

HELLP SYNDROME AFTER COVID-19 DIAGNOSIS: CASE REPORT

Ana Luiza Parente Cavalcanti
Medicine student

Ana Luiza Rosa Diniz
Medicine student

Érika Brasil Santos e Almeida
Medicine student

Fernando José Silva de Araújo
Doctor, professor of gynecology and work
advisor



All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-No-Derivatives 4.0 International (CC BY-NC-ND 4.0).

INTRODUCTION

SARS-CoV-2 infection during pregnancy significantly increases the chances of developing HELLP syndrome.

CASE DESCRIPTION

Woman, 32 years old, O+, G2N1C1A0, 1st pregnancy uneventful, 2nd pregnancy was monochorionic univiteline twins followed in the high-risk prenatal service at the Hospital Regional de Ceilândia (HRC). At 36 weeks and 4 days, she attended the HRC with a fever, associated with pain in the lower limbs, headache, burning nose, blood pressure spike and pain in the lower abdomen. She had a positive result for a rapid antigen test for COVID-19, had altered transaminases and thrombocytopenia, a condition compatible with HELLP syndrome. She underwent a cesarean section without complications. After a few hours, the patient developed massive bleeding, tachycardia, hypotension, a large number of clots in the vaginal fundus, and intense abdominal pain. A transfusion of two packed red blood cells was prescribed, abdominal computed tomography (CT) was requested and admission to the Intensive Care Unit was indicated. The CT report showed free fluid in the abdomen in moderate quantities. Exploratory laparotomy was performed with total hysterectomy with right salpingectomy, with three more packed red blood cells being transfused. The patient

progressed satisfactorily and, the following day, returned to the HRC ward, with no evidence of abdominal bleeding by point-of-care ultrasound.

DISCUSSION

HELLP syndrome is a hypertensive disease of pregnancy. Among its changes are hemolysis, elevated liver enzymes and thrombocytopenia. Endothelial damage, platelet activation and thrombosis secondary to both COVID-19 and the syndrome are similar and, therefore, it would be reasonable to assume that the synergism of these pathophysiological mechanisms is capable of accelerating the impairment of maternal conditions. Furthermore, thrombocytopenia correlates with higher severity scores and is a significant risk factor for mortality in patients with COVID-19. It is currently recommended that low-dose aspirin be offered to pregnant women during the COVID-19 pandemic to prevent hypertensive conditions and their more serious outcomes.

CONCLUSION

SARS-CoV-2 infection increases the chance of HELLP syndrome during pregnancy. Health professionals need to be aware of this risk to plan close monitoring of the disease and early adopt effective interventions that can reduce the risks for the maternal-fetal binomial.