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## Placental infarction and intrauterine growth restriction following SARS-CoV-2 infection

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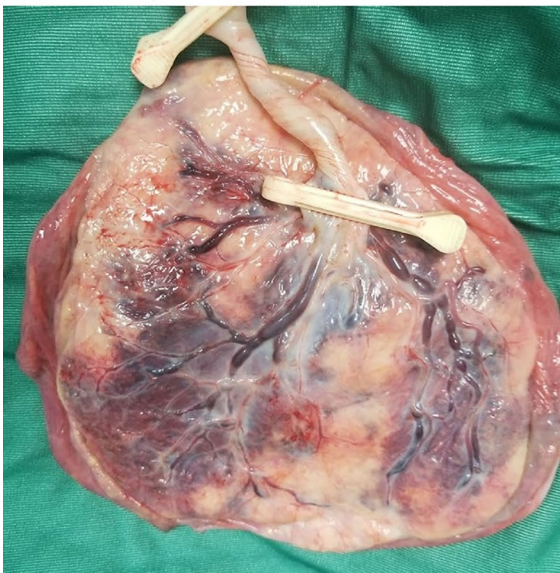
A previously healthy 29-year-old G1 was admitted to the Intensive Care Unit at 29 + 5 with severe thrombocytopenia and respiratory compromise resulting from SARS-CoV-2 infection. Ultrasound showed fetal growth at the 14th percentile with normal fluid and Dopplers.

At 32 + 4, ultrasound demonstrated an almost complete growth arrest, with less than 100 g of growth in 3 weeks, measurements at the 6th percentile, and absent end-diastolic

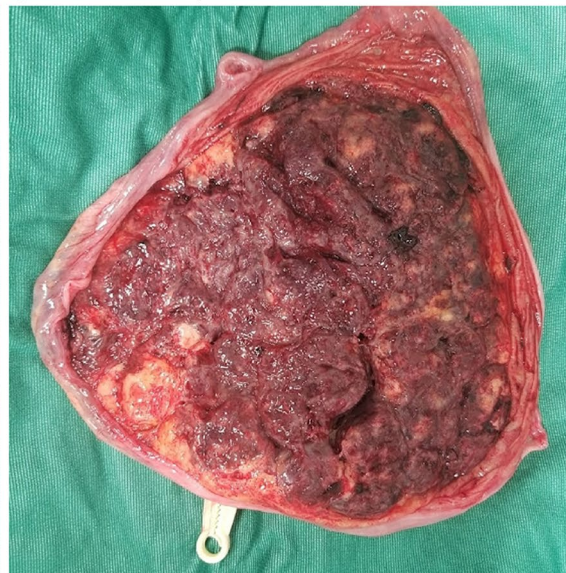
velocity (AEDV) in the umbilical artery. The patient was admitted for corticosteroids and fetal monitoring. Labour was induced at 34 weeks for AEDV and oligohydramnios and resulted in a vaginal birth of a male infant weighing 1559 g (4th percentile).

The placenta appeared grossly abnormal (Fig. 1) with 60% of the fetal surface demonstrating evidence of infarction and fetal vascular malperfusion. This case is a dramatic

**a** Fetal side of placenta



**b** Maternal side of placenta



**Fig. 1** Placenta demonstrating gross infarction following maternal SARS-CoV-2 infection

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presentation of arrested fetal growth related to placental vascular pathology. Fetal growth and well-being should be monitored following SARS-CoV-2 infection.

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## Declarations

**Conflict of interest** The authors have no conflicts of interest to declare.

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