

## Immunoglobulin Therapy in HELLP Syndrome in Intractable PPH in a Case of Twins

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Mrs. U. R. 23 yrs. old, was admitted to labour room of JLN Hospital on 9.11.98 with history of labour pains and bleeding since 4 hours before admission. On admission she had pulse rate of 84 per minute, BP 180/110 mm Hg, mild pallor+, oedema feet++, systemic examination. NAD. Per abdomen, the uterus was overdistended, multiple fetal parts were present, 1<sup>st</sup> was by cephalic presentation and the head was fixed. Lie & presentation of 2<sup>nd</sup> baby could not be ascertained. FHS of both fetuses were normal by Doppler monitor. Mild uterine contractions were present. On p/v examination, she was 3 cm. dilated, fully effaced, vertex of 1<sup>st</sup> baby at -3 station, flat membranes were present and clear liquor was draining. She had had 3 ANC visits with USG-diagnosed twin pregnancy. There was no history of multiple gestation in any other family members. BP at ANC visits was normal. Investigations on admission: Hb 9 gm % B+ve, urine albumin 1+ (by boiling), urine sugar nil. Blood urea 24 mg. per dl, serum creatinine 1.4mg/dl, serum uric acid 3.2 mg/dl, serum bilirubin 0.9mg %, SGOT 36 iu/L, SGPT 28iu/L, LDH 50 iu/L, serum Na and K were normal. Platelet count was 1,15,000/cu.mm. Both fetuses were around 36 weeks of gestation by previous USG report.

Patient was put on expectant management and she delivered two female babies both by vertex 6 hours after admission. Patient developed atonic PPH immediately after delivery which did not respond to conservative measures and hence subtotal hysterectomy was done. Post operatively, patient was stable for 7-8 hrs., after which she again went into shock with evidence of intraperitoneal bleed. Re-exploration showed haemoperitoneum of 200 cc and internal iliac ligation was done. Bleeding did not stop hence ovarian vessels were ligated at the infundbulopelvic ligament. A drain was kept in the pelvic cavity. However the patient

continued to bleed from the vagina and from the drain site. Aortography was done on 5<sup>th</sup> postop day considering the possibility of bleeding from aberrant ovarian vessels. It showed no spurters from any of the operated areas and a well developed collateral circulation. (Photograph I) Investigations on 5<sup>th</sup> post operative day showed platelet count 28,000/cu mm, and prothrombin time 19 sec (control 12 sec). LFT serum bilirubin 5mg%, (indirect 4.4, direct 0.6) SGOT108iu/L, SGPT200iu/L, LDH438iu/L. Perpheral smear showed schistocytes. A diagnosis of HELLP syndrome was made. Patient received 3 units of fresh frozen plasma and immunoglobulins 5 gm iv bd for 5 doses. After 3 doses of Ig, bleeding decreased and platelet count showed a rising trend. Platelet counts on 7<sup>th</sup> post operative day: 40,000/cu mm, 8<sup>th</sup> post operative day: 68,000/cu mm, 9<sup>th</sup> post operative day: 1,00,000/cu mm. Sutures were removed on 9<sup>th</sup> post operative day. Patient was discharged on 11<sup>th</sup> post operative day. Follow-up examination after one month was normal.



Fig. I