HELLP Syndrome: a 5 years retrospective review

R. Torgal, R. Cerqueira Vieira, A. Silva, M. Rocha, I. Guedes, J. P. Assunção
Anaesthesiology Department, Centro Hospitalar Tondela-Viseu

Euroanaesthesia
The European Anaesthesiology Congress

2018
Copenhagen, Denmark
2-4 June 2018

Background and Goal of Study

HELLP Syndrome is characterized by hemolysis, elevated liver enzymes and low platelet levels. It's an important obstetric complication which is, either a variant of pre-eclampsia, or an entity of its own. It usually presents with elevated blood pressure and a variety of symptoms.

We reviewed the anesthetic management of women diagnosed with HELLP syndrome in our institution in 5 years and describe the outcomes.

Materials and Methods

- Retrospective, observational study from January 2012 to December 2016.
- Included all women with diagnosis of HELLP syndrome.
- Data were collected from physical and electronic records.
- Variables included:
 - Age, obstetric history, type of delivery, type of anesthesia, maternal and fetal outcome and complications, ICU admission and discharge date.
- All data was compiled and analyzed using SPSS version 22.

Results and Discussion

- There were 12 pregnant women diagnosed with HELLP syndrome in the 5 years period, with an incidence of **1:809 deliveries (0,12%)**.
- The syndrome was classified antepartum in 7 patients. The median age was 33 years and 66,6% presented after the 35th week.
- In 7 cases the syndrome developed in the first pregnancy.
- All women received corticosteroid treatment and antihypertensive drugs, as well as seizure prophylaxis with magnesium sulfate.
- Emergency cesarean section was performed in 10 women, using general anesthesia in 6 of them.
- ICU admission was necessary in 4 cases.
- The median time until discharge was 9 days.
- There were 2 fetal deaths in patients arriving to the hospital with no fetal heart rate in cardiotocography and 1 baby was admitted to NICU after cesarean delivery.

Conclusions

HELLP syndrome is an obstetric emergency in which a multidisciplinary approach (obstetricians, pediatricians and anesthesiologists) is vital to a successful outcome. Early recognition of signs and symptoms and prompt treatment is necessary to decrease maternal and fetal morbimortality.

References: Del Rio VM, García MJ. Anesthetic considerations in HELLP syndrome. Acta Anaesth Scand 2016;60:144-157.