Objective: To describe a fatal case of ruptured subcapsular liver hematoma as regards diagnoses and management.

Design: Case report.

Setting: Department of Obstetrics and Gynecology.

Patient: A 25-year-old woman developed HELLP syndrome and antepartum eclamptic fit complicated with ruptured subcapsular liver hematoma during the 28th week of pregnancy.

Intervention: Midline abdominal exploratory laparotomy, with delivery by caesarean section. Tight abdominal packing for the hematoma and Pringle maneuver were done. Partial couvelaire uterus was managed by prostaglandins and B-Lynch brace sutures to minimize uterine bleeding and atony. The patient developed postoperative hepatic, renal failure, coagulopathy, deterioration and finally death.

Conclusion(s): Ruptured subcapsular liver hematoma is a life-threatening condition that should be considered in pregnant women with HELLP syndrome and severe preeclampsia presenting with symptoms and signs of hemorrhagic shock, hemoperitoneum and the liver should be evaluated with ultrasound before delivery. In these patients delivery of the fetus is the first step and the best approach is a midline abdominal incision. Also, regular antenatal care is very important through all trimesters.

Keywords: Mortality
HELLP syndrome
Antepartum eclamptic fit
Ruptured subcapsular liver hematoma
Abdominal packing
and B-Lynch suture