Management of HELLP syndrome in a patient with a history of malaria in early pregnancy in a tertiary care hospital of Western Amazonia

INTRODUCTION: The HELLP Syndrome (HS) is defined by the presence of hemolysis, elevated liver enzymes and thrombocytopenia in pregnant women with toxemia.

OBJECTIVE: To describe the clinical management of a case of HS in pregnant women treated at the Base Hospital Dr. Ary Pinheiro, Brazil.

CASE REPORT:
ASO, 26, female, 3rd pregnancy, 1 normal delivery and 1 abortion. Gestational age: 28 weeks and 6 days by USG 1º trimester. Referred from the primary department due to spikes in blood pressure and abdominal pain for 2 days. Regards treatment of vivax malaria in the first trimester of pregnancy and at the time was in weekly prophylactic regimen of chloroquine, by residing in endemic area and have a history of disease. Arrived at the service on 10.12.13 with blood pressure of 170/100 mmHg. Where was treated with hydralazine and conducted laboratory tests (Platelets: 86.000/mm³; Total Bilirubin: 6.6 mg/dL; I bilirubin: 2.1; D bilirubin: 4.5; LDH: 956U/L; AST: 482U/L; ALT: 301U/L; Uric Acid: 7.6 mg/dL. On 10.13 developed urinary volume of 620ml in 24 hours and 4453 mg of total protein in the urine (718 mg/dL). Laboratory (Plat: 59.000; TB: 3.97; I bilirubin: 1.34; D bilirubin: 2.63; LDH: 515; AST: 129; ALT: 88; UA: 9; Search plasmodium: negative). Given the above classified patient with complete SH (Classification of Tennessee) and class 2 (Classification of Mississippi). By maternal indication, we choose for surgical interruption. A cesarean section was uneventful and the newborn was taken to NICU care pediatrics. Examination results normalized after surgery, 10.14: (Plat: 92.000, TB: 2.5; I bilirubin: 1.2; D Bilirubin: 1.3; LDH: 365; AST: 41; ALT: 66, UA: 7.9).

CONCLUSION: Brazilian Amazon region has a significant prevalence of malaria cases pregnancy, it is important to exclude the coexistence of this pathology in cases of pre-eclampsia, eclampsia and HS.