Introduction
Antiphospholipid Syndrome (APS) is an autoimmune thrombophilic condition that is marked by the presence in blood of antibodies that recognize and attack phospholipid-binding proteins. The clinical manifestations of APS include vascular thrombosis and pregnancy complications.

case report
The patient was 30 years old. Gravid 1, parity 0. No abnormality was found in 23 weeks ultrasound exam (umbilical cord with 2 arteries 1 vein). At 31 and 33 weeks of gestation ultrasound estimated fetal weight (EFW) was half a month behind the weight of the last menstrual period (umbilical cord with 2 arteries 1 vein). In 35+5 weeks of gestation, ultrasound examination revealed EFW equivalent to 33+3 weeks, single umbilical artery, oligohydramnios. Blood test: plasma fibrinogen and plasma antithrombin 3 decreased; plasma D-dimer, anticardiolipin antibody and anti-β2-glycoprotein 1 antibody increased. The patient was diagnosed as APS. In 36+4 weeks, ultrasound exam indicated single umbilical artery, oligohydramnios, IUGR, enlarged fetal heart, and decreased arterial resistance index in fetal middle cerebral artery. Emergency caesarean section delivered a 2250 grams boy. Placental pathology revealed Most of the villous atrophy with scattered small focus of villi infarction in over 50% size of the whole placenta. Unilateral umbilical artery was embolism.

Conclusion
Ultrasonic monitoring and timely cesarean section prevented the fetal death in this case. Ultrasonic monitoring is very important in antiphospholipid syndrome pregnant patients.