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An unusual presentation of eclampsia

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Background: Eclampsia complicates around 1 in 2000 pregnancies and is one of the major causes of maternal death. Nearly 50% of cases can occur without signs and symptoms of pre-eclampsia. This case highlights the issue of rapid onset eclampsia with no previous evidence of pre-eclampsia and the possibility of rapid deterioration.

Case presentation: A 31-year-old primigravida patient presented for induction of labour at 39 weeks from prolonged pre-labour rupture of membranes. The patient had a low risk pregnancy otherwise. She had an isolated blood pressure of 180/105mmHg three hours post commencement of oxytocin. This was effectively treated with oral labetalol. The patient remained asymptomatic of eclampsia throughout, however suddenly progressed to have a two-minute tonic clonic seizure. She was treated with magnesium sulphate and transferred for emergency caesarean section. Intraoperative platelet count decreased to 26 (from 202) prompting a diagnosis of disseminated intravascular coagulation. On day two postpartum the patient developed dizziness and blurred vision. MRI brain demonstrated FLAIR hyperintensity and a diagnosis of posterior reversible encephalopathy syndrome was made. These symptoms resolved spontaneously by discharge.

Conclusion: Eclampsia remains a major cause of maternal mortality and almost 1 in 50 women who suffer an eclamptic seizure will die as a result. This case highlights the potential atypical presentations of eclampsia and the importance of early recognition to avoid potentially fatal eclamptic seizures. As a multidisciplinary team we must be vigilant in our assessment of hypertension or indeed any symptoms of eclampsia to ensure prompt treatment.

Biography

Dr Nicholas Dilley is a senior resident medical officer at in Western Sydney and has previously presented at the International Association for Medical Education. Dr Reena Mohan is a consultant obstetrician and gynaecologist for Western Sydney Local Health District.

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