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Case Report

HELLP Syndrome: A Case Presentation

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Received: June 21, 2019; **Published:** July 10, 2019

Abstract

HELLP syndrome is an important cause of morbidity and mortality in pregnant women which may impose many pathological effects like deterioration of kidney function and cardiovascular disease. Differentiating pregnant individuals with elevated liver enzymes is important for early detection of HELLP syndrome as well as prognosticating and following them up.

Keywords: *HELLP Syndrome; Kidney Function; Cardiovascular Disease*

Introduction

HELLP syndrome (stands for Haemolysis, Elevated Liver enzymes, Low Platelets) is a life-threatening pregnancy condition with no specific clinical signs [1]. As low prevalent condition, it occurs in about 0.2-0.9% of all pregnancies which could be easily misdiagnosed at initial presentation [2]. As the high mortality and morbidity rates of HELLP syndrome which is approximately 1 of each 4 women (25%), early diagnosis is critical. Mostly HELLP syndrome develops in the third trimester of pregnancy, around week 25. As recent studies indicated HELLP syndrome is more common among women of younger age and mostly appears in primigravida [3]. Since there are evidences yield from studies represented the familial tendency of HELLP syndrome, genetic predisposition would affect the susceptibility of this asymptomatic pregnancy-specific condition [4]. Diagnoses of HELLP syndrome is made when other conditions with similar features like acute fatty liver of pregnancy (AFLP), thrombotic thrombocytopenic purpura (TTP), atypical haemolytic-uraemic syndrome (aHUS), lupus flare and antiphospholipid syndrome (APS) are ruled out [5]. Since HELLP syndrome may occurs in 10 to 20% of cases without preeclampsia, platelet count seems to be the best indicator to detect HELLP syndrome to be treated the earliest time of onset.

Case Description and Discussion

A 31 years old woman with elevated liver enzymes was presented in our clinic in May 2017. She participated in our clinical investigation as a part of 4 years study on Non-alcoholic fatty liver disease (NAFLD).

She had no significant medical history. She had generalized malaise.

Fasting serum levels of alanine transaminase (ALT), aspartate transaminase (AST) are liver biochemical tests assessed for her and reported to be high. Also, her blood pressure was 180/120 mm Hg and proteinuria was detected in her further workup. These lab data findings, besides her 26-week pregnancy, increased the suspicion about HELLP syndrome, therefore, complete blood cell count with differential blood smear was performed which showed low platelet count.

Whereas, the HELLP syndrome was detected, she was referred to obstetric triage for immediate care.

Conclusion

Since HELLP syndrome imposes serious complications in mother and fetus, this manuscript is to mention that pregnant women with elevated liver enzymes should be considered for HELLP syndrome. This approach leads to diagnosis at the earliest time of onset as well as providing a desirable treatment.

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Volume 8 Issue 8 August 2019