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Hemolysis, Elevated Liver Enzyme and Low Platelets (HELLP) syndrome in postpartum woman – A sudden death

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ABSTRACT

Introduction: The HELLP syndrome in pregnant and postpartum patients is commonly diagnosed with the presence of hemolysis, elevated liver enzymes, and low platelets level. The HELLP syndrome occurs in 15-30% of postpartum patients, however sudden maternal death is rarely encountered. **Case Description:** A 32-year-old, was brought unconscious to our hospital on Day 8 post spontaneous vertex delivery. Pre-eclampsia and significant amounts of proteinuria were absent except for low platelet levels. Other laboratory test results were not available to support HELLP syndrome. The patient was pronounced dead after an hour of failed resuscitation. Postmortem showed haemorrhage of the liver and third space fluid loss. Histological examination revealed HELLP characteristics; 1) microthrombi suggestive of disseminated intravasation of coagulation (DIC), 2) FBC result suggestive of hemolytic anaemia, and 3) thrombocytopenia, hence the cause of death was diagnosed as HELLP Syndrome. **Discussion:** Recent evidence has shown that the classical signs of HELLP syndrome such as preceding hypertension and proteinuria are absent in at least 15 to 20% of the patients. Hence, it is a challenge to diagnose this patient as having HELLP syndrome without definitive laboratory test results. Early postnatal care monitoring with early diagnosis of HELLP syndrome may have prevented unnecessary death. The cause of the syndrome is currently unknown; however, the preventive management is well established.

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Cervical ectopic pregnancy successfully treated with single dose intramuscular methotrexate: A case report

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ABSTRACT

Introduction: Cervical ectopic is an extremely rare but dangerous form of ectopic pregnancy as it is associated with high morbidity. Cervical ectopic is defined as the implantation of the blastocyst in the endocervix below the internal os. **Case Description:** A 31-year-old Malay, G2P1 with one previous caesarean scar (at 5^{+5} weeks POA), was presented with a five-day history of worsening per vaginal bleeding, associated with intermittent suprapubic pain. Her vital signs were stable. Abdominal and speculum examinations were unremarkable. Transvaginal ultrasound revealed an anteverted uterus with an Endometrial Thickness (ET) of 8 mm. The cervix was bulky and contained a gestational sac below the internal os, measuring 1.2 x 1.4 cm with an hourglass appearance. There was a non-viable fetus with a CRL of 12.3 mm (7-week 3-day). There was no adnexal mass or free fluid in the pelvis, and the sliding sign was negative. Her haemoglobin level was 11.1 g/dl. Her renal and coagulation profile were normal. The initial βHCG level was 3,490.7 mIU/ml. She was given intramuscular Methotrexate (50 mg/m^2) following counselling. A repeat level of βHCG after 72 hours showed a significant, 91%, reduction to 305.4 mIU/ml. Post-treatment, βHCG level on day-7 was 83.2 mIU/ml. She remained asymptomatic and was subsequently discharged from the follow-up. **Discussion:** Management options for cervical ectopic range from conservative medical treatment to radical surgical procedures. Medical treatment (intramuscular methotrexate) is offered only to those with uncomplicated cervical ectopic which is diagnosed at an early stage of pregnancy.