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P138. LIFE WITH RETROCHORIAL HEMATOMA - A CASE REPORT

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Context – The HELLP syndrome characterized by hemolysis, elevated liver enzymes and low platelet count remains worldwide an important source of maternal and fetal morbidity and mortality. HELLP syndrome can occur in almost 20% of pregnancies with severe preeclampsia and is strongly associated with severe cardiopulmonary, neurological, renal, hepatic or hematological complications.
Objective: The aim of this case report is to present our therapeutic experience in a difficult case of preeclampsia complicated with HELLP syndrome and a retrochorial hematoma measuring 12x9x8 cm.
Patient: A 38-year-old gravida 3, para 2 at 18+6 weeks of gestation was referred with hypertension, epigastric pain, anemia, thrombocytopenia and macroscopic hematuria. The patient reported a history of 2 preterm deliveries (cesarean deliveries due to superimposed preeclampsia on chronic hypertension). Her blood pressure was moderately elevated (160/90 mmHg) and there was no evidence of neurological abnormalities. The laboratory revealed a HELLP syndrome with acute consumption coagulopathy (reduced counts of factor XIII, V, and fibrinogen) and proteinuria. The ultrasound examination revealed a normal fetus with oligohydramnios, placenta previa and a 12x9x8 cm retrochorial hematoma. The patient was diagnosed with severe preeclampsia complicated with HELLP-Syndrome.
Intervention: The patient was treated from an interdisciplinary team of physicians from Gynecology, Hematology and Nephrology. A treatment with tranexamic acid, fibrinogen, factor XIII, Prednisolon, and Magnesium sulfate was performed. The clinical evolution was positive and after 3 weeks she was discharged home recovered (blood pressure was normal, laboratory was almost normal and retrochorial hematoma was reduced). The patient was readmitted at the 26th week of pregnancy with premature rupture of the membranes. Pregnancy was terminated by cesarean section at the 33+0 week due to chorioamnionitis, following the rupture of membranes. A hysterectomy was performed for uterine bleeding refractory to medical therapy associated with placenta increta. A male infant weighing 1880 g, with Apgar scores of 5/8/8 was born. The post operative maternal recovery and the neonatal outcome were satisfactory.
Conclusions: Although HELLP syndrome is a serious acute and vital disease with important mortality, morbidity and long-term consequences, early diagnosis, appropriate therapy and cooperation can improve the maternal and fetal outcomes.

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