

Prevalence of acute renal failure in the HELLP syndrome

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Introduction

The syndrome hemolysis elevated liver enzymes, low platelets (HELLP) is a common complication of pre-eclampsia associated with acute renal failure (ARF). Hellp syndrome is responsible for a high morbidity and mortality maternofetal. The aim of our study was to investigate the prevalence and the ARF profile in the HELLP syndrome.

Patients / Materials and Methods

We conducted a cross-sectional study spread over 7 years 1st January 2012 to 31 December 2019 in the Anesthesia and Obstetrics Service of the University Hospital in collaboration with Casablanca clinical hemodialysis and nephrology department at CHU Ibn Rushd Casablanca, in patients with HELLP syndrome it is complete or not.

Observation / Results

We identified 197 cases of preeclampsia complicated by HELLP syndrome mainly paucipares with a mean age of $30 \pm 5,3$. The pregnancy was followed regularly in 120 patients or 60.91 %. The HELLP syndrome was diagnosed in the medium term 34 weeks gestation. The IRA occurred in 70 patients on average 6 days after HELLP syndrome. Urine output was preserved in 51 patients while 43 were oliguric. With an average creatinine 32.6 mg / L, ARF was accompanied by HRP in 80 women in labor, eclampsia in 50 cases and DIC in 7 patients. Thirty-two patients required renal replacement therapy with a mean of 3 ± 2.2 sessions per patient, 3 progressed to chronic renal failure. Four cases of maternal deaths were recorded, all among patients with ARF associated with another complication, which corresponds to a 7.48% mortality. Nine infants died at birth, 5 cases of fetal death in utero were noted.

Discussion

HELLP syndrome is a serious complication of 3etrimester of pregnancy with high maternal-fetal morbidity and mortality, involving early treatment. The prevalence of ARI was 32% in our study.

Conclusion

Given the significant morbidity and mortality of the IRA in the HELLP syndrome, early adequate support is the guarantor of a better prognosis.