

P210. HELLP Syndrome: Case Report

A RIBEIRO RAMALHO (BR) [1], M R SIMÃO•ES (BR) [2], M S CORREA (BR) [3], E R DE OLIVEIRA (BR) [4]

INTRODUCTION: HELLP Syndrome is characterized by a triad and its abbreviation stands for: hemolysis (H, hemolytic anemia), liver enzymes (EL) and low platelet count (LP). It occurs with the condition in patients with pre-eclampsia (PE). It is estimated that 8% of pregnant women with PE develop the syndrome and it ranges from 0.2% to 0.6% of pregnancies. **OBJECTIVE** To report a case of a HELLP syndrome, accompanied at the Ary Pinheiro Base Hospital (HBAP) in Porto Velho-RO. **METHODOLOGY** The present work uses the reference bibliographical search, to search for information and to report this case on HELLP syndrome. **CASE REPORT:** Patient P.R.V, 23 years old, IG 34S6D, from Rolim de Moura, admitted to CO-HB on 06/03/16, with severe fronto-occipital headache, coluria and oliguria. She had a convulsive episode on the way. At admission evolved to crisis-convulsive, lethargy and coluria. The physical examination showed a general, lethargic, dyspneic state with a venturi mask 30%, SAT 92%, tachypneic, hypoxic (+1/+4), icteric (+3/+4), afebrile, PA 170x110mmhg AC: BNF, RCR in 2T without blows. AR: MV + without adventitious sounds. AFU: 32cm DU-, and vaginal touch: thick, posterior, closed cervix. MMII edema (+ 2 / + 4) homans negative. Laboratory tests: hemoglobin: 9.48, platelets: 75000, bilirubin: T 7.4 D 2.0 I 5.4, AST 1558.8 ALT 663.8 ATSP 66.3 TAP 14.4 INR 1.13. It was carried out dose of attack and maintenance of magnesium sulfate, hydralazine, requested vacancy of ICU, SVD with daily flow of 200ml oliguria and coluria. Emergency cesarean section was performed, transferred to ICU and prescribed Nifedipine 40mg + Methyldopa 2g / day. Patient needed blood transfusion after procedure with 3 red cells, 2 platelets and 2 plasma. After 4 days in the ICU, she was transferred to a medical clinic ward, where she developed fever and chills, and vancomycin was administered and presented with bulging in FO. She was submitted to USG of abdominal wall that presented anechoic image with hypoechoic content measuring 88x46mm in the pelvic region, abscess in the pelvic region and bilateral nephritis. She underwent exploratory laparotomy draining supra-aponeurotic hematoma (50x30) mm, moderate amount of blood in the abdominal cavity. In hysterorrhaphy and bladder presented organized hematoma of approximately 80x60mm. After the procedure she was transferred to HB maternity where she presented improvement in the clinical picture. Patient was discharged 23 days after admission.

[1] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [2] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [3] HOSPITAL DE BASE ARY PINHEIRO, [4] HOSPITAL DE BASE ARY PINHEIRO