



Keywords: Clinical Gynecologic Oncology; Biomarkers and Molecular Diagnosis of All, Gynaecologic Cancers; Nausea Pregnancy

Introduction

A hypercoagulable state is brought on by alterations to the coagulation and fibrinolytic systems that occur during a typical pregnancy. Moreover, there is a chance that PIH will see an increase in the hypercoagulable stage of pregnancy [1]. The risk of bleeding complications is increased by PIH-related coagulation abnormalities, particularly after surgical delivery or when inserting an epidural catheter for regional anaesthesia [2]. In order to detect signs of Disseminated Intravascular Coagulation and HELLP Syndrome in patients with a hypertensive disease of pregnancy, coagulation profile tests with full blood cell counts, including platelet counts and platelet indices, are crucial [3]. As they are used to measure the enzymatic activity that result in clot formation, PT and APTT are regarded as functional tests [4]. During pregnancy, the haemostatic system shifts to a more procoagulant condition with lower amounts of naturally occurring anticoagulants like protein C and S [5]. D-dimer and the coagulation factor fibrinogen both show an increase [6]. Postpartum hemostatic

PT; APTT had direct relationship with increasing severity of pregnancy induced hypertension. The coagulation abnormalities like HELLP syndrome and DIC are major causes of maternal deaths amongst PIH cases. Data observed from present study can be helpful in identifying the abnormalities in platelet parameters and coagulation profile in relation to PIH cases at an earlier stage and can prove to be helpful in management of complications arising in relation to PIH and thus can help in reduction of maternal and foetal mortality. Hypertensive disorders are one of the most important causes of perinatal and maternal mortality and morbidity worldwide. A variety of haematological changes are observed in them with thrombocytopenia being the most common one. Moreover, derangements in coagulation and fibrinolytic system can occur in pregnancy causing a hypercoagulable state. In these patients, to rule out DIC and HELLP syndrome, a coagulation profile needs to be done. Change in MPV happened with the increasing grades of pregnancy. In present study we found mild increase in MPV values from normotensive pregnant women to eclampsia patients which correlated with other studies.

Acknowledgement

None

Conflict of Interest

None

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