

Recurrent intrahepatic cholestasis of pregnancy preceding HELLP syndrome in pregnancy – a case report.

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Background and Aim

The incidence of haemolysis, elevated liver enzymes and low platelets (HELLP) syndrome is 0.1-0.6%, and has a recurrence rate of 12.8% (1,2). Intrahepatic cholestasis of pregnancy (IHCP) has an incidence of 0.2-2% with recurrence 60-70% (3). The aim of this case report is to highlight an unusual recurrence of IHCP preceding normotensive HELLP.

Case

A 37-year-old multiparous woman presented for routine antenatal care in her second pregnancy. Her index pregnancy was induced for cholestasis and dropping platelets at 38+3 weeks, but proceeded to emergency caesarean due to seizure activity intrapartum, giving a diagnosis of evolving preeclampsia/HELLP syndrome.

For her second pregnancy, the patient became known to the author's hospital at 34+5 weeks after a patient-initiated transfer of care, at this stage noted to be normotensive but thrombocytopaenic to 91 and with elevated transaminases (AST 70, ALT 93). Haemoglobin was normal at 118. At 37+0 weeks she was symptomatic of itch with bile acids of 45, ALT 110, AST 95 and diagnosed with IHCP. She was next seen at 38+3 weeks where she was again normotensive but her platelets dropped to 75, transaminases doubled to ALT 234, AST 192 and bile acids 76. Haemoglobin normal at 124. She proceeded to emergency repeat caesarean section for worsening cholestasis and HELLP syndrome. Pre-op platelets were 71 and reached a nadir of 57 Day 1 post-op. She had a single hypertensive reading in recovery 142/92mmHg but was otherwise normotensive throughout.

Discussion

The syndrome of IHCP preceding HELLP is rare and the pathophysiology not known. A suggested mechanism is an interaction between the fetal and maternal genotypes, akin to how acute fatty liver of pregnancy may precede HELLP if a fetus lacks long-chain 3-hydroxyacyl coenzyme A dehydrogenase with a heterozygous mother (1). Further research is needed to investigate a causal link.

References:

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