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HELLP SYNDROME — A CASE REPORT

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ABSTRACT

HELLP Syndrome is a multisystemic disorder that complicates pregnancy. This syndrome is frequently associated with severe pre-eclammsia or eclampsia but can also be diagnosed in the absence of these disorders. A 32 years old pregnant woman with severe pre-eclampsia was diagnosed as a patient of HELLP Syndrome. Effective supervision, bed rest and proper treatment with antihypertensive drugs and Magnesium sulphate ($Mgso_4$) were given. Transfusion of fresh blood was also done. Delivery was done by caesarean section with live baby weighing 3 kg (kilogram). In the hospital follow up of the patient was done for several times.

INTRODUCTION

The accronomy 'HELLP' was first coined by weinstein in 1982. 'HELLP' is an abbreviation of three main features of the syndrome.

* Haemolysis
* Elevated liver enzymes
* Low platelet count

This syndrome complicates pregnancy and is frequently associated with severe pre-eclampsia or eclampsia with poor prognosis. Rapid diagnosis with prompt treatment may decrease maternatal and foetal morbidity and mortality. Its incidence was reported to be 0.5- 0.9 percent of all pregnancies and in 10 - 20 percent of women with severe pre-eclampsia[1]. HELLP usually occurs in Caucasian woman over the age of 25 years[2]. In this case report, the initial diagnosis was pre- eclampsia but later on it was found to be a case of HELLP syndrome.

CASE REPORT

A 32 years old pregnant woman attended the Department of Obstetrics and Gynaecology of TMSS Medical College and Rafatullah Community Hospital, Thengamara, Bogra with history of amenorrhoea for 34 weeks. She complained nausea with vomitting, headache and pain in the right-upper abdominal quadrant with convulsions for several times. Her obstetrical history was gravida 2 with previous history of caesarean delivery. At the time of admission her blood pressure was 220 / 180 mm of Hg. Laboratory investigations showed total count of white blood cells 12500/cmm of blood, neutrophils 80%, Hb 8.7 gm/dl, ESR 40 mm in 1st hour, Total platelet count 50000/cmm with the elevations of hepatic enzymes- AST 65 IU/L, ALT 50 IU/L, Serum bilirubin 1.4 mg/dl, Uric acid 7mg/dl, creatinine 1.2mg/dl and LDH 400 IU/L of blood. Urinary total protein was 15 gm/L in 24 hours. Ultrasonographic report revealed a single live pregnancy of 34 weeks of gestation with cephalic presentation. Careful monitoring, bed rest and proper treatment of

Key Words: HELLP Syndrome: A case Report.

patient with antihypertensive drugs were given. Magnesium sulphate (Mg So_4) was started by intravenous route. Sedative was added in intravenous infusion and fresh blood transfusion was also done. Delivery was done by caesarean section with a live newborn weighing 3Kg and Apgar score of 7/ 10 at one minute. Evaluation of patient was done by maintaining a progress chart recording blood pressure, fluid intake and urinary output, blood for haematocrits, platelet count, liver function tests, LDH, uric acid and creatinine with estimation of urinary total proteins. Careful monitoring of baby was also done.

DISCUSSION

During January, 2013 to December, 2013 a total number of 660 pregnant women between the age of 25 to 32 years were admitted in TMSS Medical college and Rafatullah Community Hospital, Thengamara, Bogra for caesarean section operation. Of them 30 patients came with features of severe pre-eclampsia and eclampsia and had gestational age between 30 to 35 weeks. Out of 30 cases, one pregnant woman was diagnosed as HELLP syndrome. The incidence of HELLP syndrome in this study was 3.33 percent and the rate of such complication is higher in developing countries like Bangladesh. The retrospective population based cohort study of 558 pregnancies with severe pre-eclampsia showed that 12 % had HELLP syndrome[3]. Another report of 615 Indian pregnant women found the incidence of HELLP syndrome was 23.68% among hypertensive disorder during pregnancy[4]. During January 2005 to June 2007 a total of 255 women with severe pre-eclampsia and HELLP syndrome were delivered at Siiriraj Hospital Bangkok, Thailand. Of these 255 women with severe pre-eclampsia, 32 were diagnosed as HELLP syndrome and the incidence was 12.5%[5]. From the time of admission upto puerperium antihypertensive drugs such as Labetalol, Prazosin, Methyldopa and Nifedipine were used in combination for controlling the blood pressure. To control convulsion and to reduce the maternal and neonatal complications, Magnesium sulphate ($Mgso_4$) was stared by intravenous route and continued for 24 hours from last convulsion. Aslam et al also reported that combination of antihypertensive therapy in severe pregnancy induced hypertension showed markedly beneficial stabilizing effect[6,7]. Blood pressure and urinary out put were noted frequently. Blood for haematocrits, platelet count, liver function tests, uric acid, creatinine LDH with estimation of urinary total protein were done for several times. Careful monitoring of the baby was also done. With the great co-operation of Head, department of Obstetrics and Gynaecology, doctors and nurses of TMSS Medical College and Rafatullah Community Hospital, it was possible to save the patient and baby and to bring relief and peace to her family members. With proper advice the patient was discharged from the hospital after 14 days.

CONCLUSION

HELLP syndrome is potentially as dangerous as eclampsia. The prognosis of pregnancy complicated by HELLP syndrome depends on early diagnosis with therapeutic approach. Patients with HELLP have a higher incidence of pre-eclampsia (43%) in subsequent pregnancies[8]. Therefore, early diagnosis and proper management could be attempted to improve maternal and perinatal outcomes.

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