

HELLP She has Severe, Acute Thrombocytopenia

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- A 22 yo G1P0 parturient scheduled for induction of labor at 37 weeks due to severe fetal growth restriction and elevated uterine artery dopplers.
- Additional comorbidities included gestational hypertension and gestational thrombocytopenia.
- Platelet counts had ranged from 105×10^3 - 145×10^3 over the past 5 months and were 118×10^3 pre epidural insertion.
- After an uneventful vaginal delivery, labwork was sent and demonstrated a platelet count of 189×10^3 and the epidural was removed. That was a lab error.

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	Epidural Placement				Epidural Removal		<u>Panic</u>
	13 6/4/2021 1211	12 6/11/2021 0921	11 6/18/2021 1204	10 7/5/2021 1736	9 7/6/2021 0516	8 7/7/2021 0726	
CBC							
PLATELET COUNT	117 *	132 *	105	118	189	32	
	7 7/7/2021 0834	6 7/7/2021 1801	5 7/8/2021 0630	4 7/8/2021 1222	3 7/8/2021 2040	2 7/9/2021 1043	1 7/10/2021 0802
CBC							
PLATELET COUNT	32	41	41	47	70	73	109

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- Postpartum HELLP syndrome diagnosis was made due to anemia, elevated LFTS, high lactate dehydrogenase, and thrombocytopenia.
- Risk of epidural hematoma is highest peri-placement and during removal of neuraxial technique.
- Patient's epidural was removed with platelet count of $\sim 32 \times 10^3$. She was started on steroids and neuro checks were conducted for 3 days straight while her platelet count recovered. No neuro consequences.
- Checking levels prior to epidural removal is done on a case by case basis, but perhaps should also be standardized.