

## **To terminate or not to terminate?**

### **That is the question!**

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A 32-year-old lady, Gravida 2, para 2, with a history of 2 cesarean section deliveries (which were both uneventful), and not a known hypertensive, diabetic or a smoker.

She was presented to the Pregnancy-Heart team at the High-Risk Pregnancy Unit on her 35<sup>th</sup> week gestation with persistent BP of 160/100 mmHg and sinus tachycardia at a rate 95 bpm. She was diagnosed as HDP (Hypertensive disorder in pregnancy). The patient was admitted to hospital for frequent BP follow up and other investigations were ordered. She was prescribed Labetalol 100 mg bid and Alpha methyl Dopa 250 mg tds and her BP was closely monitored in hospital.

Laboratory findings included: Hb=7 g/dL (hypochromic, microcytic), PLT=85,000/HPF, AST=244 mg/dL, ALT=270 mg/dL, Creatinine=0.9 mg/dL, Albumin=2.4 mg/dL, Proteins in urine= 3 g/24hours, BNP=693 pg/dL.

ECG and fundus examination were normal, and echocardiography showed the following: LVEDD: 5.4 cm, LVESD: 3.3 cm, LVEF: 66%, SWT: 1.1 cm, PWT: 1.0 cm, LA: 3.8 cm and grade 1 diastolic dysfunction.

Based on these investigations, the patient was diagnosed as preeclampsia with severe manifestations and HELLP syndrome.

Obstetric evaluation to the fetus showed absence of signs of maturity.

**\*\*In this situation, what would be your decision?**

- 1- Terminate pregnancy immediately.**
- 2- Wait till BP control.**
- 3- Wait for labour pains to begin.**
- 4- Council the patient and wait for 2 more weeks.**

As her gestational age was 35 weeks on presentation, the decision was to terminate pregnancy immediately by CS delivery. Her baby was incubated for 2 weeks and was discharged afterwards.

After delivery: her laboratory tests were back to normal after 2 days, her BP dropped to 140/90 mmHg, Alpha methyl Dopa was stopped, and Labetalol dose was reduced to 100 mg qd.

Follow up BP: after 1 month (BP 130/70 mmHg) and Labetalol was discontinued, after 2 months (BP 110/80 mmHg) and after 3 months of delivery BP was 120/70 mmHg.

***What do we learn from this case?***

- Preeclampsia with severe manifestation is a serious disease that needs hospital admission and close BP and laboratory monitoring.
- Preeclampsia with HELLP syndrome in a pregnant lady with gestational age >34 weeks warrants termination of pregnancy.
- Preeclampsia can recur in a subsequent pregnancy, the incidence is 18%.
- Preeclampsia runs in families, so pregnant ladies with a positive family history of preeclampsia should be closely monitored throughout pregnancy till delivery and after delivery.
- Females with history of preeclampsia have a high incidence of HTN and cardiac diseases later in life, that is why annual assessment of cardiovascular risk is recommended.