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HELLP SYNDROME: SIMPLE SUMMARY OF DIAGNOSIS, EVOLUTION AND MEDICAL CONDUCT

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All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0). **Keywords:** Pre-eclampsia. Complication. Bleeding.

Thematic Area: Obstetric and gynecological emergencies.

INTRODUCTION

HELLP syndrome is a serious and silent complication of pre-eclampsia, characterized, by its initials, by H (*hemolysis*) Hemolysis, EL (*elevated liver enzymes*) elevation of liver enzymes and LP (*low platelets*) low platelet count. This pathology has a major impact on maternal and fetal morbidity and mortality and can easily go unnoticed by doctors until it reaches its peak of serious and often irreversible evolution. Therefore, it is necessary for the diagnosis to be made as early as possible to avoid its grim outcome.

OBJECTIVE

To facilitate understanding of this rare pathology that is silent and has a poor prognosis if not managed correctly.

METHODOLOGY

A literature review was carried out in the Google Scholar, VHL and SciELO databases.

RESULTS

The symptoms of HELLP syndrome are quite variable, but it normally behaves in a similar way to pre-eclampsia, the patient may experience headache, pain in the right hypochondrium, nausea, vomiting, with or without an increase in blood pressure, which may progress to insufficiency. renal failure, cerebral hemorrhage and death. The only way to detect HELLP syndrome is through laboratory tests, in sequence, to evaluate the hematological, hepatic and renal profile. The procedure consists of interrupting the pregnancy, with immediate removal of the fetus, use of corticosteroids, seizure prophylaxis and maternal and fetal stabilization.

FINAL CONSIDERATIONS

It can be concluded that the best way to avoid maternal and fetal death is by making an early diagnosis through a simple sequenced laboratory test and subsequent termination of the pregnancy.

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