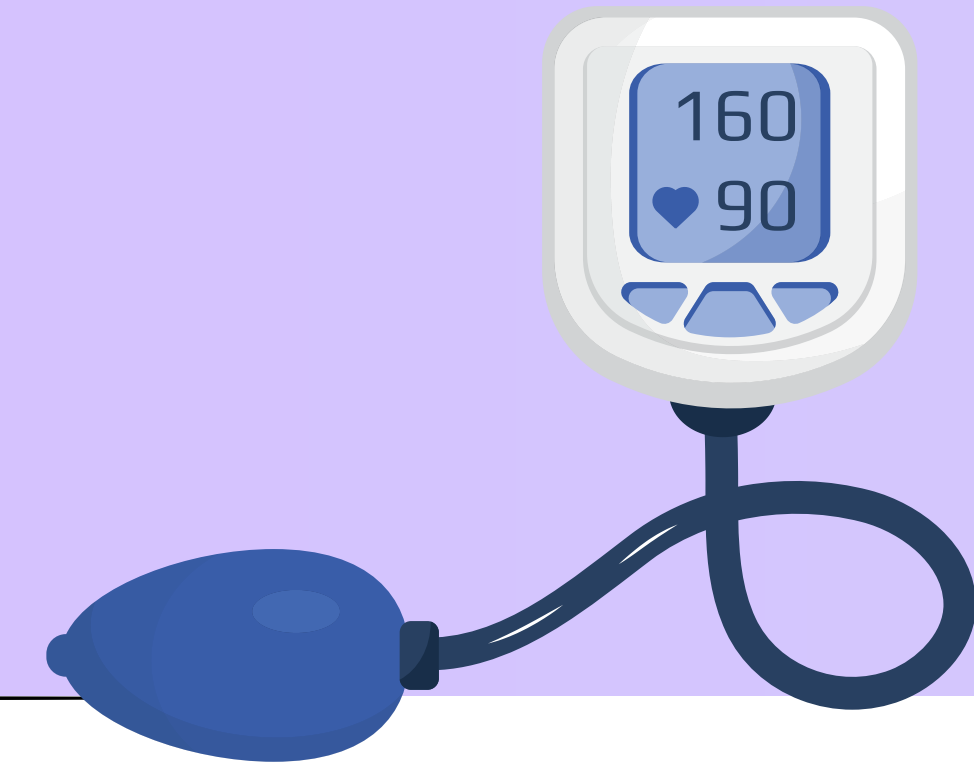


Introduction

Visual disturbance is a recognised feature of pre-eclampsia, with blurred vision the most common visual complaint [1].

Serous retinal detachment (SRD) is an unusual and rare complication of pre-eclampsia.



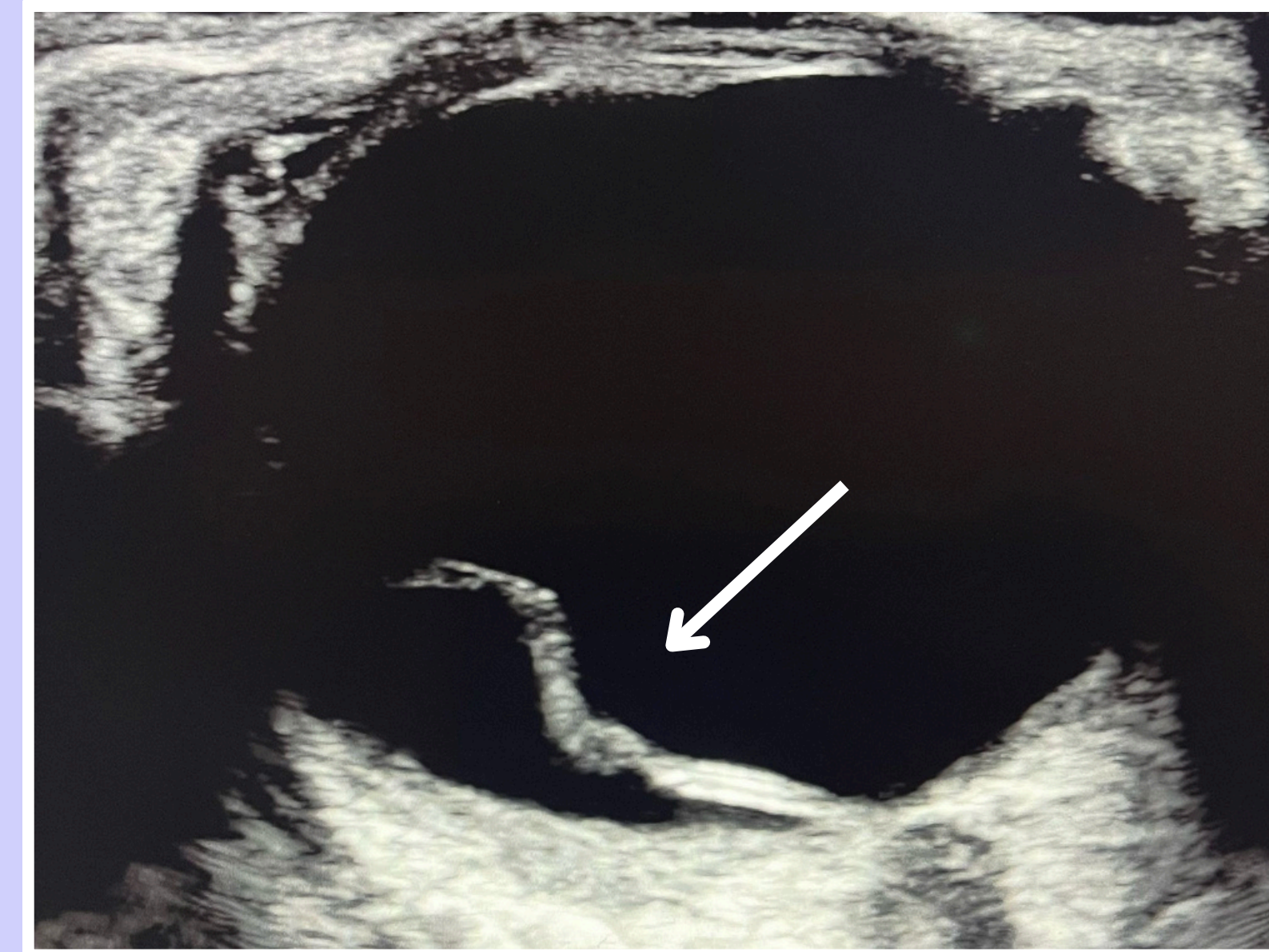
Case Report

A 36-year-old woman with gestational diabetes, but otherwise uncomplicated antenatal history, presented to the maternity assessment unit at 34+5 gestation complaining of dizziness, abdominal pain and blood-stained loss.

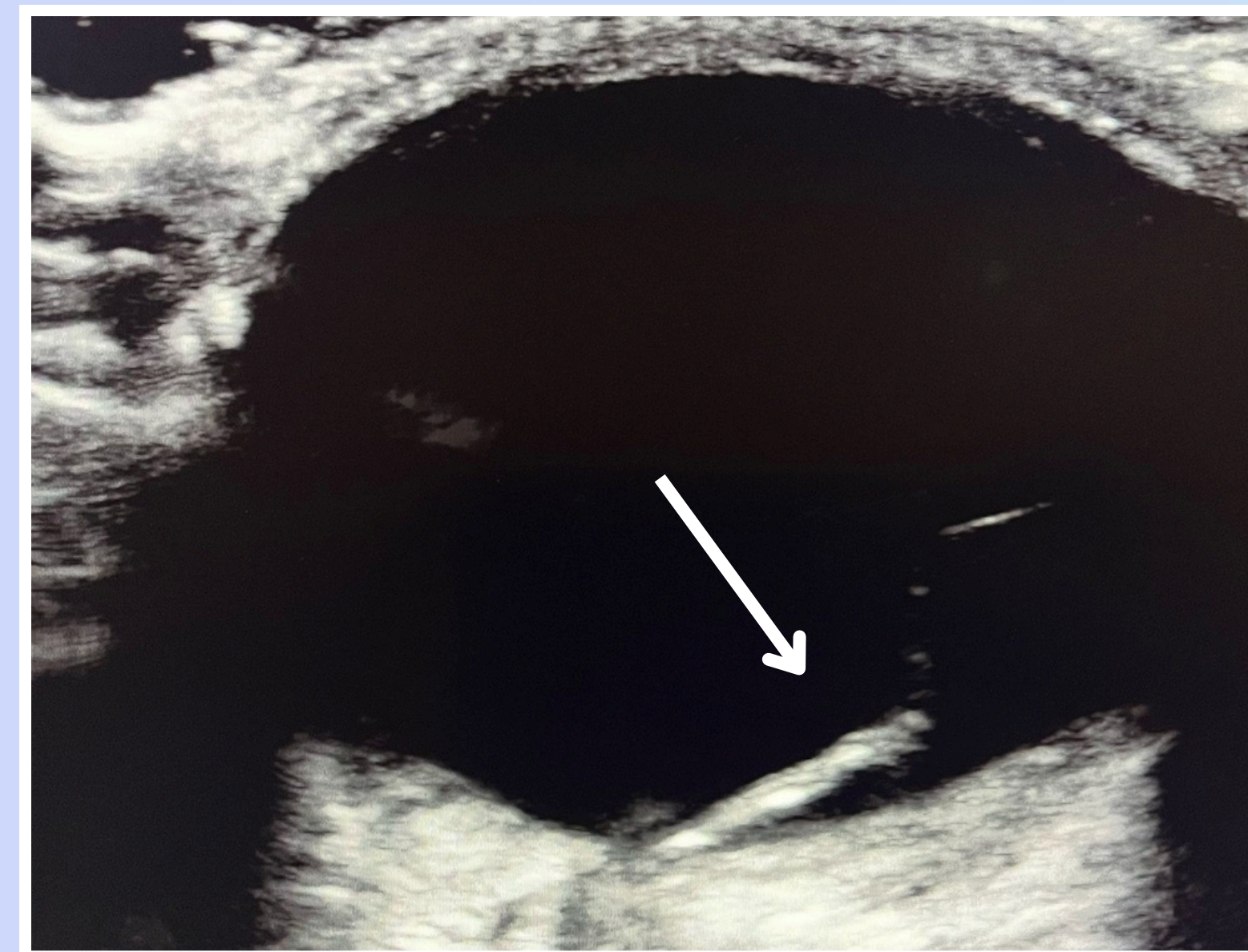
A CTG confirmed fetal bradycardia and a Category 1 C-Section was performed under general anaesthesia, with the baby delivered 18 minutes after decision for delivery, and a diagnosis of placental abruption confirmed.

Estimated blood loss was 3320 mls, and high-dependency post-op care was initiated, with hypovolaemia corrected with blood products.

After extubation, the patient complained of blurred vision, and BP was 150/90 mmHg. A Labetalol infusion was commenced.



Coronal view of left and right eyes using linear ultrasound probe demonstrating bitemporal retinal detachments



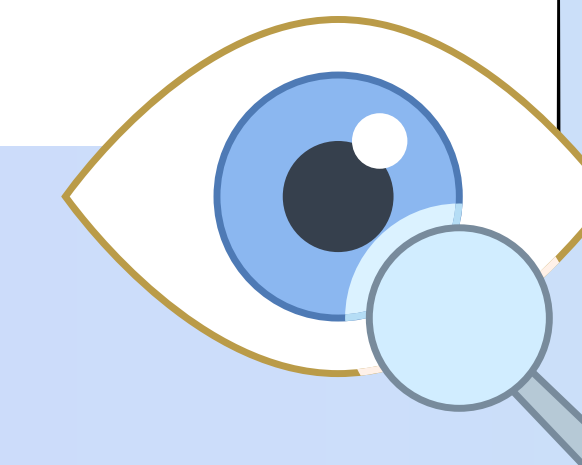
Case Report (Cont.)

Over the next few hours, the patient complained of progressive bilateral visual loss. On review, the ophthalmology team noted bilateral visual field loss with sluggish pupillary responses.

A bedside ultrasound scan confirmed findings in-keeping with bitemporal retinal detachments, and a diagnosis of bilateral SRD secondary to pre-eclampsia was made.

Conservative management was instigated, and the patient followed up daily by the ophthalmology team.

The patient was discharged from ophthalmology care 6 weeks later, with vision returned to near normal.



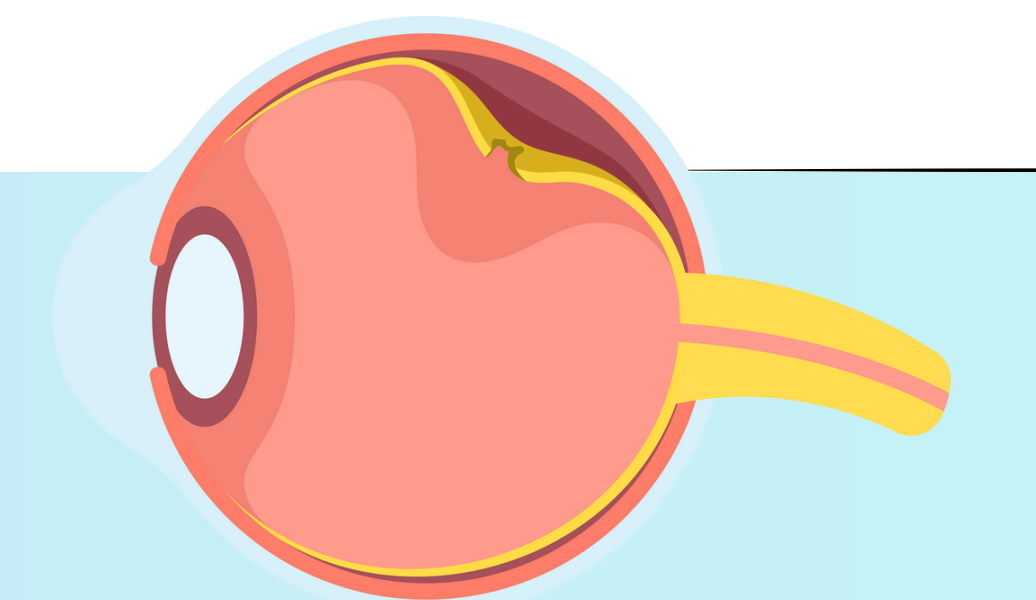
Discussion

SRD is an uncommon cause of visual loss in pre-eclampsia. It occurs when the neurosensory retina separates from the pigmented retinal epithelium, and is usually associated with severe pre-eclampsia or eclampsia.

The exact pathophysiology in the setting of pre-eclampsia is unclear. It has been suggested the cause may be ischaemia secondary to accelerated hypertension, although changes in the fluid and ion transport function of the pigmented retinal epithelium may also play a role.

The incidence is reported at 1% in severe pre-eclampsia, and 10% in eclampsia. It presents with sudden visual loss most often prior to, or soon after, delivery. However, it can occur at any stage during pregnancy.

Management is conservative. Spontaneous resolution is usually seen within a few weeks, although in severe cases there can be permanent visual loss despite resolution of the SRD, likely due to epithelial necrosis.



References

- 1.Schultz KL, Birnbaum AD, Goldstein DA. Ocular disease in pregnancy. Current Opinion in Ophthalmology. 2005; 16: 308-314.
- 2.Rezai S, LoBue S, LoBue TD et al. Ophthalmic Complications and Ocular Changes in Pregnancy – A Review. Obstetrics & Gynaecology International Journal. 2016; 4 (1)

