

A RARE CASE OF HELLP WITH A RUPTURED LIVER CAPSULE IN PREGNANCY

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INTRODUCTION

We present a case of a primigravida at 36+3 weeks gestational age who presented with epigastric pain, hands and feet swelling, and other signs suggestive of pre-eclampsia with HELLP syndrome and a ruptured liver capsule. The goal is to raise awareness about the significance of early recognition and treatment.

Discussion

Pre-eclampsia is a pregnancy-specific hypertensive disorder associated with potentially severe maternofoetal complications; in particular, it can progress to HELLP syndrome^{1,2}. Pre-eclampsia causes endothelial damage, resulting in leaky capillaries at the endothelial level and fluid extravasation into the interstitial compartment, causing stretching of the liver capsule and its possible rupture². A high index of suspicion for liver capsule rupture with symptoms of right upper quadrant abdominal pain, shoulder tip pain, or hypotension. This should trigger adequate preparation pre-op with MDT involvement. In this instance, multidisciplinary participation was key to achieving an optimal outcome.

References

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2. Dubey S, Rani J. "Hepatic rupture in preeclampsia and HELLP syndrome: A catastrophic presentation". Taiwan J Obstet Gynecol. 2020 Sep;59(5):643-651. doi: 10.1016/j.tjog.2020.07.003. PMID: 32917311.



Case Report

A P0 at 36+3-week gestation presented to maternity triage with a complaint of epigastric pain that had become progressively worse over a few days, with swelling of her hands and feet. Previously normotensive throughout the antenatal period. Her blood pressure at presentation was 179/110 mmHg with proteinuria of 3+. Blood showed deranged liver enzymes and thrombocytopenia.

Examination: The abdomen was soft, with tenderness in the epigastric region. There was no guarding or peritonism. CTG was normal.

Antihypertensives, magnesium sulphate, and platelet transfusions were commenced to stabilize the patient. About an hour later, she reported symptoms of dizziness, syncope, and left shoulder tip pain, raising the suspicion of a ruptured liver capsule. A bedside ultrasound showed hemoperitoneum. Quick MDT discussions were conducted between the obstetricians, anaesthetists, and liver surgeons. Findings at EMCS showed a ruptured liver capsule with 1000 ml of haemoperitoneum. A live neonate was delivered in good condition. The Liver surgeons were present to secure haemostasis.

Conclusion

Pregnant women with pre-eclampsia complicated with HELLP syndrome need to be looked at more closely for complications like this, as liver rupture can occur. Early diagnosis and management in such cases, as shown here, will help improve the outcome for both the mother and the fetus, emphasizing the relevance of a multidisciplinary approach.