

C-57 Differentiating HELLP vs. AFLP

Moderator(s)/Facilitator(s): Ghislaine Echevarria, M.D., Kathleen Simons, M.D.

Objective

After completion of this session, the participant will be able to:

- Identify signs and symptoms of HELLP, AFLP and preeclampsia.

Case Stem Question

35 year old female G3P1011 @ 35 weeks with Di/Di twins via IVF. Presented to L+D for ongoing N/V and fatigue x3 days. She had a solid meal which she vomited 2 hours before presenting to the hospital. OBHx: 1 prior C/S for breech presentation, 1 prior spontaneous abortion requiring D+C. No concerning lab abnormalities prior to her hospital admission.

Guiding Questions for Discussion

What other information would you like to know?

What is your initial impression/diagnosis?

What type of anesthesia would you do and why? Anything you want to do/get before starting the case?

After discussing anesthetic management: Was this an appropriate anesthetic plan?

What would you have done differently? Are there any point of care studies that could help make the decision between neuraxial and general?

With coagulation lab results, what is your working diagnosis?

After baby is delivered, there is continued oozing during closure. What is your next step in management?

What does Cryoprecipitate contain? How does Cryo differ from Fresh Frozen Plasma?

What is the difference between Cryoprecipitate & Fibrinogen concentrate?

How does fibrinogen work?

How should the patient be managed post-operatively? Is PACU a reasonable place in this case?

References

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