Background: Parvovirus B19 is a well known cause of fetal hydrops. We report a case of full recovery, with complete image series in our institution.

CASE: A 35-year-old patient, with 2 vaginal deliveries and 1 cesarean section. At 18 weeks she presented a self-limited vomiting and diarrhea episode. Her husband and children presented the same symptoms one week earlier.

In a routine ultrasound assessment hydrops fetalis 21 weeks: severe skin edema, ascites, pericardial effusion, cardiomegaly and bivalvular regurgitation. Middle cerebral artery peak systolic velocity (MCA PSV) 60cm/s. Blood analysis showed positive IgG and IgM Parvovirus B19, rest negative. IUT was performed. Pre-transfusion hematocrit was 7.4%, 40ml red blood cells (RBC) were given. MCA PSV was 26cm/s in the day after. Patient evolved satisfactorily and serial ultrasound MCA PSV assessment was indicated. At 28 weeks, hydrops had resolved. A full term delivery occurred and a normal 3 months child until this report. A Close follow-up is warranted.

Conclusions: A single IUT was therapeutical for this severe hydrops with heart failure. Few cases have been reported with this severe fetal condition that could recover. All Parvovirus B19 hydrops may be offered in utero therapy.