

## HELLP syndrome: A call, not only for help, but also for vigilance and action (Editorial)

HELLP syndrome, a variant of preeclampsia, is a life-threatening pregnancy complication. HELLP is an acronym, Haemolysis (H), Elevated Liver enzymes (EL) and Low Platelets (LP) invented by Dr. Weinstein in 1982 after his challenging experience in managing 29 pregnant women with these features (1). This disorder complicates 0.2-0.6% of all pregnancies and 5-10% of those with gestational hypertension. A number of patients with HELLP syndrome end up undiagnosed resulting in severe complications and even death (2,3). In his commentary in 2005 in the *American Journal of Obstetrics and Gynecology*, Weinstein opines on the importance of timely recognition and intervention as key to preventing unnecessary morbidity and mortality from HELLP syndrome (4). Koigi and Kamau, (2017) in their case report published in this issue, also emphasize the importance of high index of suspicion in facilitating timely clinical decisions in patients with suspected HELLP syndrome. The question we all need to ask is; why is HELLP syndrome a diagnostic quandary to many clinicians?

First, as stated, this condition is a variant of preeclampsia but may not necessarily present with classical symptoms and signs of the latter (5). Patients may, as a matter of fact, have their blood pressure within a normal range, a point that may be confusing to many attending clinicians (6,7).

Second, many patients present with nonspecific symptoms such as generalized malaise, nausea and upper quadrant pain that may be confused with other entities presenting in this manner such as cholecystitis and acute fatty liver of pregnancy (8–11).

Third, confirmation of the diagnosis is based on laboratory criteria, Tennessee and Mississippi classifications. This may be challenging in two ways; first, there is no consensus on the exact cut-off values for unequivocal diagnosis in the literature (3,12–14) and second, many healthcare facilities in developing countries do not have resources to run these tests.

Therefore, in conclusion, it is appropriate to underscore that prompt recognition of HELLP syndrome (high index of suspicion and urgent referral-in centers without capacity) and timely initiation of treatment are necessary to ensure a better outcome. Keep in mind the acclaimed duck test; If it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck. Investigate for HELLP syndrome in patients with suspicious symptoms before its differential diagnosis; thrombotic thrombocytopenic purpura, hemolytic uremic syndrome and lupus vasculitis. I also hope that consensus in diagnostic criteria will soon be reached and more frontline healthcare providers equipped with sufficient knowledge to identify this deadly condition. In light of HELLP syndrome life-threatening complications and increased chances of future adverse pregnancies, clinicians must discuss with their patients regarding

future fertility, pregnancy outcomes, and long-term prognosis.

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