

**BACKGROUND**

A 34 year old female self presents with epistaxis to the nearest Emergency Department after visiting relatives for a meal. She describes feeling sick during the meal with some indigestion. Her husband appears very anxious as she is due to give birth in around 5 weeks to their first child.

She is pinching her nose and spitting blood into a sick bowl. Her heart rate is 98bpm with a BP of 140/90. She, in contrast to her husband, is relatively calm but says her arms are sore from pinching her nose for ages. IV access has been attempted but failed and she has a large bruise at her left antecubital fossa.

**QUESTIONS**

1. What might be going on?
2. Do you need to obtain IV access/phlebotomy and, if so, what blood tests are you thinking of?
3. What are the treatment priorities?

## ANSWERS & DISCUSSION

### 1. Possible diagnosis

She might just be having a simple nosebleed - however the combination of pregnancy and the additional vague symptoms of nausea and indigestion should raise the suspicion of pregnancy complications – specifically the **HELLP syndrome**. This is a life-threatening pregnancy complication thought to be a variant of preeclampsia. As with preeclampsia it usually occurs in the later stages of pregnancy, or sometimes after childbirth. It was named by Dr. Louis Weinstein in 1982 after its characteristics:

**H** (hemolysis, which is the breaking down of red blood cells)

**EL** (elevated liver enzymes)

**LP** (low platelet count) - ?the bruise in the antecubital fossa

HELLP syndrome can be difficult to diagnose, especially when high blood pressure and protein in the urine aren't present. Its symptoms can be sometimes mistaken for gastritis, flu, acute hepatitis, gall bladder disease, or other conditions.

#### Symptoms may be:

- Headache
- Nausea/vomiting/indigestion with pain after eating
- Abdominal or chest tenderness and RUQ pain (from liver distension)
- Shoulder pain or pain when breathing deeply
- Bleeding
- Changes in vision
- Swelling

### 2. IV Access

**YES!** The answer is obvious if you think of H-EL-LP (FBC, LFTs, Crossmatch – a VBG will give you an immediate Hb).

### 3. Treatment Priorities

Standard measures for epistaxis (See ENT resources). Specifically for **HELLP** - the most severe complications are liver rupture or stroke (cerebral oedema or haemorrhage).

The definitive treatment is the delivery of the baby. Many women require blood product (red cells, platelets, plasma) transfusion. Consider the potential for Neonatal Respiratory Distress Syndrome - dependent upon the gestational age of the baby.