

## **HELLP SYNDROME**

Is said to be a variant of pre-eclampsia but can occur before pre-eclampsia.

### **Definition:**

**H-** Haemolytic anaemia.

Abnormal smear- schistocytes  
Elevated Bilirubin

**EL-** elevated liver enzymes.

AST > 70.  
LDH > 600.

**LP-** low platelet count.

Class 1 platelets <50  
Class 2 platelets 50-100  
Class 3 platelets 100-150

Isolated thrombocytopenia in pregnancy can have many other causes.- 21% of maternal thrombocytopenia is HELLP. D Dimer can be elevated and if elevated more likely to develop DIC.

50% have the complete HELLP syndrome – 50% have one or more of the three findings.

Occurs in 0.2-0.6 % of pregnancies. Hypertension occurs in 7-10 % of pregnancies and of those 10% develop HELLP.

Risk factors: 3<sup>rd</sup> trimester, age > 25, caucasian, multiparous, history of poor pregnancy outcome .

### **Presentation:**

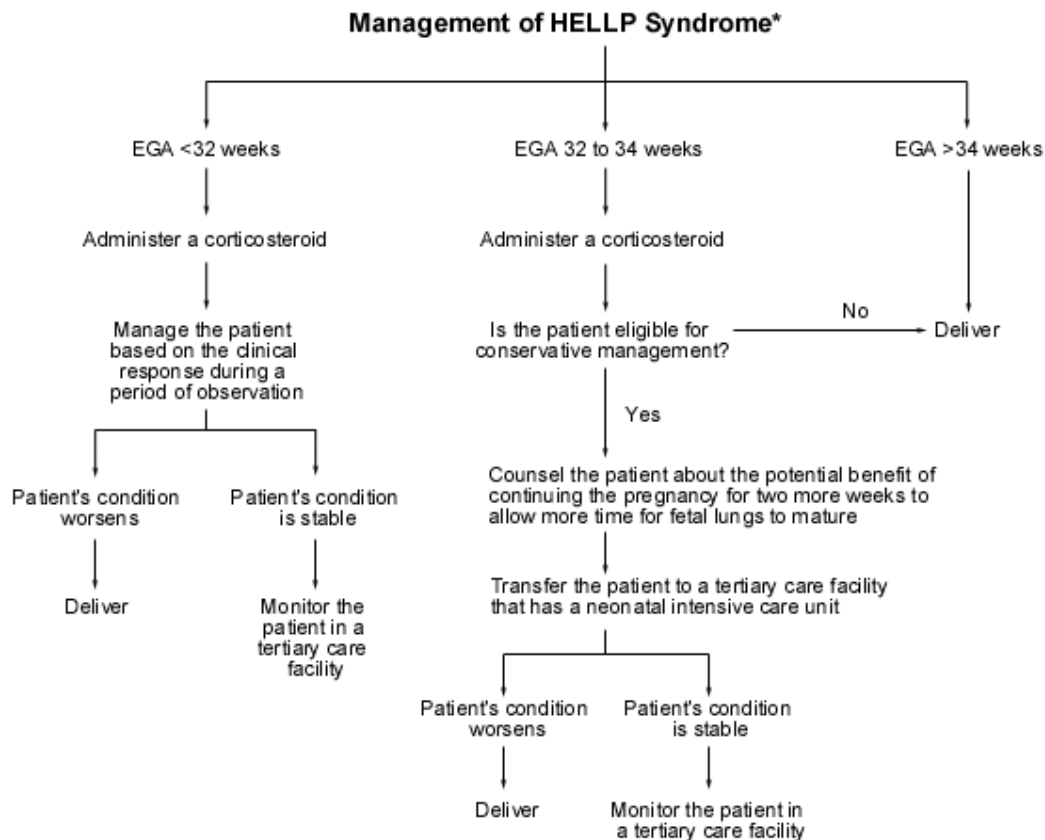
90%- general malaise.  
30% Nausea/ vomiting ,  
30-50% headache,  
50-67% RUQ pain, RUQ tenderness up to 90%  
15% have diastolic <90  
15% have no proteinuria.,  
oedema (occurs in 30% normal pregnancies).

### **Prognosis**

Maternal mortality is 1%- haemorrhage or liver rupture, pulmonary oedema ARDS, DIC. Foetus- perinatal mortality is 11%- placental abruption, asphyxia and

prematurity. The platelets and LFT's deteriorate initially post partum take 3 days to normalise.

19-27% will get HELLP next pregnancy and 43% will get pre eclampsia, Class 1 has highest risk of recurrence. After 2 episodes severity is decreased.



Magnesium sulphate is recommended to prevent seizures and blood/ blood product transfusion as required. Can be conservatively managed if BP < 160/110, no abdo tenderness and good urine output.