INTERACTIVE CASE REPORT

A patient with suspected miscarriage is found to have hypertension, renal failure, and thrombocytopenia: case presentation

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A 46 year old white woman presented to her local casualty department. She had been experiencing vaginal bleeding for 10 days, and the bleeding had become particularly heavy in the past three days. She had also felt generally unwell for around a week with malaise, fatigue, headaches, anorexia, and vomiting.

She and her partner had been trying to conceive. Her last menstrual period had been 10 weeks ago and she had recently tested positive with a urinary (β human chorionic gonadotrophin) pregnancy testing kit. She had three children from a previous partner. Two of these pregnancies were complicated by hypertension from 36 weeks onwards. She thought that she may have had two miscarriages the previous year, which had not been investigated.

The previous year she had a measured blood pressure of 165/90 mm Hg. She gave a history suggestive of Raynaud's syndrome but had no other symptoms or past medical history of note. She was taking no regular medication.

She was initially referred to the on-call gynaecologist who found her to have a blood pressure of 240/127 mm Hg and a heart rate of 100 beats/minute. She appeared unwell and was dyspnoeic at rest. On abdominal examination the uterus was not palpable, and on vaginal examination the cervical os was open and bleeding. Chest auscultation demonstrated bi-basal, inspiratory crepitations. No other abnormalities were found on examination. Urinary β human chorionic gonadotrophin was negative. Urinalysis showed large amounts of blood and protein, but the patient was actively bleeding from the vagina when this test was done. The table shows the results of her laboratory tests.

She was referred for an urgent medical opinion. A central venous line was inserted and a chest radiography performed (figure). At this point, while still in the casualty department, she had several generalised tonic-clonic convulsions.

Competing interests: None declared.

Patient's laboratory test results at presentation

Blood test	Result	Normal range
Haemoglobin	10.0 g/l	11.4-14.2
White blood cells	15.4×10 ⁹ /l	4-11
Platelets	40×10 ⁹ /l	150-450
Reticulocytes	6.2%	0.49-2.03
Mean cell volume	88fl	83-101
Prothrombin time	10.4 s	9.6-11.6
Thrombin time	14 s	15-19
Activated partial thromboplastin time	19 s	24-32
Sodium	132 mmol	135-145
Potassium	3.2 mmol	3.5-5.0
Urea	22.4 mmol/l	2.5-6.4
Creatinine	387 µmol/l	54-98
Albumin	29 g/l	30-50
Calcium	1.73 mmol/l	2.15-2.6
Phosphate	2.09 mmol/l	0.8-1.5
Bilirubin	31 µmol/l	2-17
Alkaline phosphatase	55 U/l	30-130
Alanine transaminase	13 U/l	0-31
Aspartate transaminase	39 U/l	8-35
Lactate dehydrogenase	2846 U/l	85-285
Glucose	6.7 mmol/l	4-6
Chloride	94 mmol/l	95-105
pH	7.34	7.35-7.45
Partial pressure of carbon dioxide	2.99	4.7-6.0
Partial pressure of oxygen (fractional inspired oxygen 40%)	23.28	10-13
HCO ₃ ⁻	14.5	22-30
Base excess	-12.4	-2 to +2
β human chorionic gonadotrophin	Negative	
Blood film	Moderate red cell fragmentation, platelets low	

QUESTIONS

- 1 Would investigation for recurrent miscarriage have been appropriate given the patient's reproductive history, and if so, how?
- 2 What diagnoses might explain the patient's presentation and the abnormalities found?
- 3 What could account for the patient's chest radiography results?
- 4 Outline how the patient should be investigated and managed during the first 24 hours

Please respond through bmj.com, remembering that the patient is real and that she and her carers will read the response

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We welcome contributions of interactive case reports. Cases should raise interesting clinical, investigative, diagnostic, and management issues but not be so rare that they appeal to only a minority of readers. Full details of criteria are available at: bmj.com/cgi/content/full/326/7389/564/DC1

Chest radiograph showing diffuse pulmonary oedema