EVALUATION OF CLINICAL, HORMONAL, ANGIOGENIC AND NEONATAL PARAMETERS IN NORMOTENSIVE vs. PREECLAMPTIC PREGNANCIES: A HOSPITAL-BASED COHORT FROM BOTUCATU, SÃO PAULO

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INTRODUCTION: Preeclampsia (PE) is a multisystemic disease specific to pregnancy, characterized by hypertension after the 20th week, which may or not be associated with proteinuria. It is one of the leading causes of maternal and perinatal morbidity and mortality. Its etiology was explored and it is known to involve placental abnormalities, systemic inflammation, and endothelial dysfunction, with angiogenic factors such as sFlt-1 serving as valuable clinical biomarkers. **OBJECTIVE**: This study aimed to compare the clinical, hormonal, and neonatal profiles of normotensive (NT) and preeclamptic pregnant women treated at the Maternity Hospital of the Botucatu Medical School. **METHODS:** A total of 286 pregnant women were included, 183 with a diagnosis or suspicion of PE and 103 NT. All participants were informed about the study's objectives and consented to the use of their medical data, signing an informed consent form and providing a blood sample for hormonal analysis. **RESULTS:** Women with PE had a higher pre-pregnancy BMI compared to NT women, as well as greater final gestational weight and shorter gestational age at delivery (37 weeks vs. 39 weeks in NT). The cesarean section rate was also higher in the PE group (80% vs. 32%), along with a greater incidence of preterm births. A significant increase in blood pressure and circulating sFlt-1 levels was observed in the PE group. Regarding sex hormones, a 25% reduction in serum progesterone levels was found in women with PE, while estradiol levels did not differ significantly. As for the newborns, infants of mothers with PE had lower birth weights, a higher frequency of small-for-gestational-age (SGA) infants, and a greater need for neonatal intensive care unit (NICU) admission (9.8% vs. 3.88%). **CONCLUSION:** These findings highlight the impact of PE not only on maternal health but also on perinatal outcomes, reinforcing the role of sFlt-1 as a potential marker for disease monitoring. The hormonal and neonatal data underscore the systemic nature of PE, and further studies involving endocrine disruptors will be conducted to elucidate additional mechanisms involved. Financial support: FAPESP (2023/12666-5; 2023/06651-5 e 2021/12010-7). Ethics committee: 6677222 FMB/UNESP

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