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sFlt-1/PIGF ratio for risk stratification and timing of delivery in preterm pre-eclampsia

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Introduction

Objectives Preterm pre-eclampsia is associated with high maternal and perinatal morbidity, and optimal timing of delivery remains challenging.

Case

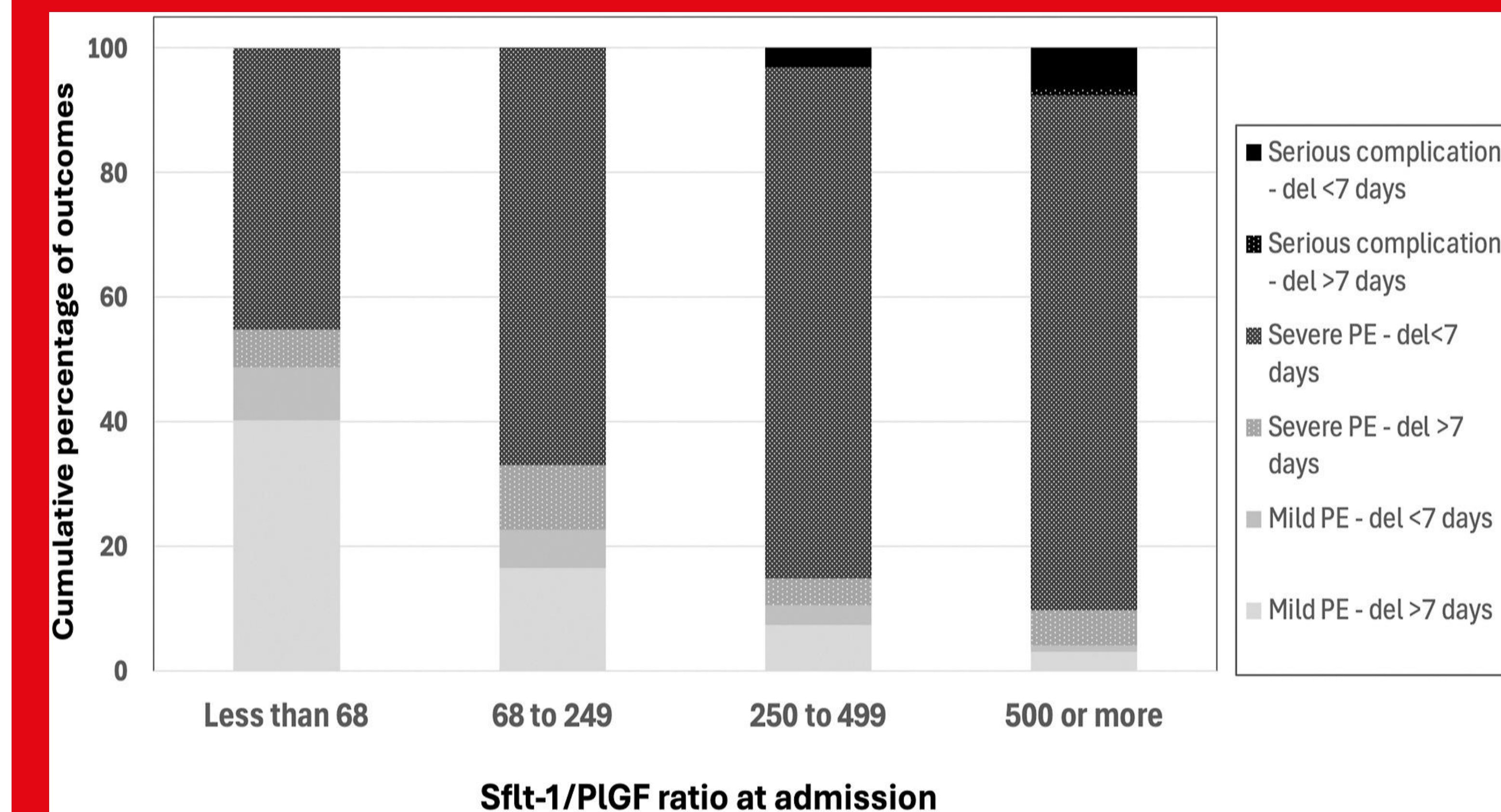
We aimed to assess whether the maternal sFlt-1/PIGF ratio predicts adverse outcomes and supports clinical decision-making.

Methods In this prospective study, 467 women with pre-eclampsia between 24 and 36 weeks were included. The sFlt-1/PIGF ratio was measured at admission and correlated with delivery within 7 days, severe pre-eclampsia, and serious complications (eclampsia, HELLP syndrome, stillbirth, acute renal failure)..

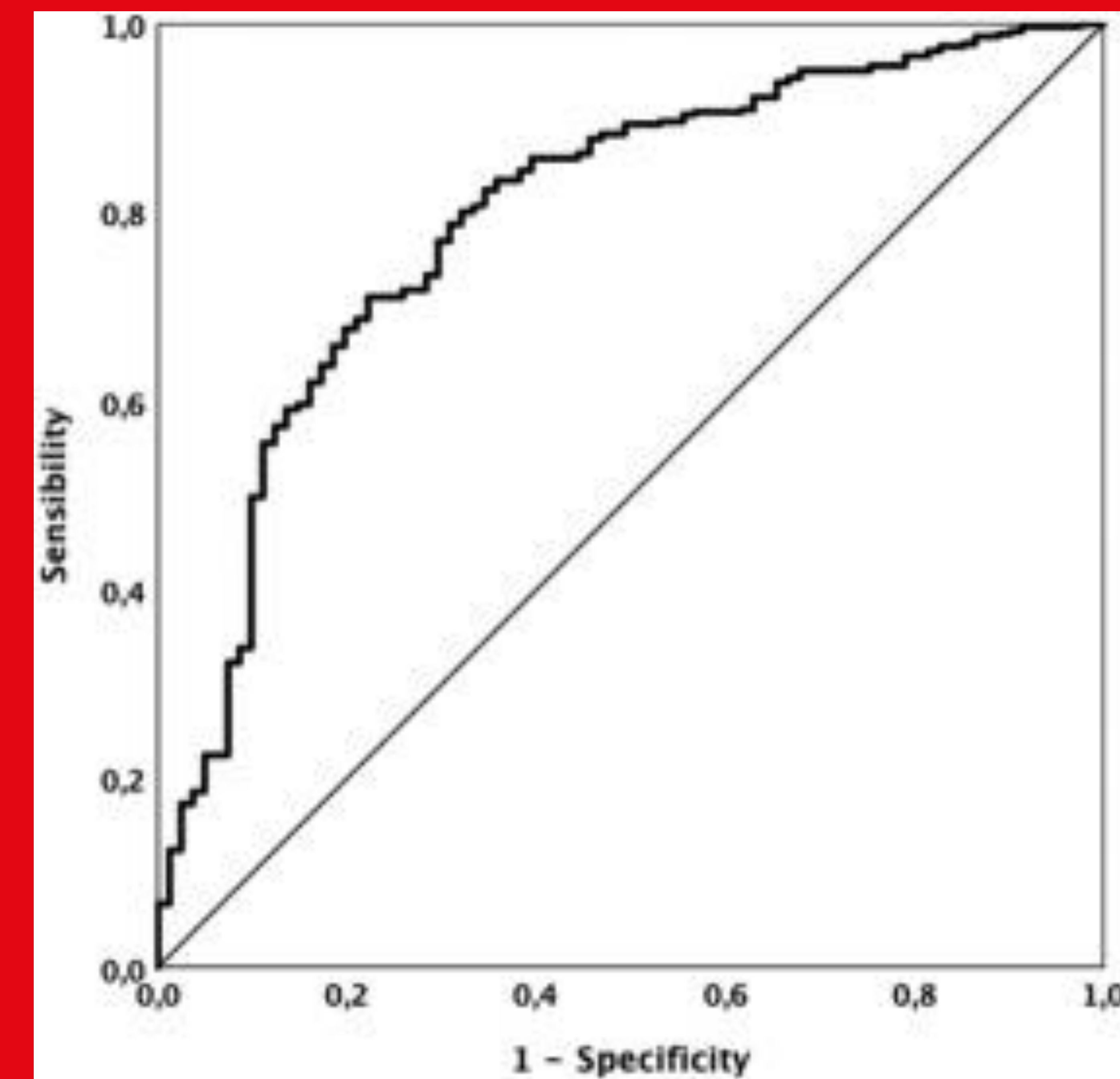
ROC analysis identified optimal thresholds. Results Overall, 80% delivered within 7 days and 83% developed severe pre-eclampsia. Three thresholds (68, 250, 500) stratified risk. Increasing ratios were associated with shorter admission-to-delivery intervals and higher rates of severe disease and complications. No serious complications occurred with ratios <68, whereas ratios >250 identified patients at high risk of rapid deterioration and adverse outcomes .

Conclusion

The sFlt-1/PIGF ratio is a powerful triage tool in preterm pre-eclampsia. A ratio >250 identifies high-risk patients requiring intensified monitoring and early delivery, while low ratios may safely support expectant management.



Distribution of pregnancy outcomes according sFlt-1/PIGF ratio categories



ROC curve analysis