



Management of Severe Preeclampsia with HELLP Syndrome in a 43-Year-Old G6P5 Patient with Twins: Successful Vaginal Delivery and Conservative Postpartum Care

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Authors:

Fatma Mohamed Omar fad ghali—MS on obstetric and gynecology
[Co-author –Dr Ahmed Mohammed Zaki –MS Anesthesia --icu

Affiliations:

gynecological department --saudi national hospital

Makka-Saudi Arabia,

Corresponding Author:

Fatma Mohammed Omar Fadel Ghali
gynecology and obstetric
Saudi national hospital—

-makka-Saudi Arabia

Email:Ahmedmzaki012@gmail.com

Phone:0096654530534

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Title

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Abstract

Severe preeclampsia complicated by HELLP syndrome poses significant maternal and fetal risks, especially in multiple gestations and advanced maternal age. We report a case of a 43-year-old G6P5 woman with twins presenting with severe preeclampsia and HELLP syndrome, managed successfully with conservative therapy and vaginal delivery. The patient showed rapid clinical and laboratory improvement without requiring blood product transfusion or ICU prolongation.

Introduction

HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low Platelets) is a severe complication of preeclampsia, characterized by multi-organ dysfunction and increased risk of maternal morbidity. Twin pregnancies and advanced maternal age increase the complexity due to higher physiological demands and risk of complications. Prompt delivery and multidisciplinary management remain cornerstone treatments.

Case Presentation

A 43-year-old G6P5 woman with a twin pregnancy at 36 weeks gestation presented with epigastric and hepatic pain, severe hypertension (BP 176/109 mmHg), and proteinuria (++). Laboratory tests revealed elevated liver enzymes (SGOT 200 U/L, SGPT 165 U/L) and thrombocytopenia (platelets 80,000/mm³), consistent with HELLP syndrome.

She was on antihypertensive therapy and received vitamin B complex on admission. The patient was managed conservatively with intravenous ceftriaxone 2 g, tranexamic acid 1 g, and IV fluids.

She delivered both twins vaginally with cephalic presentations without complications or postpartum hemorrhage. Postpartum, her blood pressure and laboratory parameters gradually normalized by the end of the second day. Antibiotics, vitamin B complex, and tranexamic acid were continued. No blood or platelet transfusions were required. The antihypertensive dose (Aldomet) was maintained without escalation.

The patient had an uneventful recovery and did not require prolonged ICU admission.

Discussion

This case highlights the importance of early recognition and intervention in severe preeclampsia complicated by HELLP syndrome, especially in twin pregnancies and advanced maternal age. Vaginal delivery with close monitoring and supportive treatment can lead to favorable maternal and neonatal outcomes.

The absence of postpartum hemorrhage and the normalization of lab parameters without transfusion underscore the efficacy of conservative management in select patients.

Conclusion

In cases of severe preeclampsia with HELLP syndrome in twin pregnancies, especially in older mothers, multidisciplinary care and careful supportive therapy with timely vaginal delivery can ensure positive maternal and fetal outcomes, reducing the need for transfusions and ICU stay.

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