International Seminar (Meet the Experts) 1

1) Safe Successful HELLP Syndrome Management Using the Mississippi Protocol of Dexamethasone, Magnesium Sulfate and Prevention of Severe Systolic Hypertension

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Best Practice for Management of Patients with Atypical Preeclampsia as HELLP Syndrome: the Mississippi Protocol. HELLP syndrome (hemolysis, hepatic dysfunction and thrombocytopenia) is an inflammatory form of severe preeclampsia usually associated with significant maternal and perinatal morbidity and mortality. Patients often present with epigastric pain, nausea, vomiting, hypertension, proteinuria and evidence of microangiopathic hemolytic anemia. The essential concept of effective care with this form of severe preeclampsia is interruption of developing disease early in its course with prevention of progression to Class 1 HELLP syndrome (platelets <50,000/uL, aspartate aminotransferase >70 IU/L, and total serum lactate dehydrogenase >600 IU/L with schistocytes and increased indirect bilirubin). Careful attention to three components of care has been shown to produce safe and optimal patient outcomes when HELLP syndrome complicates pregnancy. The three components of best practice are (a) continuous intravenous infusion of magnesium sulfate during the antepartum, intrapartum and immediately postpartum hospital course; (b) control of severe systolic hypertension, systolic or diastolic, using hydralazine or labetalol; and (c) intermittent administration of intravenous dexamethasone. Use of this combination of therapies as the Mississippi Protocol has been shown to prevent disease progression to class 1 HELLP syndrome and to decrease major maternal morbidity in treated patients. In the patient series to be described, no patient died, had a stroke or suffered a liver rupture. These findings are contrasted to 11 other most recently published patient series for HELLP syndrome.