# Early-Onset HELLP Syndrome in Complete Molar Pregnancy

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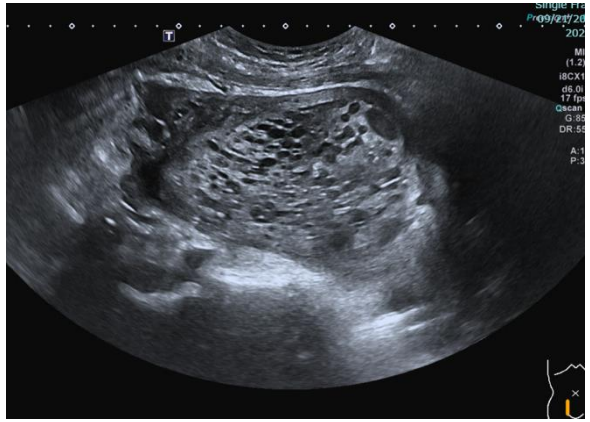
## Background

Complete molar pregnancy is a form of gestational trophoblastic disease characterised by abnormal trophoblastic proliferation and markedly elevated β-hCG levels[1,2]. While pre-eclampsia is a recognised complication, the development of HELLP syndrome. is rare, particularly in early gestation[3,4].

## Aims

To describe a rare case of HELLP syndrome occurring in the setting of a complete molar pregnancy and highlight the importance of early recognition and prompt management.

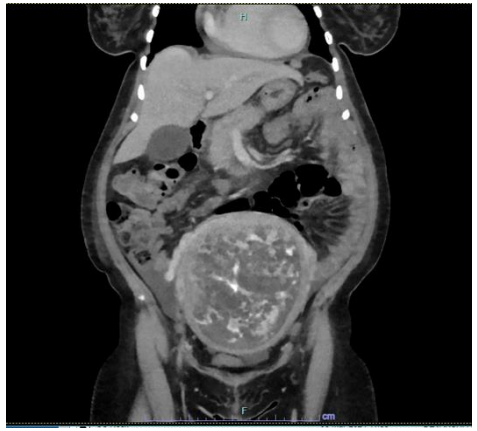


## Case

A 25-year-old G1P0 woman presented at 12+2 weeks gestation with persistent nausea, headaches, abdominal pain and vaginal spotting. On examination, she was hypertensive (BP 168/102 mmHg) with enlarged uterus palpable to umbilicus. Serum B-hCG was 520710 IU/L. CT demonstrated 19cm heterogenous intrauterine mass without fetal structures, associated with bilateral hydronephrosis and ascites. Ultrasound demonstrated a "snowstorm" appearance, with no identifiable fetus. Laboratory investigations revealed transaminitis (ALT 245 U/L, AST 310 U/L), proteinuria (uPCR 796mg/mmol) and thrombocytopenia (platelets 78 $\times 10^9$/L), consistent with HELLP syndrome. Management required multidisciplinary input. The patient was stabilised with antihypertensive therapy with intravenous hydralazine and oral labetalol. Given the size of the uterine mass, evolving maternal disease, and requirement for tertiary support pt was transferred to a tertiary centre for urgent definitive surgical evacuation. Post-operatively, her blood pressure and laboratory parameters improved significantly over 72 hours. Serial β-hCG levels demonstrated an appropriate downward trend.

## Results

Early recognition of HELLP syndrome in the context of molar pregnancy enabled timely intervention, resulting in rapid clinical improvement and avoidance of severe maternal complications.



## Discussion

HELLP syndrome is rare in early pregnancy and should raise suspicion for underlying pathology, including molar pregnancy. Excess trophoblastic proliferation and markedly elevated β-hCG levels are thought to contribute to early-onset hypertensive complications. The case highlights role of prompt imaging and laboratory evaluation and necessity of urgent uterine evacuation as definitive management

References
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3. Sibai BM. Diagnosis, controversies, and management of HELLP syndrome. *Obstet Gynecol*. 2004;103(5 Pt 1):981–991.
4. Khan KS, et al. WHO analysis of causes of maternal death: a systematic review. *Lancet*. 2006;367(9516):1066–1074.