Summary & Conclusion

SUMMARY

This study was done on 90 primigravidae, 30 with normal pregnancy, as a control group, 30 with mild PIH and 30 with severe PIH. All were in the third trimester of pregnancy (28-40 weeks) and their age ranged from 19 to 33 years.

These primigravidae were studied as regards the platelet count. Cases that had thrombocytopenia were further investigated for the level of the liver enzymes SGOT, LDH, serum creatinine and for evidence of haemolysis, to detect, the presence of HELLP syndrome and to check the importance of these tests as a diagnostic and prognostic tools in cases of PIH. The 3 groups were compared, using the "student T test". Comparison was done according to the age, gestational age, systolic and diastolic blood pressure, oedema, albuminuria symptoms of severe pre-eclampsia, platelet count, creatinine, SGOT and LDH. We tried to know the incidence of thrombocytopenia in relation to the above mentioned parameters by using Chissquare (X^2) test. Also, we tried to correlate between thrombocytopenia and age, gestational age, systolic, diastolic blood pressure, serum creatinine SGOT and LDH by using the correlation coefficient test "R".

1- We found that the mean platelet count was significantly lower in both mild and severe PIH, compared with normal pregnancy ($P< 0.001$) and in severe PIH compared with mild PIH ($P< 0.001$).

2- We found 4 cases that showed evidence of RBCs haemolysis (incidence 13%).

3- There was no significant difference in the mean level of serum creatinine in mild and severe PIH.

4- Serum SGOT and LDH, mean levels were significantly higher in both mild and severe PIH, when compared with normal pregnancy ($P < 0.001$), and in severe PIH compared to mild PIH ($P < 0.001$).

5- There was no relation in the incidence of thrombocytopenia and maternal age and gestational age.

6- The incidence of thrombocytopenia increased significantly with elevated systolic blood pressure in mild PIH ($P < 0.001$) and severe PIH ($P < 0.05$) and distolic B.P. in severe PIH ($P < 0.05$).

7- The incidence of thrombocytopenia increased significantly with elevated levels of serum creatinine in mild PIH ($P < 0.001$), but not in severe PIH.

8- The incidence of thrombocytopenia increased significantly with elevated serum SGOT, in both mild and severe PIH ($P < 0.05$).

9- The incidence of thrombocytopenia increased significantly with elevated level of serum LDH in mild PIH, but not in severe PIH.

10- There was no correlation between thrombocytopenia and age and gestational age in both mild and severe PIH.

11- There was a significant correlation between thrombocytopenia and systolic blood spressure in mild PIH ($P< 0.01$), but not in severe PIH. Howevere when the 60 cases (both mild and severe PIH) were considered together the correlation coefficient became highly significant ($P< 0.001$).

12- With diastolic blood pressure, there was no correlation with thrombocytopenia in mild PIH, but there was a significant correlation in severe PIH. When the 60 cases were considered together, there was a higher significance of thrombocytopenia with the level of diastolic B.P.

13- There was a significant correlation between thrombocytopenia and mean serum creatinine level in mild PIH ($P < 0.001$), but not in severe PIH, when the 60 cases were considered together, there was a significant correlation ($P < 0.001$).

14- There was no significant correlation between thrombocytopenia and serum SGOT level, in mild PIH and in severe PIH, and in the 60 cases when considered together ($P < 0.05$).

15- There was a significant correlation between serum LDH level and thrombocytopenia in mild PIH ($P < 0.05$), in severe PIH and in the 60 cases when considered together ($P < 0.001$).

16- HELLP syndrome was found in 4 cases (incidence 13%).

CONCLUSION

These studies illustrate the importance of obtaining an immediate platelet count for mild and severe PIH patients. Also we must be prudent to obtain a platelet count and perform liver enzymes tests for any gravid women, who complains of upper abdominal pain, to detect HELLP syndrome. These tests will lead to decrease the incidence of maternal and neonatal mortality rate.