

Atypical Presentation of Pre-eclampsia – A case report

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Introduction:

Atypical presentation of pre-eclampsia is an uncommon entity, especially with overlapping features of HELLP and AFLP. We aim to report such a case who was managed at Grange University Hospital, ABUHB, South Wales.

History:

30 years old, G4P2 at 36 weeks, previous 2 vaginal deliveries
Presented with fever, non-productive cough and upper, right-sided abdominal pain.
No urinary/ bowel concerns
Asthmatic on inhalers, Smoker

Examination:

PR- 71/min, BP-135/83 mmHg, RR- 18/min, SpO2- 100%,
Temp- 37.9 deg C
P/A- Abdomen soft, non-tender. Uterus relaxed.
P/S- Cervical os closed, no abnormal vaginal discharge.
Ectropion+

Investigations:

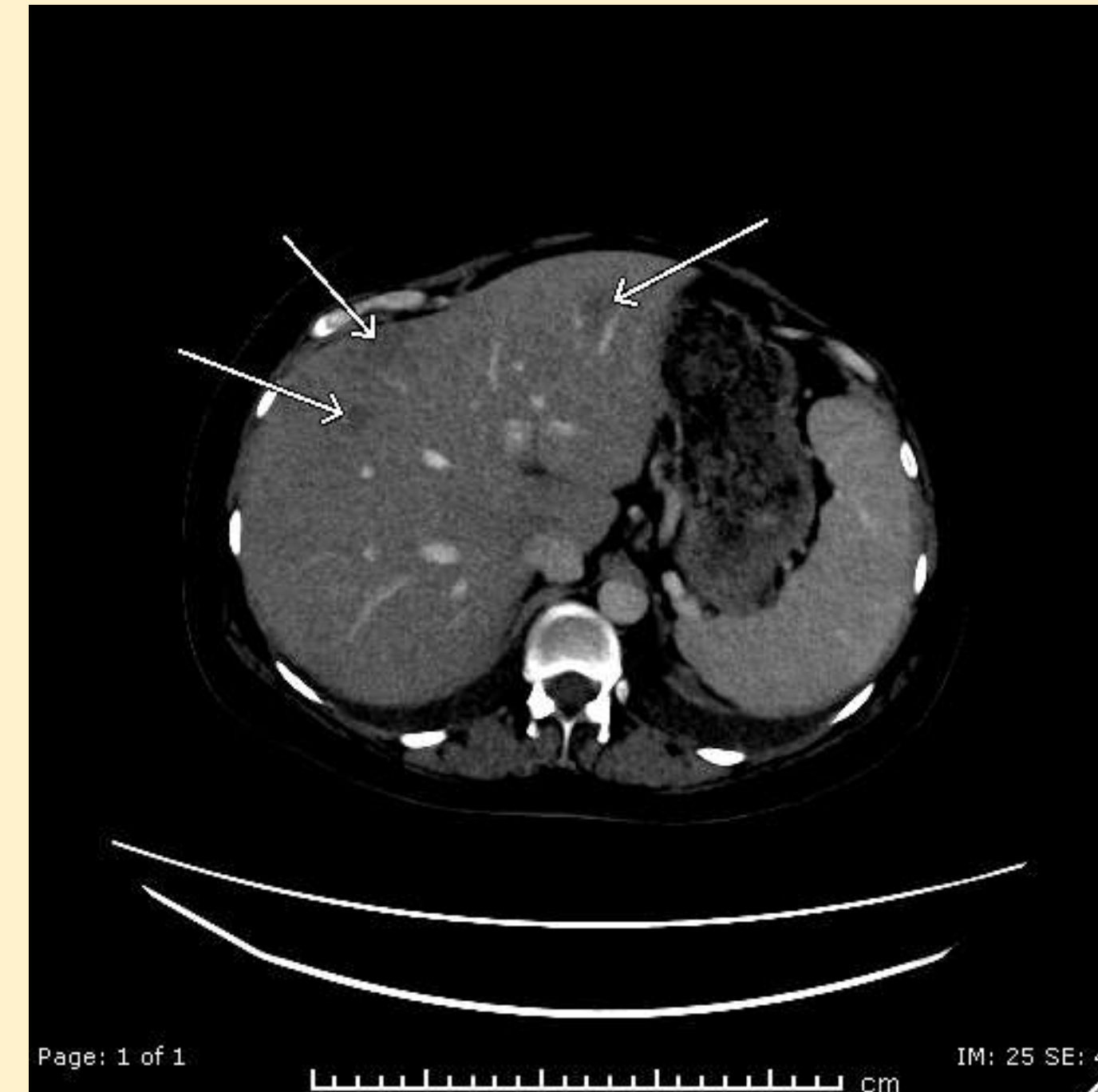
Urine- Normal, Hb- 117, **WBC- 29.7**, Plt- 130, CRP – 175,
Creatinine – 53
Ultrasound Kidney, Ureter, Bladder – Normal

Plan:

Admitted for IV antibiotics on initial suspicion of **SEPSIS**.
As pyrexia persisted and BP was elevated to 150/100mmHg, she was switched to broad spectrum IV antibiotics & started on antihypertensives. Pyrexia eventually settled.

On further investigations:

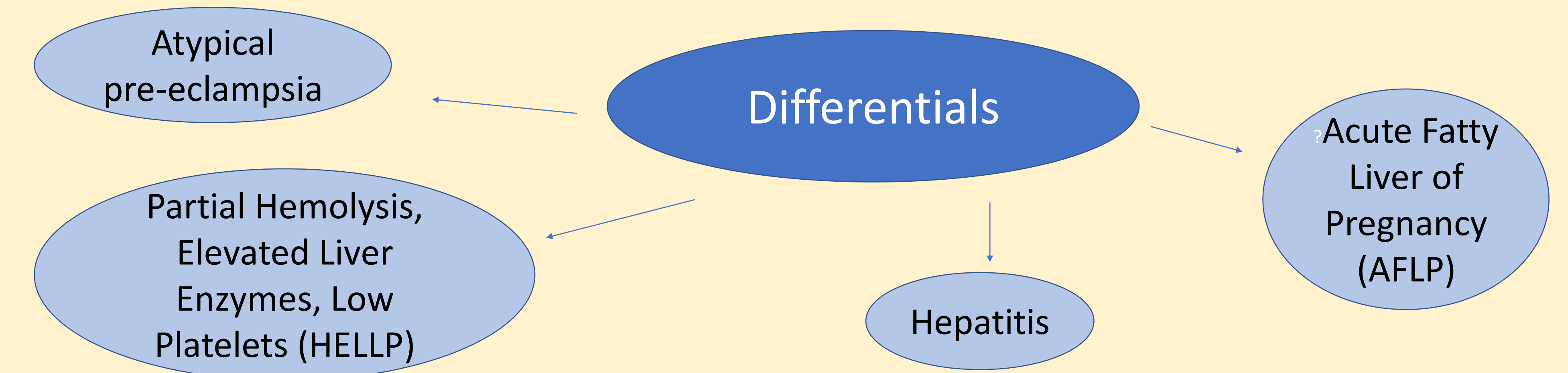
Hb – 88 g/L	CRP- 26 mg/L
WBC – 25.8	Bilirubin – 9 micromol/L
Plt – 108 x 10⁹ /L	ALT – 124 U/L
PCR- <0.06 mg/mmol	Amylase – 29
RBS – single reading of 3.3 mmol/L	
Ultrasound abdomen – biliary sludge	
Chest X Ray, Hepatitis screening, Autoantibody screening, Viral respiratory swabs - Negative	
CT abdomen – Pregnancy associated liver disease,	
bilateral small pleural effusions, perinephric and pelvic free fluid +	



Axial CT: Several foci of parenchymal low attenuation in both lobes of the liver.



Axial T2 Haste MRI: Two foci of high T2 signal anteriorly in the right lobe of liver.



In view of falling platelet count, elevated liver enzymes, despite no proteinuria, she was induced at 37 weeks following PRBC transfusion. She delivered by spontaneous vaginal delivery with a PPH secondary to cervical tear. She underwent EUA in theatre for repair of tear.

Postnatally, bloods improved. She was discharged with enalapril.
Ultrasound liver at 3/12 postpartum was normal.

Discussion:

- Many clinical scenarios fall out of the definition of pre-eclampsia. In this case, partial features of HELLP and AFLP were observed with no proteinuria.
- Different models of combined screening, combined clinical, biochemical and biophysical data (Uterine artery Pulsatility index) are reported for early prediction of pre-eclampsia that is crucial in reducing maternal & perinatal morbidity and mortality.^{1,2}
- The main lesson of this case would be to recognize early signs of atypical pre-eclampsia to initiate correct management and avoid any complications.¹

Conclusion:

- A multi-disciplinary approach is required in this clinical scenario, involving obstetricians, anaesthetists, microbiologists, pathologists, radiologists, hepatologists and general surgeons.
- Timely diagnosis and intervention is crucial to avoid adverse perinatal outcome.
- This case report also indicates the need for more studies/ evidence on management of atypical presentations of pre-eclampsia.