

DIFFERENTIAL DIAGNOSIS CHART

On-set of hypertension or worsening of chronic blood pressure in pregnancy can generally be safely assumed to be preeclampsia alone or superimposed even if the clinical picture shows unfulfilled diagnostic criteria since preeclampsia may progress quickly. However, because several other disorders can manifest some or many of the signs and symptoms of preeclampsia, it is essential to consider common differential diagnoses. Additional causes of hypertension that are unrelated to pregnancy include chronic hypertension, chronic renal disease, pheochromocytoma, neurologic disorders, some endocrine disorders (i.e., hyperthyroidism), and use/withdrawal of some drugs.

| Diagnosis | Clinical Presentation | Lab Values | Key Differentials |
|--|--|--|--|
| HELLP syndrome - preeclampsia subtype or variant | Hemolysis, elevated liver enzymes, and low platelets with or without hypertension or proteinuria | ↑RBC destruction ↑LDH (>600 IU/L) ↑Bilirubin (>1.2 mg/dl) Burr cells and schistocytes ↑ LFTs (AST > 70IU/L) ↓Platelets (< 150 K) | |
| Acute fatty liver of pregnancy (AFLP) - hepatic microvesicular fat deposition | Nausea, vomiting, anorexia, abdominal pain, malaise, CNS disturbances (confusion, restlessness, disorientation, seizures), edema, headache, hypertension with or without proteinuria, hemolysis, liver failure jaundice, ascites, disseminated intravascular coagulopathy (over 50% of all cases), and hypoglycemia. | ↑ WBCs (20-30K) Anemia ↓Clotting factors & fibrinogen ↑PT, PTT, FSP ↑BUN & creatinine ↓ Creatinine clearance ↓ Albumin Schistocytes ↑ Liver enzymes ↑Alkaline phosphatase ↑ Bilirubin ↑Amylase, Lipase, Ammonia levels ↓Serum glucose | DIC due to liver dysfunction and failure; renal failure; profound hypoglycemia; sepsis; pancreatitis |

DIFFERENTIAL DIAGNOSIS CHART

| Diagnosis | Clinical Presentation | Lab Values | Key Differentials |
|---|---|--|---|
| Thrombotic microangiopathies (TMA) - Thrombotic thrombocytopenic purpura (TTP) and Hemolytic-Uremic syndrome (HUS) | Pathologic abnormalities in the vessel walls of arterioles and capillaries that lead to microvascular thrombosis and thrombocytopenia due to platelet destruction, peripheral blood smears with fragmented red blood cells (schistocytes), polychromasia, and anemia. | TTP - ↓ ADAMTS-13 activity levels (<10%) HUS - TMA +renal injury that is caused by either shiga toxin from an <i>Escherichia coli</i> infection or from a defective regulation of the alternative complement pathway triggered by pregnancy. | Thrombocytopenia. Microangiopathic hemolytic anemia, renal dysfunction |
| Systemic lupus erythematosus (SLE) | Malar rash, Discoid rash, photosensitivity, oral ulcers, serositis, CNS (seizures, psychosis), anemia, thrombocytopenia, hypertension, swelling (joints), flushing, and renal impairment (proteinuria and RBCs in urine) | ↓ RBCs +Antinuclear antibody (ANA) test + aPLs (antiphospholipid antibodies - lupus anticoagulant, IgG and IgM anticardiolipin antibodies, IgG and IgM anti-beta2-glycoprotein 1 antibodies +Anti-Ro/SSA and anti-La/SSB antibodies | Positive antibodies |
| Antiphospholipid syndrome (APS) | Arterial and venous thrombosis, autoimmune thrombocytopenia, hx pregnancy loss | + aPLs (antiphospholipid antibodies - lupus anticoagulant, and IgG & IgM anticardiolipin antibodies, IgG and IgM anti-beta2-glycoprotein 1 antibodies) | Hx of pregnancy losses/ IUFD Thrombosis, IUGR, Preterm delivery due to preeclampsia/ eclampsia or uteroplacental insufficiency |