

**OBSTETRICS  
and  
GYNAECOLOGY  
DEPARTMENT**

**King Fahad Hospital al-Baha**

- **39-year old female patient was booked at the Infertility Clinic on October 2004 as a case of primary infertility**

- **39-year old**
- **Saudi nationality**
- **working as a teacher**
- **not known to have any medical or surgical problem of significance apart from Anosmia.**
- **BMI 22**
- **married for the last 15-years**
- **seeking to get pregnant**

- **Menstrual History:**  
**Primary Ammenorrhea**

- **Obstetric History:**

**G<sub>0</sub> P<sub>0</sub>**

**Family History: Not significant**

- **Investigation: Hormonal Assay**

**FT<sub>3</sub> = 3 pmol/L**

**FT<sub>4</sub> = 17 pmol/L**

**TSH 0.9 mIU/ml**

**Prolactin 320ng/ml**

**E<sub>2</sub> 10pg/ml**

**FSH <0.1 mIU/ml**

**LH <0. mIU/ml**

**Testosterone 0.4ng/ml**

# **HSG - Normal Uterus + Patent Tubes**

- **SFA - Normal**
- **Brain MRI – Normal finding**

# **A case of primary infertility 15-years**

**Diagnosed as:**

**Hypogonadotrophic**

**Hypogonadism**

**Kalman Syndrome**

**Ovulation induction and I.U.I.  
done**

**10-days later**

**Pregnancy Test was positive**

- **Why this case is presented today?**

**It is the Stem of our Research**

- Her pregnancy went uneventfully, till she reached 27-weeks of gestational age where she complained of headache and epigastric pain, her BP was 180/125, Albumin in Urine + 3, ALT 650, AST 540, Uric Acid 700 Hb 12, Platelet 42 Urine output 30ml per hour. Fetal assessment; CTG was Normal, Umbilical Artery Doppler A/B=2.7

- **Diagnosed to have  
Severe pre-eclampsia, complicated  
with  
HELLP Syndrome**

# Management

- **Termination of Pregnancy**

**Patient is counselled for pregnancy termination.**

**Patient response came out with rejection.**

**Patient decision was respected.**

## **After rejection – plan of management**

**(1) Patient started on MgSO<sub>4</sub> 4g IV STAT 2g/hours maintenance dose.**

**(2) Hydralazine 5mg IV Stat dose Q, 15-20 min. for 5 doses till her BP reached 160/100**

- Hydralazin 10mg/hr in drip to maintain diastolic BP between 90-100mmHg.**
- Dexamethasone 12mg IM Q 12-hours for fetal lung maturity.**

**8-hours later**

**Patient still has headache and epigastric pain**

**BP-150/95**

**PULSE-100**

**ALT-770**

**AST-650**

**Uric Acid-720**

**Platelet-39**

**Urine output-33ml/hour**

**Urine Albumin +3**

**PT-16**

**PTT- 51**

**Patient is counselled again for termination of pregnancy but still refusing.**

**Patient has been started on high dose  
of Dexamthasone 15mg every  
8-hours aiming to raise platelets  
count.**

**24-hours later**

**Patient is oriented for place, time  
and person**

**Headache improved**

**Epigastric pain still present**

# FETAL ASSESSMENT

**Normal CTG**

**Biometry 27 weeks**

**Doppler U/S for umbilical artery**

**A/B ratio – 2.5**

**BP – 150/90**

**Albumin Urea +2**

**ALT – 407 AST – 380 Platelet – 48**

**Uric Acid – 500 PT-14 PTT-45**

**Urine output around 35/cc/ml**

**Patient started on Aldomet 500mg 1x4,**

**Adalat Ret. 20mg 1x2, Maintenance Hydralazin  
Stopped**

**Tinziparin 4500IU S.Q. 1x1**

# 48-hours from Admission

**BP – 155/90**

**ALT – 201**

**Platelet – 82**

**PT – 14**

**Albumin Urea +1**

**AST – 180**

**Uric Acid – 300**

**PTT - 43**

# 72-hours from Admission

**BP- 140/85**

**ALT – 80**

**Platelet – 124**

**PT – 12**

**Albumin&Urine- Trace**

**AST – 73**

**Uric Acid – 310**

**PTT – 37**

**Dexamethasone was stopped**

# **ONE WEEK**

**BP- 120/80**

**No headache, No Epigastric pain**

**Lab. results– Normal**

**Fetal assessment by U/S & CTG**

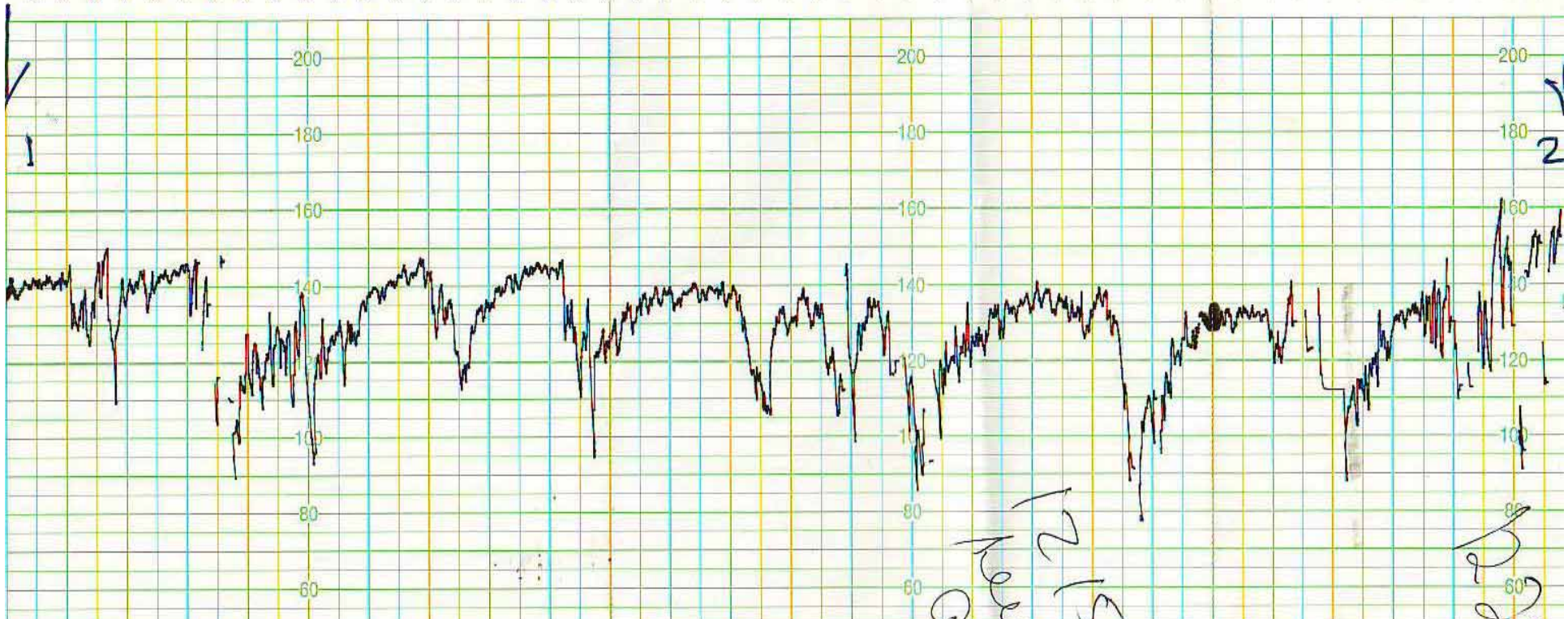
**Normal**

**28-weeks by U/S**

Parameter	BP mm. Hg.	Urine Albu men	AL T U/ L	AST U/L	Uric Acid U mol/L	Urine Output ml/H	PT, PTT (Sec.)	Platelet X 1000/ml	TOTAL Bili U mol/L
Upon Arrival	180/125	+3	65 0	540	700	30	PT 16 (10) PTT 49 (35)	42	65
After 8-Hours	150/95	+3	77 0	650	720	33	16 (12) 51 (35)	39	70
24-Hours	150/90	+2	40 7	380	500	35	14 (12) 45 (38)	40	33
48-Hours	155/90	+1	20 1	180	300	40	11 (13) 40 (35)	82	26
72-Hours	140/85	Trace	80	73	310	45	12 (12) 35 (35)	121	18
5 <sup>th</sup> Day	120/80	0	51	68	298	48	12 (12) 36 (40)	169	43

# **Plan of Management after One Week of Admission**

- (1) To deliver the patient at 36-weeks**
- (2) Close Fetal & Maternal Monitoring**



REORDER 9270-0484 23.548 146908

REORDER 9270-0484 #21110

*12/15/14  
 146909  
 21110  
 21120  
 21110*

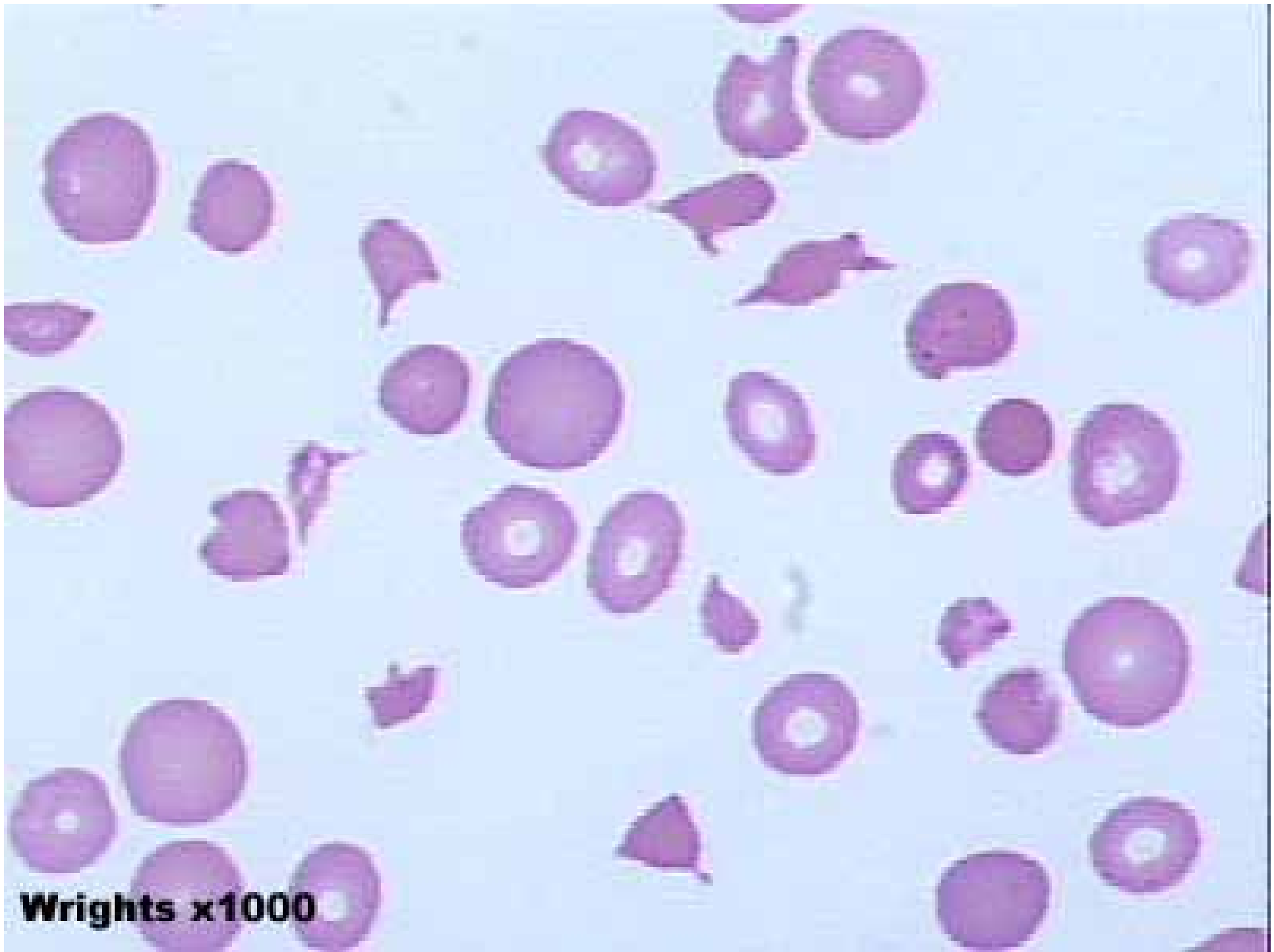
REORDER 9270-0484 #21120

MEDS	100	MEDS	100	MEDS	100
DIL	80	DIL	80	DIL	80
EFF	60	EFF	60	EFF	60
STA	40	STA	40	STA	40
ROM	20	ROM	20	ROM	20
pH	0	pH	0	pH	0
O <sub>2</sub>		O <sub>2</sub>		O <sub>2</sub>	
PULSE		PULSE		PULSE	
TEMP.		TEMP.		TEMP.	
B/P		B/P		B/P	

*Applied*

## At 32-weeks

- **There were frequent recurrent Fetal Heart Rate deceleration, Doppler U/S showed cord around the fetal neck,**



**Wrights x1000**

**Patient counselled, Ceasarian  
Section done**

**Fetal outcome: Male, Apgar  
score 8/10 Fetal weight 1950g**

# **Our Research Supervene**

- 1)How Dexamethasone can ameliorate the chemical picture of HELLP Syndrome?**
- 2)That still there is a room for prolonging the pregnancy for this case!**
- 3)Ameliorating the multi systemic organ dysfunctions and maternal outcome!**
- 4)Improve the perinatal outcome  
(this is main pillar of our Research)**
- 5)The Mysterious Etiology may supervene if multidisciplinary research continue to take place.**