



ORIGINAL

Analysis of maternal morbidity and mortality among patients admitted to Obstetric Intensive Care with severe preeclampsia, eclampsia or HELLP syndrome[☆]

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Received 1 March 2011; accepted 9 May 2011

Available online 30 December 2011

KEYWORDS

Severe preeclampsia;
Eclampsia;
HELLP syndrome;
Intensive care unit;
Complications;
Mortality

Abstract

Objective: To describe the incidence and clinical and epidemiological profile of patients with severe preeclampsia admitted to intensive care.

Design: A prospective, observational case series.

Setting: A specific obstetric 8-bed ICU belonging to a university hospital with a total of 55 ICU beds.

Patients: A total of 262 patients admitted due to severe preeclampsia, eclampsia or HELLP syndrome.

Intervention: Descriptive analysis of the population and complications in the ICU and hospital mortality.

Results: The mean patient age was 30.47 ± 5.7 years, with the following diagnóstico at admission: A total of 78% of the patients with severe preeclampsia, 16% with HELLP syndrome, and 6% with eclampsia, occurring in gestational week 31.85 ± 4.45 . In turn, 63% of the patients were nulliparous and had a low prevalence of previous diseases. The global complications rate was 14% (9% heart failure, 5% acute renal failure and 2% coagulopathy).

Maternal mortality was 1.5% (4 patients), and was associated with non-nulliparous status, the presence of complications, and toast >71 mg/dl.

Conclusions: Severe preeclampsia has a low mortality rate (1.5%), though the complications rate is considerable (14%). The condition develops more often in nulliparous women during the third trimester of pregnancy.

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[☆] Please cite this article as: Curiel-Balsera E, et al. Análisis de la morbimortalidad materna de las pacientes con preeclampsia grave, eclampsia y síndrome HELLP que ingresan en una Unidad de Cuidados Intensivos gineco-obstétrica. Med Intensiva. 2011;35:478–83.

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PALABRAS CLAVE

Preeclampsia grave;
Eclampsia;
Síndrome HELLP;
Unidad de cuidados
intensivos;
Complicaciones;
Mortalidad

Análisis de la morbilidad materna de las pacientes con preeclampsia grave, eclampsia y síndrome HELLP que ingresan en una Unidad de Cuidados Intensivos gineco-obstétrica

Resumen

Objetivo: Describir la incidencia y el perfil clínico y epidemiológico de las pacientes con preeclampsia grave que requieren ingreso en Cuidados Intensivos.

Diseño: Estudio observacional prospectivo de una serie de casos.

Ámbito: UCI específica de enfermedad gineco-obstétrica de 8 camas, perteneciente a un hospital universitario de nivel 3, con una dotación de 55 camas de UCI en total.

Pacientes: Un total de 262 pacientes ingresadas por preeclampsia grave, eclampsia o síndrome HELLP.

Intervención: Análisis descriptivo de la población y de las complicaciones en UCI así como de la mortalidad intrahospitalaria.

Resultados: La edad media fue de $30,47 \pm 5,7$ años, con una distribución diagnóstica al ingreso de 78% de pacientes con preeclampsia grave, 16% por síndrome HELLP y 6% por eclampsia, que sucedió en la semana gestacional $31,85 \pm 4,45$. El 63% de las pacientes fueron primigestas y presentaron escasa prevalencia de enfermedades previas. La tasa de complicaciones fue del 14% (fracaso cardiaco en 9%, insuficiencia renal aguda en 5% y coagulopatía en 2%).

La mortalidad materna fue 1,5% (4 pacientes) y se relacionó con la no-primigestación, la presencia de complicaciones y un nivel superior de la transaminasa GOT a 71 mg/dl.

Conclusiones: La preeclampsia grave tiene una baja tasa de mortalidad (1,5%), no así de complicaciones (14%) y se presenta con mayor frecuencia en nulíparas durante el tercer trimestre de gestación.

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Introduction

Preeclampsia, a relatively common hypertensive disorder during pregnancy, manifests progressively and often gives rise to serious maternal and perinatal complications. While the etiology of preeclampsia is not clear, it is characterized by vasospasm and endothelial activation, with hypertension and proteinuria, after week 20 of pregnancy.

The incidence of preeclampsia is variable, since many studies have used estimations based only on hospital samples—a situation that could explain the relatively frequently reported figure of up to 5–10%, depending on the healthcare levels of the hospitals in which the studies are made. It has been estimated that about 7% of all pregnant women develop preeclampsia,¹ though the percentage could be higher in less favorable socioeconomic settings, and in countries with a higher prevalence of cardiovascular disease.² Although few estimations have been made in Spain, the existing data point to an incidence of 1–2%.³

Five percent of all cases of preeclampsia in turn ultimately progress toward eclampsia,⁴ and in up to 19% of the cases the condition can manifest as HELLP syndrome, which is associated to increased morbidity–mortality.⁵

The adverse maternal consequences in preeclampsia are fundamentally attributable to dysfunction of the central nervous system, liver or kidneys (hemorrhagic stroke, liver rupture or acute renal failure), and to bleeding associated to thrombocytopenia. Preeclampsia–eclampsia is one of the three most common causes of mortality in pregnant women, together with thromboembolic disease and postpartum hemorrhage.⁶

The criteria of severe preeclampsia were established by the Spanish Society of Gynecology and Obstetrics (*Sociedad Española de Ginecología y Obstetricia*) in 2006, and refer to a subgroup of patients with increased maternal-fetal mortality and more frequent management in intensive care units (ICUs).⁷

The present study describes the epidemiology and risk and evolutive factors among patients with severe preeclampsia, eclampsia and HELLP syndrome.

Material and methods

A prospective observational study has been made of all the patients admitted to the maternal intensive care unit (ICU) of the Maternal-Children's Hospital pertaining to the Carlos Haya Hospital Complex (Málaga, Spain) due to severe preeclampsia, eclampsia or HELLP syndrome, between January 1999 and September 2008.

The Maternal-Children's Hospital serves 50% of the population of the city of Málaga, and is the only public hospital in the province equipped with a neonatal ICU. As a result, it is the reference center for patients with severe preeclampsia, eclampsia or HELLP syndrome in cases of early gestational age. The mentioned ICU is a specific, 8-bed gynecological-obstetric unit pertaining to the Carlos Haya Regional University Hospital—a third-level center with a total of 55 intensive care beds.

Severe preeclampsia is defined by the presence of systolic blood pressure (SBP) ≥ 140 mmHg or diastolic blood pressure (DBP) ≥ 90 mmHg as determined by two or more measurements spaced at least 6 h apart, together with proteinuria

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