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Summary

ABNORMAL LIVER FUNCTION TESTS IN PREGNANCY: A DIAGNOSTIC CHALLENGE

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Hepatobiliary

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A 36-year-old pregnant woman at 31 weeks developed severe preeclampsia progressing to HELLP syndrome, complicated by post-cesarean uterine atony, hepatic ischemia, abdominal wall hematoma with active bleeding requiring emergency laparotomy, and successful recovery after 15 days.

KEY POINTS

- Initial presentation included sudden hypertension, headache, elevated transaminases without hyperbilirubinemia, and proteinuria; severe preeclampsia was diagnosed and managed with magnesium sulfate and labetalol.
- On day 8, thrombocytopenia, elevated LDH, and reduced haptoglobin suggested HELLP syndrome, prompting urgent cesarean at 32 weeks complicated by uterine atony.
- Post-cesarean course showed marked transaminase elevation (AST 2953 U/L, ALT 2015 U/L), hemoglobin drop to 8.8 g/dL, and CT findings of anterior abdominal wall hematoma and focal hepatic ischemia attributed to low cardiac output from uterine atony.
- Within 24 hours, hemoglobin fell to 5.4 g/dL; repeat CT revealed hemoperitoneum with active bleeding from the abdominal wall requiring emergency laparotomy with vessel ligation and coagulation.
- Differential diagnoses considered included drug-induced liver injury, hepatic rupture, and hepatic ischemia, illustrating diagnostic complexity in severe obstetric complications with hepatic involvement.

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