EXPECT THE UNEXPECTED – A RARE CASE OF ATYPICAL PRESENTATION OF LATE POSTPARTUM ECLAMPSIA AND PRES

Authors Dr.E.Nandhini (3rd year post graduate), Prof. Dr.Deepa Shanmugam
Aarupadai Veedu Medical College and Hospital, Pondicherry.

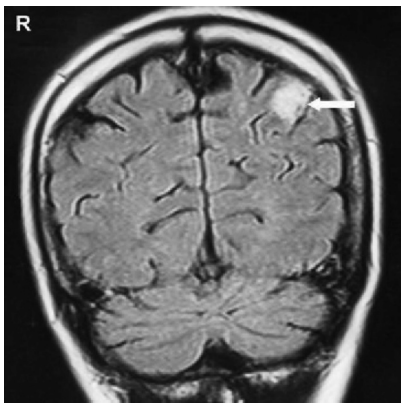
INTRODUCTION

- Even though pregnancy is considered as a physiological process, complications can arise at any time, making the obstetrician always be alert at expect the unexpected.
- Here we present a rare and atpical presentation of postpartum eclampsia and PRES.

CASE REPORT

- A 38 year old multigravida, booked case, had an eventful antenatal period.
- Admitted in latent phase of labour progressed and delivered vaginally.
- Throughout her intrapartum period her BP was normal (120/80 mmhg).
- Immediate postpartum period she had headache and raised BP (170/120 mmhg).
- Started on Pritchards regimen and Nifedipine.
- 24 hrs later her BP was < 120/80 mm hg without any Antihypertensives.
- On 5th PND early morning, she complained of sudden loss of vision, her BP was 170/110 mm hg
- Ophthalmologist opinion was obtained had only perception to light in both eyes, probably cortical blindness, fundus was normal.
- MRI was taken and it showed Altered signalling changes in left pareito occipital gyral region likely representing ischemic changes due to post Eclampsia
- With diagnosis of atypical PRES, she was started on $MgSO_4$ regimen.
- Surprisingly, patient regained her vision after 14 hrs and her BP was also normal during follow-up.

Left parieto occipital cortical hyperintense lesion suggesting ischemia in a coronal slice of FLAIR MRI



DISCUSSION

- PRES is a clinico radiographic syndrome
- **Etiology**: Preeclampsia, Eclampsia, Acute or Chronic Renal Disease, Electrolyte imbalance, Use of Cytotoxic and Immunosuppressant drugs,sepsis,Sickle cell disease.
- **Pathophysiology :** 1) Cerebral vasoconstriction causing subsequent infarcts in the brain, 2) failure of cerebral auto-regulation with vasogenic edema, and 3) endothelial damage with blood-brain barrier disruption further leading to fluid and protein transudation in the brain.
- **Clinical features** of PRES include headaches, an altered mental status, seizures and visual loss and neuroimaging is essential for confirming the diagnosis.
- **MRI finding PRES:** There is a predominant affection of pareito occipital subcartical white matter of both hemispheres. Typically PRES lesion on MRI are thought to have vasogenic edema.
- Our case had a atypical lesion on MRI showing left pareito occipital ischemia with differential diagnosis as PRES complicated after Eclampsia. Patient regained vision due to timely intervention.

CONCLUSION

- In our case we had lesion on MRI suggesting post eclamptic changes with clinical features suggesting of PRES
- The improved knowledge and research about factors influencing the outcome of PRES will result in better early management, less morbidity and mortality.
- Prompt recognition and treatment are crucial to avoid the permanent damage leading to sequelae and even mortality.
- Exclude differential diagnosis as fast as possible. Proper initiation of treatment may crucial for the outcome.

REFERENCES

- Minnerup J, Kleffner I, Wersching H, et al. Late onset postpartum eclampsia: It is really never too late-a case of eclampsia 8 weeks after delivery. Stroke Res Treat. 2010;2010: 798616.
- Parisaei M, Derwig I, Yoon J, et al. Posterior reversible leukoencephalopathy in a case of postpartum eclampsia. Am J Obstet Gynecol. 2005;193:885-886.
- Sreenivasa Rao Sudulagunta1, *, Mahesh Babu Sodalagunta2, Monica Kumbhat3 and Aravinda Settikere Nataraju4 1 Columbia Asia Hospital, Kirloskar Business Park, Hebbal, Bangalore, India, 2 K S Hegde Medical College, Ullal, India, 3 Sri Ramachandra Medical College, Chennai, India, and 4 Columbia Asia Hospital, Hebbal, Bangalore, India
- Williams book of obstetrics 25th edition.