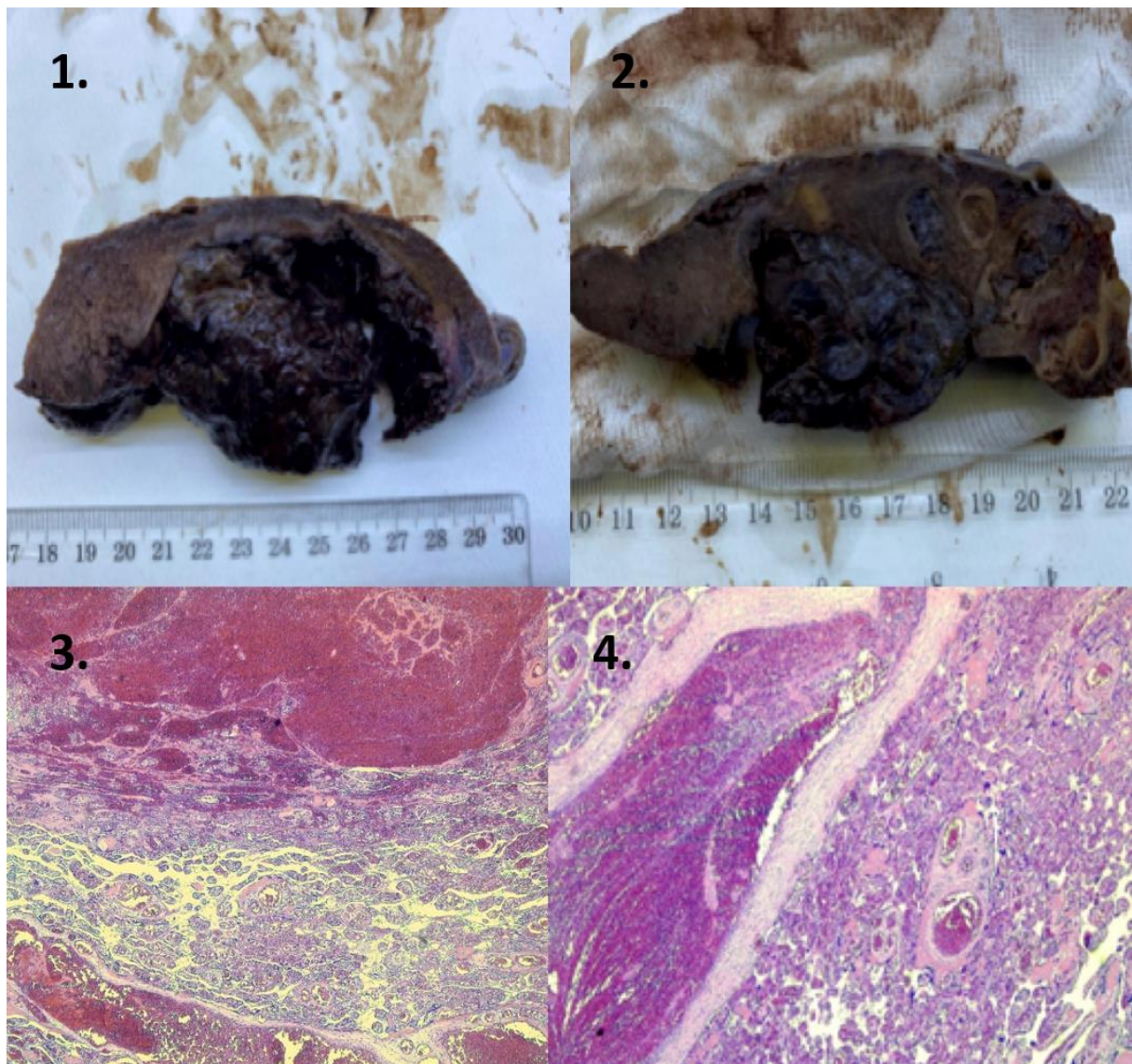
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Abruptio placentae during preeclampsia-like syndrome associated with COVID-19

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The SARS-CoV-2 pandemic has had an important impact all over the world, especially on pregnant women. Hypertension during pregnancy can cause pre-eclampsia, and eclampsia





leading to placental abruption [1]. The coexisting gestational hypertension and COVID-19 infection may increase the obstetrical risk. Mendoza et al. have suggested the concept of “preeclampsia-like syndrome” associated with COVID-19 because these two diseases seem to have the same pathological mechanism [2].

We present the case of a 33-weeks pregnant woman who was transferred to our Department for preeclampsia. She was 34 years old, had no medical record and she underwent antenatal investigations. She was tested positive for COVID-19 infection by RT-PCR. When she was admitted to our hospital, the patient developed hypertonic uterine dysfunction, resistant hypertension under maximum specific dose therapy with oliguria, anemia, thrombocytopenia, marked edema and azotemia. An emergency C-section was performed and she delivered an alive fetus who needed intensive care. During surgery was noticed a retroplacental hematoma with dimensions of approximately 5/5 cm (Figures 1 &2). Therefore, the placenta was sent for histopathological examination and the macroscopic aspect suggested the diagnosis. The microscopic aspect showed vascularized chorionic villi with perivillious fibrin deposits, blood stasis in major vessels with incipient clots and placental hematoma (Figures 3 & 4). All these remarks concluded the final diagnosis of abruptio placentae.

We should pay more attention to the multiplicity of risks in the case of a preeclampsia-like syndrome associated with COVID-19.

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