

Objective:

An attempt is made to emphasize the importance of early diagnosis and prompt treatment of a rare case of severe acute onset postpartum HELLP syndrome which was complicated with frank DIC in a patient with mild preterm pre-eclampsia. HELLP syndrome usually represents a subset of women with severe preeclampsia characterized by hemolysis, raised transaminases and low platelets with the prevalence of 0.1% to 1%.(1) Although HELLP is a form of severe pre-eclampsia, arterial BP does not always predict the severity of HELLP syndrome as 15-20% of patients may not have hypertension. (2)

Case Report:

We present an interesting rare case of postpartum normotensive HELLP syndrome, presenting with worsening chest pain with rapid deterioration to frank DIC challenging its initial diagnosis and management. A 32 yr. normotensive multipara at 35+5 weeks gestation presented with mild hypertension, right upper quadrant pain, mildly deranged transaminases with a normal platelet count. She progressed to a normal vaginal birth following induction of labor for suspected HELLP syndrome. After transiently improving for a few hours postpartum, she rapidly deteriorated with worsening moderate chest and epigastric pain as the only presenting symptom leading to a diagnostic dilemma and a clinical suspicion of pulmonary embolism, however prompt serial biochemistry, coagulation studies and a negative CTPA confirmed diagnosis of severe HELLP syndrome, eventually culminating into frank DIC in 3 hours as reflected with spontaneous bleeding from different sites of body. Multidisciplinary team involvement, vigilant diagnosis, active resuscitation with prompt replacement of blood and blood products with appropriate supportive measures in and Intensive Care Unit led to complete resolution of DIC and an optimal outcome.

Discussion:

HELLP syndrome is a potentially life-threatening complication of severe preeclampsia, 30% of which is seen in the postpartum period usually within the first 48 hours and until 7 days(1). The clinical presentation can be quite varied and at times the only objective way to diagnose and evaluate its progression may be laboratory parameters. The presentation in the postnatal period is usually noted for its sudden and fulminant course.

DIC is seen in 4- 39% of patients with HELLP syndrome which may be associated with acute renal decompensation, multi organ failure and death. There have been case reports of acute post-partum HELLP leading to maternal mortality. Exclusion of other fatal cardiorespiratory or haematological differential diagnosis is of utmost importance to formulate a proper diagnosis and targeted care.

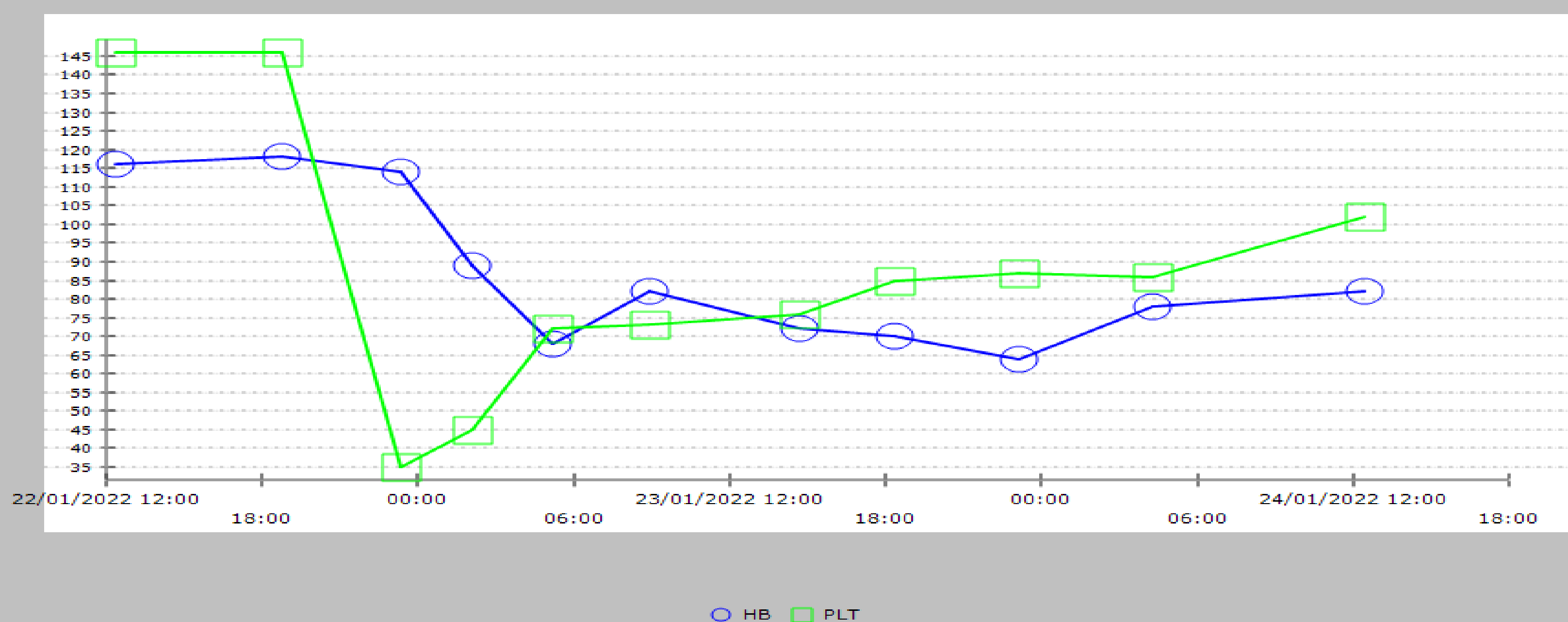
Conclusion:

Antepartum HELLP, although mild warrants intense monitoring in the post-partum period. Regular biochemistry is useful to monitor disease progression. Although it is a form of severe pre-eclampsia, hypertension may not be associated with all cases. Any new or worsening symptom needs vigilant suspicion of life-threatening complications to recognize and promptly treat with aggressive multidisciplinary care in intensive care setting for optimal outcomes to avoid significant morbidity and/or mortality. Surprisingly there is no literature to explain Post partum worsening of HELLP and thus emphasizing close surveillance is the only measure to curtail its complications.

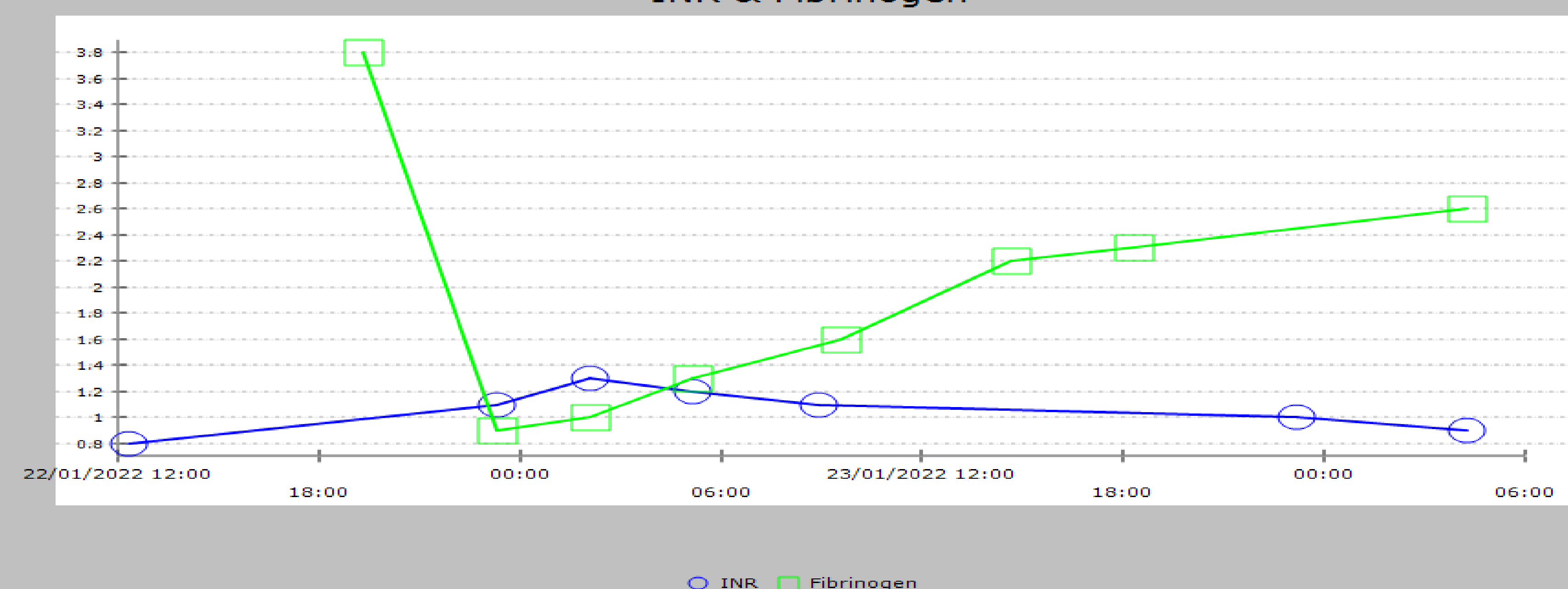
References

- 1) Uptodate Baha M Sibai et al. April 2022.
- 2) Reubinoff BE et al. Int J Gynaecol obstet 1991;36:95

HB & PLT



INR & Fibrinogen



ALT & AST

