

## **CASE REPORT: HELLP SYNDROME WITH ACUTE RENAL FAILURE AFTER PREECLAMPSIA**

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HELLP is an acronym for haemolysis, elevated liver enzymes and low platelets count, affecting 0.2-12% of all pregnancies or 4-12% those with preeclampsia. The maternal mortality reported from the literature is up 4% due to disseminated intravascular coagulation, placental abruption, acute renal failure, eclampsia, cerebral hemorrhage. Postpartal HELLP syndrome usually occurs within first 48 hours after delivery complicated with severe preeclampsia.

A 33 year old G1P0, at 33 weeks of gestation, was referred to our center because of frontal and occipital headache, fotopsy, nausea, vomiting and epigastric pain and right upper quadrant tenderness. Elevated blood pressure level 175/115 mmHg was accompanied with massive proteinuria. Laboratory findings were L 6.75, E 4.12, platelets 123, AST 20, ALT 50, urea 3.5, creatinine 130, and uric acid 440. Caesarean section was performed and two female newborns were delivered: first 1950/45 Apgar 6, 8 and second 2020/47 Apgar 5, 8.

The fist day after delivery blood pressure was still elevated 160/100, creatinine was 131 and urea was 8.2, diuresis was normal. The third day we found thrombocytopenia 71, fourth day HELLP syndrome with uremia was present. Laboratory parameters were indicating haemolysis E 2,87, Hb 86, trombocytopenia 23, LDH 7298 other relevant findings were of creatinin 198, AST 123, ALT 42 and D dimmer 542. Puerpera was admitted to dialysis program for 2-3 times per week for the next 4 months. After this period dialysis stopped.

**Conclusion:**

Screening program for HELLP syndrome after severe preeclampsia should be performed in postpartal period.