which were successfully treated. On the 25th day of life, the newborn was transferred to the neurosurgical unit for reservoir implant, cerebrospinal fluid (CSF) drainage and further treatment. Due to the favorable evolution, after 20 days he was transferred back to the premature care unit.

Conclusions. Recognition of early signs of intraventricular hemorrhage with catastrophic or saltatory pattern, proper prenatal and neonatal care is essential in order to reduce mortality among preterm newborns.

Key words: intraventricular Hemorrhage, ventriculomegaly, preterm infants

15. CLINICAL MANAGEMENT IN PREGNANCY COMPLICATED WITH HELLP SYNDROME. CLINICAL CASE PRESENTATION

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Background. Preeclampsia complicates 2-3% of all pregnancies (5-7% in nulliparous women) and remains a leading cause of maternal and perinatal mortality and morbidity. HELLP syndrome is a rare manifestation of hypertensive diseases of pregnancy and represents the most severe end of the pre-eclampsia spectrum. It occurs in 0.5 to 1% of all pregnancies and in 10-20% of cases with severe preeclampsia. Although variable, the onset of the HELLP syndrome is usually rapid.

Case report. Patient X, 31y.o, primigesta, 39 w.g. was admitted to the maternity unit complaining of amniotic fluid leakage. She was not in labor on admission and her vital signs were normal: blood pressure (BP) was 130/80 mm Hg, pulse - 76/min. Her antenatal history was uneventful before this admission. Physical examination revealed peripheral edema, pathological weight add + 17 kg. Vaginal delivery according to the protocol was established. Over one hour, suddenly, the patient accused pronounced epigastric pain, occipital headache associated with high BP 180/110 mm Hg. Laboratory investigations included: thrombocytopenia - 120×109 g/l, leukocytosis - 12.4×109g/l. Liver function tests included increased concentrations of alkaline phosphatase - 126 u/l, LDH - 4886 u/l, ALAT - 317 u/1, ASAT - 500 u/1. Urinalysis for protein - 4.32 g/l. On the background of hypotensive therapy, the 150/100 mm Hg BP and symptoms of organ damage persisted. At this stage a diagnosis of HELLP syndrome was considered. In view of the rapid progression of the disease and the gestational age, it was decided to proceed to urgent delivery by caesarean section. One infant was delivered, with intrauterine growth restriction (weight - 2390g). In dynamics, hemolysis syndrome is also associated (haemoglobin - 90 g/l, erythrocytes - 2.9×1012g/l, haematocrit - 0.27%). Postoperative period was complicated by CID syndrome and acute renal failure. Clinical management was performed according to the protocols and patient was discharged in satisfactory condition at 11th postpartum day.

Conclusions. HELLP syndrome is a severe complication of pregnancy, fulminant evolution being frequently evaluated in primiparous without pre-existing medical conditions. Due to maternal and fetal impact, HELLP syndrome needs an urgent delivery by caesarian section, which is the essential method indicated in the severe form.

Key words: HELLP syndrome, pregnancy.

16. MANAGEMENT OF GIANT OVARIAN CYST IN PREGNANCY. CLINICAL CASE REPORT

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