Postpartum HELLP syndrome and subcapsular liver haematoma

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Accepted 13 February 2014

DESCRIPTION

A 35-year-old nulliparous woman had labour induced due to mild pre-eclampsia and delivered by caesarean section at 41+3 weeks of gestation due to lack of progress in labour. Immediately following surgery she developed epigastric pain, tachycardia and a significant drop in haemoglobin interpreted as haemorrhage. She underwent re-laparotomy and minor blood clots were removed. Blood tests revealed sudden severe hepatic dysfunction/haemolysis (alanine transaminase 2737 IU/L, lactate dehydrogenase 3300 IU/L) and thrombocytopenia (platelet count 38×10^9 /L) consistent with severe H (haemolysis, the breakdown of red blood cells); EL (elevated liver enzymes) LP (low platelet count) syndrome and she was admitted for intensive care post-operatively. Symptoms from the upper abdomen increased and a transabdominal ultrasound scan revealed a subcapsular liver haematoma. Active bleeding was not suspected and the diagnosis was confirmed by a CT scan (figure 1). It was agreed to treat conservatively after abdominal surgeons and gastroenterologists were consulted and she was stabilised on magnesium sulfate, labetalol and fluid management. After 3 days the patient was transferred to the maternity ward. Her symptoms from the upper abdomen and the haematoma resolved

spontaneously, over months. Subcapsular liver haematoma is a rare, albeit life-threatening, complication of pregnancy.¹ The incidence is 1/67 000 deliveries.² The symptoms include epigastric pain and possibly circulatory collapse. Surgical management may include drainage, tamponade by packing or hepatic resection.^{1 3} Conservative management is advocated in non-bleeding patients.² Following improvements in imaging, diagnosis and supportive management, the mortality has decreased.¹ In this case the unusual timing of the presentation highlights the importance of urgent liver imaging of unusual epigastric symptoms in severe pre-eclampsia—also after delivery.

Learning points

- ▶ Subcapsular liver haematoma is a potentially life-threatening complication of severe pre-eclampsia and H (haemolysis, the breakdown of red blood cells); EL (elevated liver enzymes) LP (low platelet count) syndrome.
- ▶ The complication is rare but should be considered with severe upper abdominal pain in obstetric patients, especially in the presence of pre-eclampsia.
- ▶ Real-time ultrasound imaging of the liver is often diagnostic.

Contributors LM was involved in the design of the manuscript, drafting the article, analysis and interpretation of the data. LLA was involved in the acquisition of the data, analysis, interpretation of the data and revising it critically for important intellectual content. MBS was involved in the conception of the manuscript, revising it critically for important intellectual content and final approval of the version published.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 CT scan in the transverse plane of the liver. The image showing a large subcapsular liver infiltrate consistent with a haematoma.

To cite: Messerschmidt L, Andersen LL, Sorensen MB. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2013-202503

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