



PREECLAMPSIA AND HELLP SYNDROME - OBSTETRIC PROGNOSIS

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Many investigators consider the HELLP syndrome to be a variant of preeclampsia. The obstetric complication that is frequently misdiagnosed at initial presentation.

We are selected 185 pregnant women with HELLP syndrome and severe preeclampsia. The physical examination of patients the blood, function of liver, ultrasound.

Patient with HELLP syndrome is a microangiopathic hemolytic anemia. Red blood cells become fragmented as they pass through small blood vessels with endothelial damage and fibrin deposits. The peripheral smear may reveal spherocytes, schistocytes, triangular cells and burr cells. increase in Bilirubin and lactic dehydrogenase levels. The elevated liver enzyme levels in the syndrome are thought to be secondary to obstruction of hepatic blood flow by fibrin deposits in the sinusoids. This obstruction leads to periportal necrosis and, in severe cases, intrahepatic hemorrhage, subcapsular hematoma formation or hepatic rupture. The thrombocytopenia has been attributed to increased consumption and/or destruction of platelets.

Our results of clinical presentation : 90%of patients present with generalized malaise, 65 % with epigastric pain, 30 % with nausea and vomiting, 31 % with headache. Because of the variable nature of the clinical presentation, the diagnosis of HELLP syndrome is generally delayed for an average of eight days. Only two of 14 patients entered the hospital with the correct diagnosis. Because early diagnosis of this syndrome is critical, any pregnant woman who presents with malaise or a viral-type illness in the third trimester should be evaluated with a complete blood cell count and liver function tests.

The diagnosis requires the concurrence of hemolysis, elevated liver enzymes, and low platelet count. However, there is obviously still a lack of consensus on the laboratory parameters and their cutoff values used to diagnose. We are examination laboratory diagnostic criteria for HELLP syndrome. Clinical utility of strict diagnostic criteria for the HELLP the use of strict diagnostic criteria in the definition of the HELLP syndrome allows for greater prediction of complication rates. and define the cases that are Eligible to conservative management.

The laboratory abnormalities in HELLP syndrome typically worsen after delivery and then begin to resolve by three to four days postpartum.

Patients with HELLP syndrome who complain of severe right upper quadrant pain, neck pain or shoulder pain should be considered for hepatic imaging regardless of the severity of the laboratory abnormalities,

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to assess for subcapsular haematoma or rupture. Patients with HELLP syndrome should be routinely treated with corticosteroids.