

Objective: To report an atypical presentation at early gestational age of a serious obstetric complication that should be promptly suspected in order to improve maternal-fetal prognosis.

Case report: A 44-year-old woman with a history of chronic hypertension and antisyntetase syndrome with interstitial lung disease was evaluated in the emergency department for elevated blood pressure at 18+4 weeks gestation. Blood pressure >160/110 mmHg and a protein/creatinine ratio of 0.37 were found. The patient developed a hypertensive crisis, intense epigastric pain and neurosensory symptoms, with severity tests reporting: platelets $81 \times 10^3/\mu\text{L}$, LDH 517 IU/L and AST/ALT at 175 and 201 IU/L. Management was started with labetalol and intravenous magnesium sulfate. She persists with hypertensive crisis and neurosensory symptoms; control tests: Platelets $66 \times 10^3/\mu\text{L}$, LDH 585 IU/L and AST/ALT at 187/219 IU/L. Pulsatility index Right uterine artery 2.0, left uterine artery 2.0 STLFI/PLGF ratio 115.9. She maintains hypertensive crisis with BP 180/90 mmHg despite pharmacological management. After evaluation by the medical team and with the patient, it is decided to voluntarily terminate the pregnancy.

Discussion: HELLP syndrome is a serious obstetric complication with variable incidence and time of onset, even before fetal viability. The current definition of preeclampsia excludes diagnosis before 20 weeks of gestation, however, there are reports of cases of onset before 20 weeks, including severe cases with Hellp syndrome. Most patients who develop atypical preeclampsia (before 20 weeks) have preexisting comorbidities such as antiphospholipid syndrome, antisyntetase syndrome or arterial hypertension prior to pregnancy. Antisyntetase syndrome is a rare autoimmune disease. The association of autoimmune rheumatic diseases and adverse perinatal outcomes is widely recognized. Several reports have suggested an association between antisyntetase syndrome and vasculitis, which raises the hypothesis that when the disease is active it could lead to vasculitis and inflammatory changes within the blood vessel which would determine poor vascular perfusion and thus poor perfusion of the placental bed.

Conclusion: HELLP syndrome is a serious obstetric complication with infrequent presentation before 20 weeks of pregnancy. The association between autoimmune diseases and hypertensive syndromes has been widely studied, with hypoperfusion of the placental bed being the most reported finding. Preconception counseling is suggested for patients with a history of autoimmune disease in order to plan pregnancy during the inactive phase of the disease, thereby optimizing obstetric and perinatal outcomes.

Table 1. laboratory findings during admission

CBC	Value 1	Value 2	Value 3
Platelet count (10*3/uL)	81.000	66.000	87.000
Hto (%)	42	40	42.1
Hb (gr/dL)	14.8	13.9	14.7
LDH (U/L)	517	585	489
AST/ALT (U/L)	175/210	187/219	125/188
Creatinine (mg/dL)	0.54	0.63	0.74
Bilirubin (mg/dL)	0.59	0.68	0.51
Alb (g/dL)		3.4	3.4
STLFI/PLGF ratio	115.9		
IPC	0.37		
Prot. 24 hrs	458 mg		