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Massive Hepatic Infarction in Severe Preeclampsia as Part of the HELLP Syndrome: A Case Report

Tajellijiti Nissrine*, Boukoub Naila, Errifaie Hayat, Daoudi Badr, Ribahi Houssam, Adib Mohammed Ghassane

Department of Resuscitation Anesthesia Gyneco Obstetrical Maternity CHU Mohammed VI Marrakech

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***Corresponding author:** Tajellijiti Nissrine

Abstract **Case Report**

Hepatic infarction is a rare and fatal complication associated with hemolysis, elevated liver enzymes and low platelet syndrome. It can progress to fulminating liver failure and cause death in 16% of cases. A hepatic infarction is an extraordinarily rare complication of preeclampsia. The diagnosis should be suspected by noting elevated liver enzymes, thrombocytopenia and typical images of hepatic infarction on abdominal computed tomography. Early diagnosis and multidisciplinary management are necessary to prevent liver failure and death.

Keywords: Hepatic infarction Severe Preeclampsia HELLP.

INRODUCTION

Hepatic infarction is a rare and fatal complication associated with hemolysis, elevated liver enzymes and low platelets syndrome. It can develop into fulminant liver failure and lead to death in16% of cases. We report the case of a patient with massive hepatic infarction associated with Preeclampsia and HELLP syndrome.

CASE REPORT

It's about 25 year's old women, with no remarkable pathological history, gravid at woparaone, who was sent to gynecological emergency unit for management of severe preeclampsia at 30 weeks of gestation.

First examination showed a conscious patient, blood pressure was180/110mmHg. Laboratory test results showed 4+proteinuria, hemoglobin at 13g/dl; ASTat 290IU/l; ALT at 193IU/l and anormal value of platelets.

We administered antihypertension drugs, magnesium sulfate and Betamethasone. However, those symptomatic treatments were inefficient, so the decision was token for immediate cesarean delivery indicated for maternal rescue.

Within 2 days of delivery, the patient installed an intense epigastric pain, the hemoglobin dropped to9,1g/dl, AS Trose to 2809IU/l and ALT to2502IU/l, platelets countd ecreased to 77000/ul, prothrombin time(PT) was at 61% and renal function was also disturbed. Then, Based on all above, we diagnosed the patient as HELLP syndrome and she was immediately transferred to the Medical Intensive Care Unit (MICU).

ATA PCT scan was performed and showed the existence of diffuse hypodense plaques, no tenhanced after injection, interesting all hepatic segments (Figure1). The vascular permeability of the portal and subhepatic was preserved. Those C T images correspond to massive hepatic infarction.

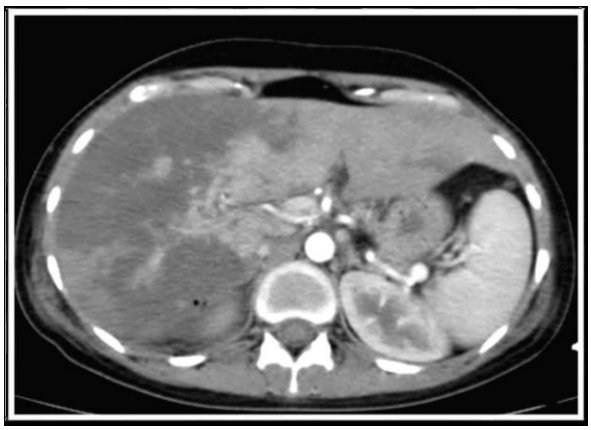

Fig-1: Contrast-enhanced CT of the abdomen showing the presence of massive hepatic infarction

During the surveillance, the patient becames febrile and the biologic al features get worsened. Then, the patient received antibiotics, she was transfused by red blood cells and platelets concentrates and received albumin. Within 6 days, the patient has improved clinically, the biological results were normalized within11days, the damaged hepatic are as stayed stable for 15 days as shown by a control CT scan (Figure2). So, at day 17 the patient was discharged with maintained follow-ups.

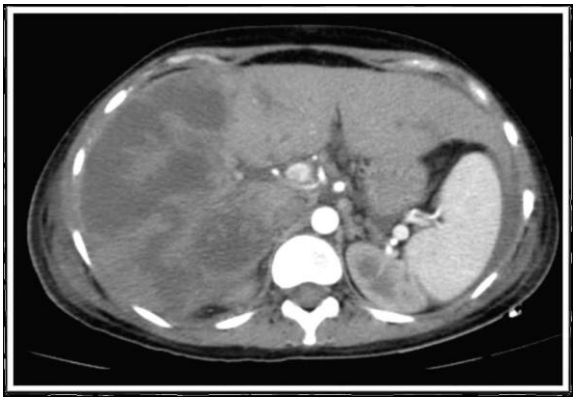

Fig-2: Contrast-enhanced CT of the abdomen showed the damaged areas were persisted on the 15th days after admission

DISCUSSION

The incidence of HELLP syndrome is between 10 and 20% of patients with severe preeclampsia, in30%of times it occurs in the post-partum period [1, 2] and so was the case for our patient.

The pathogenes is of the HELLP syndrome still unknown and the supposed mechanisms are difficult to differentiate from those of preeclampsia. Thus, the HELLP syndrome results from a disseminated microangiopathy, wich is the consequence of a trophoblastic implantation defect [3].

A study of the literature reveals only a limited number of HELLP syndrome complicated by hepatic infarction. Computed tomography scan is indeed the most sensitive method for the diagnosis of liver infarction and establishment of differential diagnosis.

Etiological treatment of HELLP syndrome is based on the interruption of pregnancy [3]. Many studies advocate for the use of corticosteroids in order to improve clinical signs and biological features of HELLP syndrome [4, 5]. However,the literature on this subject is discordant.

CONCLUSION

Clinicians should always pay attention to pregnant women referring with the complaints of hypertension, epigastrium or shoulder ain, including patients at post-partum early period.

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