

A Dilemma of coincidence, Severe HELLP Syndrome and Covid 19

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Objective:

To evaluate the management of an interesting case of acute severe HELLP syndrome in a pregnant woman with COVID-19 and the prompt multidisciplinary intervention for maternal wellbeing.

Case report:

A young primigravida at 37 weeks gestation presented with upper abdominal pain and reduced fetal movements. She was admitted due to rapid deterioration with confirmation of COVID 19 and an intrauterine death on attendance . She had haemolysis, elevated liver enzymes, low platelets, hyperkalaemia, significantly raised D-dimer, LDH, ferritin and troponin levels as seen in the graphs.

A joint MDT decision involving senior obstetrician, senior anaesthetist and ITU consultant was involved in her ITU care. A provisional diagnosis of HELLP syndrome was made. Systemic derangement secondary to COVID was another possibility. Delivery by an emergency Caesarean section was performed to facilitate resuscitation. She made a good recovery with significant improvement in her blood picture. She had a moderate left ventricular impairment and had a normal echocardiogram six weeks later. She received detailed debrief, support and advice for future pregnancy.

Discussion:

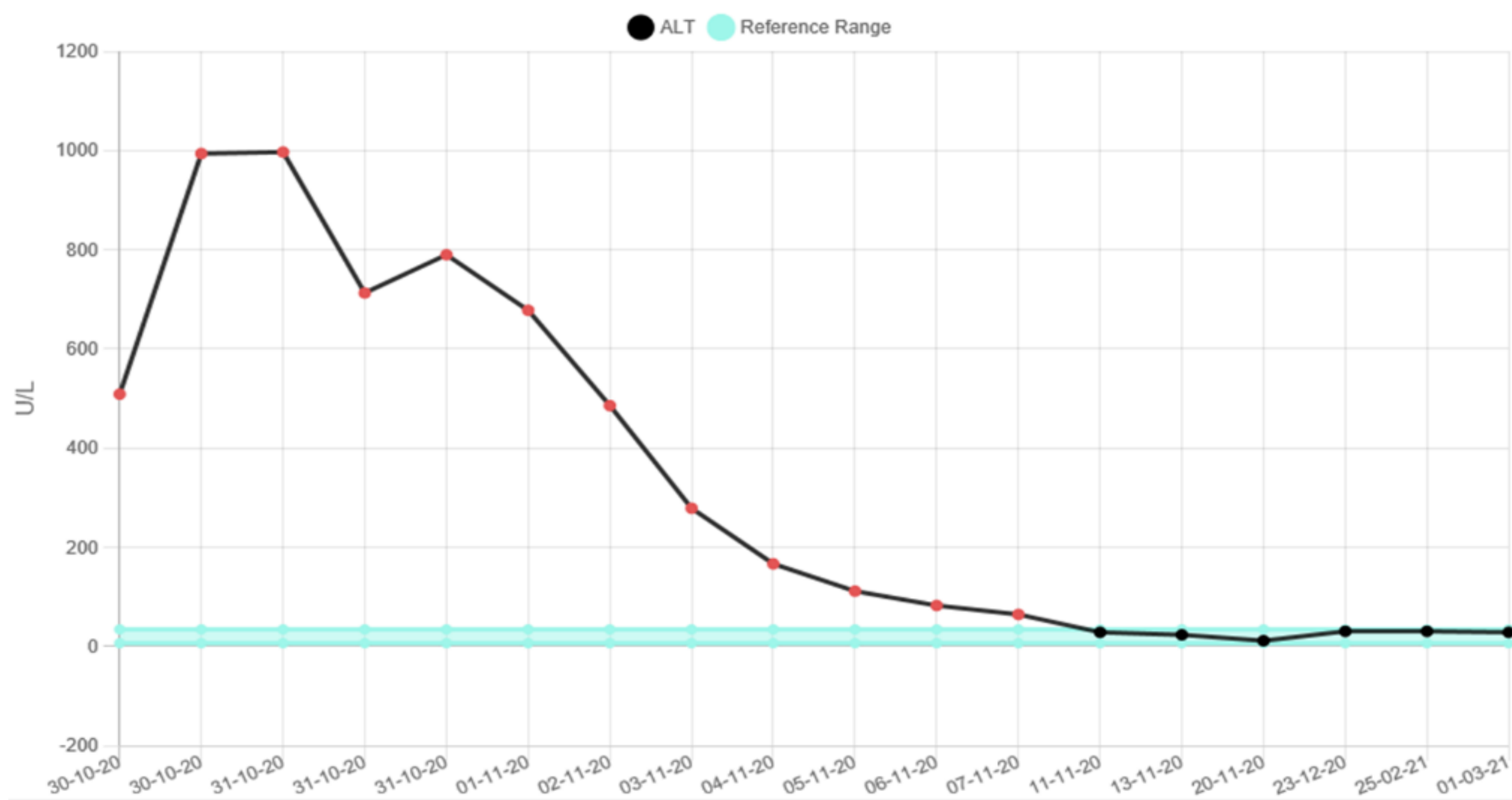
There was no evidence of trans- placental COVID-19 infection and abruption in this particular case. She had developed acute fulminating HELLP syndrome coincidently with COVID infection. There was reactive thrombocytosis following the acute event which was resolved postnatally.

Conclusion:

Prompt early involvement of various members of the multidisciplinary team including consultant obstetrician, consultant anaesthetist, midwife-in-charge, consultant neonatologist, radiologist, intensivist ,pulmonologist and the infection control team is recommended.

Reference:
RCOG ,Coronavirus (COVID-19), infection in pregnancy

ALT Results



LDH Results



PLT Results

