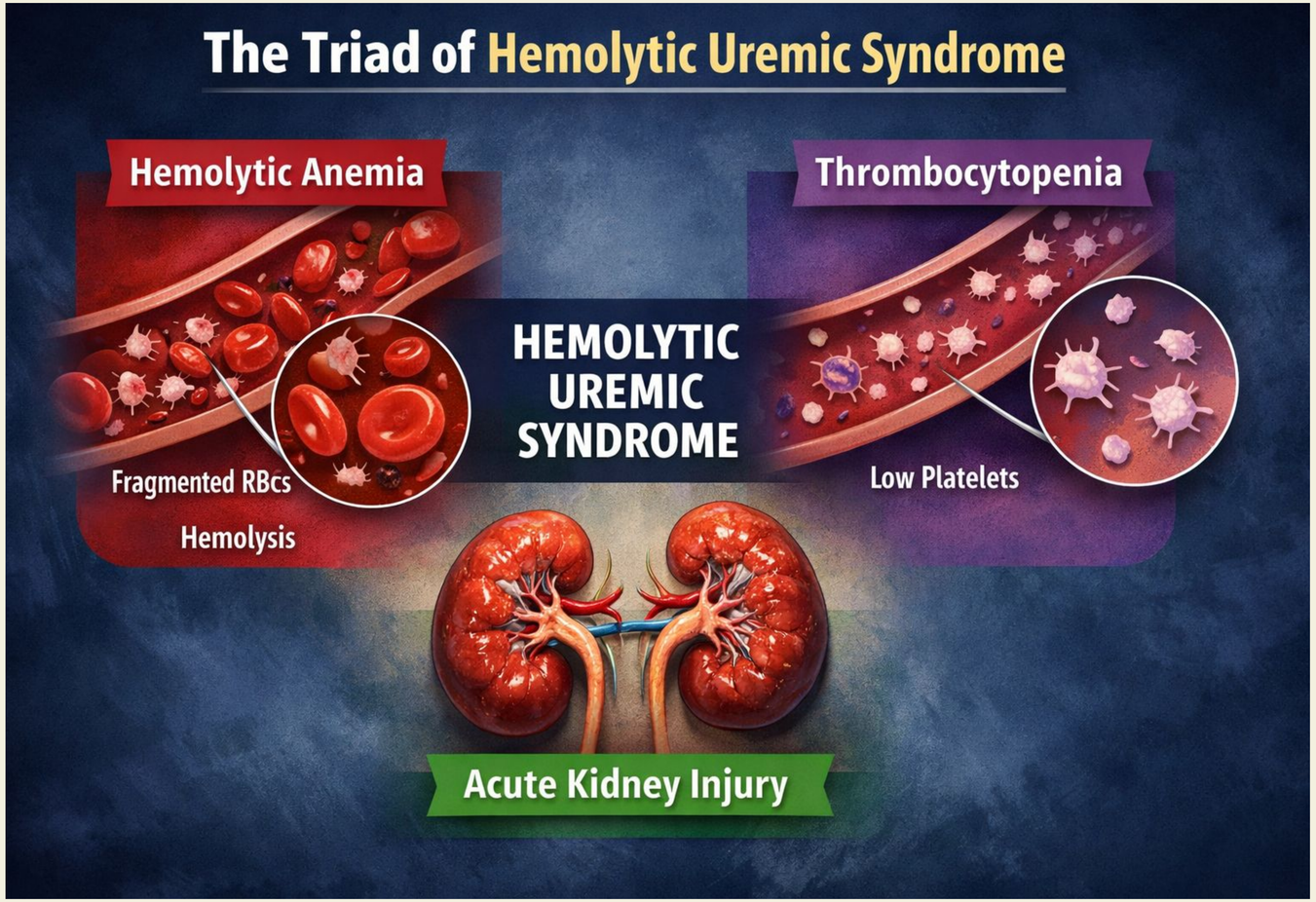
Background



Thrombotic Microangiopathy

- “endothelial damage leading to microvascular thrombosis, which clinically manifests as microangiopathic hemolytic anemia, thrombocytopenia, and organ injury”

Hemolytic Uremic Syndrome (HUS)

Challenge and Importance

- Diagnostic overlap
- Delayed treatment

Case

30 year-old G2P1011 with no significant past medical history presents for induction of labor due to gestational hypertension

NRFHR and suspected chorioamnionitis necessitated cesarean delivery

Postpartum hemorrhage (EBL > 2,500 mL)

Resuscitation: pRBC x2, FFP x1, cryoprecipitate x3, RiaSTAP fibrinogen concentrate x3

PACU

Hypertensive, hypoxic, AKI, acute liver injury, thrombocytopenia

ICU

Oxygen requirement

Laboratory evaluation

Teaching Points

- Preeclampsia vs. HELLP syndrome vs. TMA?
- Complement mediated atypical hemolytic uremic syndrome
- Eculizumab