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# **Hellp Syndrome**

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#### 1.Introduction

This is a life threatening disorder thought to be a variant of pre-eclampsia. The two conditions occur during the later stages of pregnancy or after childbirth.

**2. Hellp means**: Haemolytic Anaemia Elevated Liver Enzymes and Low Platelet Count.

### 3. Methods

Hellp is associated with gestational hypertension and in patients who have pre-eclampsia elevated blood pressure and proteinuria. It is thought to be a malignant clonal stem cell disorder! The patients get headaches, blurred vision, malaise, nausea and vomiting abdominal pain and paraesthesias. Generalized oedema may occur. The liver capsule may rupture with a resultant haematoma. Seizures and coma lead to full blown eclampsia. DIC (Disseminated Intravascular Coagulation) is seen in 20% of cases 84 % of cases go into renal failure. Patients with Hellp may be misdiagnosed increasing the risk of liver failure and morbidity [1].

## 4. Results

In a patient with Hellp syndrome blood tests should include; full blood count, liver enzymes; urea and electrolytes and creatinine and prothrombin index /international normalized ratio, partial thromboplastin time and fibrin degradation products Lactate dehydrogenase is a marker of haemolysis and albuminuria may be present. D-Dimers are a useful test in the disorder. The platelet count may be low, e.g. < 50000.

The coagulation system is thought to be the problem. Fibrin crosslinks the vessels. A microangiopathic haemolytic anaemia results and erythrocytes are destroyed. Thrombocytopaenia results and hepatic ischaemia leads to periportal necrosis.

### 5. Conclusion

The DIC (Disseminated Intravascular Coagulopathy) leads to paradoxical haemorrhage. Seizures should be treated as for eclampsia and fresh frozen plasma, steroids and anti-hypertensives must be given. Fluids (preferably Ringer's lactate) should be given at the required rate Hepatic haemorrhage must be treated by embolization.

The incidence of Hellp is 0.2-0,6% i.e.10 to 20% of pregnancies. With treatment maternal mortality is 1%. Complications include renal failure, subcapsular hepatic haematoma and retinal detachment.

Hellp syndrome was discovered in 1982 by Dr. Louis Weinstein [2].

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