TITLE.
SEVERE PREECLAMPSIA WITH CONCOMITANT SYPHILIS UNLEASHING MATERNAL NEPHROTIC SYNDROME AND FETAL MALFORMATIONS: CASE REPORT IN THE WESTERN AMAZON

AUTHOR/S.
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ABSTRACT.
Context
We report a case of hypertensive disorder of pregnancy associated with fetal malformation and syphilis diagnosed at the Base Hospital Dr. Ary Pinheiro Maternity (BHDAPM) in Porto Velho, Rondônia, Brazil, located in the western Amazon region.

Objective: To report a case of severe preeclampsia with concomitant syphilis triggering maternal nephrotic syndrome and fetal malformations (hepatomegaly, hydrops fetalis and increased cardiac silhouette), and the importance of early diagnosis.

Methods: from medical records and clinical follow-up review.

Patient
JAC, primiparous, 16 years, with 27 weeks of gestational age, complaining of swelling in the lower limbs (3+/4+), and her blood pressure (BP) was 140/90 mm Hg. The patient was admitted to the BHDAPM on August 20, 2014. Mild anemia was detected, in addition to a 24h proteinuria of 11839.50 mg.

Interventions
Hospitalization, antihypertensive medication and corticotherapy (stimulation of fetal lung maturation).

Primary outcomes
The first fetal ultrasonography (USG) held at the BHDAPM identified enlargement of the heart, narrowing of the chest, pericardial effusion, ascites and abdominal placenta increased in size.
There was a decrease in the proteinuria levels after complete treatment of syphilis (from 11839.50 mg/24h to 367.49 mg/24h).

Cesarean section was held on October 2, 2014, due to preterm labor and fetal distress with gestational age of 30 weeks, birth weight 1860 g.

Results/Conclusion
After appropriate treatment of syphilis during pregnancy we successfully treated the fetus reducing his perinatal morbidity and mortality. Prenatal is often the woman's front door in unified health system, allowing from the identification of pre-existing conditions to the prevention of pregnancy diseases and early changes in the fetus giving the possibility of a better therapeutic result.

INSTITUTE.