

# HELLP Syndrome at 19 Weeks Complicated by Delayed Care



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### Introduction:

- HELLP syndrome (Hemolysis, Elevated Liver enzymes, and Low Platelet count) is a variant of preeclampsia that is associated with high rates of maternal morbidity and mortality.<sup>1,2</sup>
- It most commonly occurs in the third trimester and presentation prior to 23 weeks is extremely rare.<sup>1</sup>
- Treatment for HELLP syndrome is delivery of the fetus and placenta regardless of age of gestation.<sup>2</sup>

- 1. Mossayebi, M. HELLP syndrome at <23 weeks' gestation: a systematic literature review. American journal of obstetrics and gynecology. 2023 May.
- 2. Adorno, M. HELLP Syndrome. Critical care nursing clinics of North America. 2022 Sept.

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#### **Case Presentation:**

- 32-year-old G4P3 at 19 weeks EGA presented to a community hospital in New Mexico with a headache, RUQ pain, severe range bloop pressure, elevated LFTs, and downtrending platelets.
- The patient was transferred to the nearest facility with appropriate level of care in Texas where she received 4 units of platelets, magnesium, nifedipine, and labetalol.
- The fetus was noted to have severe FGR and abnormal dopplers, but a FHR was still present and providers could not move forward with definitive management.
- She was subsequently transferred to University of New Mexico where she underwent emergent D&E under general anesthesia.
- Her postoperative course was complicated by continued HTN requiring rescue and mild pulmonary edema.





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#### **Teaching Points:**

- Since the Dobbs v Jackson decision in 2022, access to abortion has become much more limited, with 13 states having near complete abortion bans.
- This case highlights the dangers of delaying medically indicated procedures and interventions and transfer of the burden to states where abortion is protected.
- HELLP syndrome constitutes an obstetrical emergency in which the only definitive treatment is delivery.
- In cases such as this where the pregnancy is pre-viable, abortion bans put patients' lives at risk and place increased stress on remaining reproductive care centers.



