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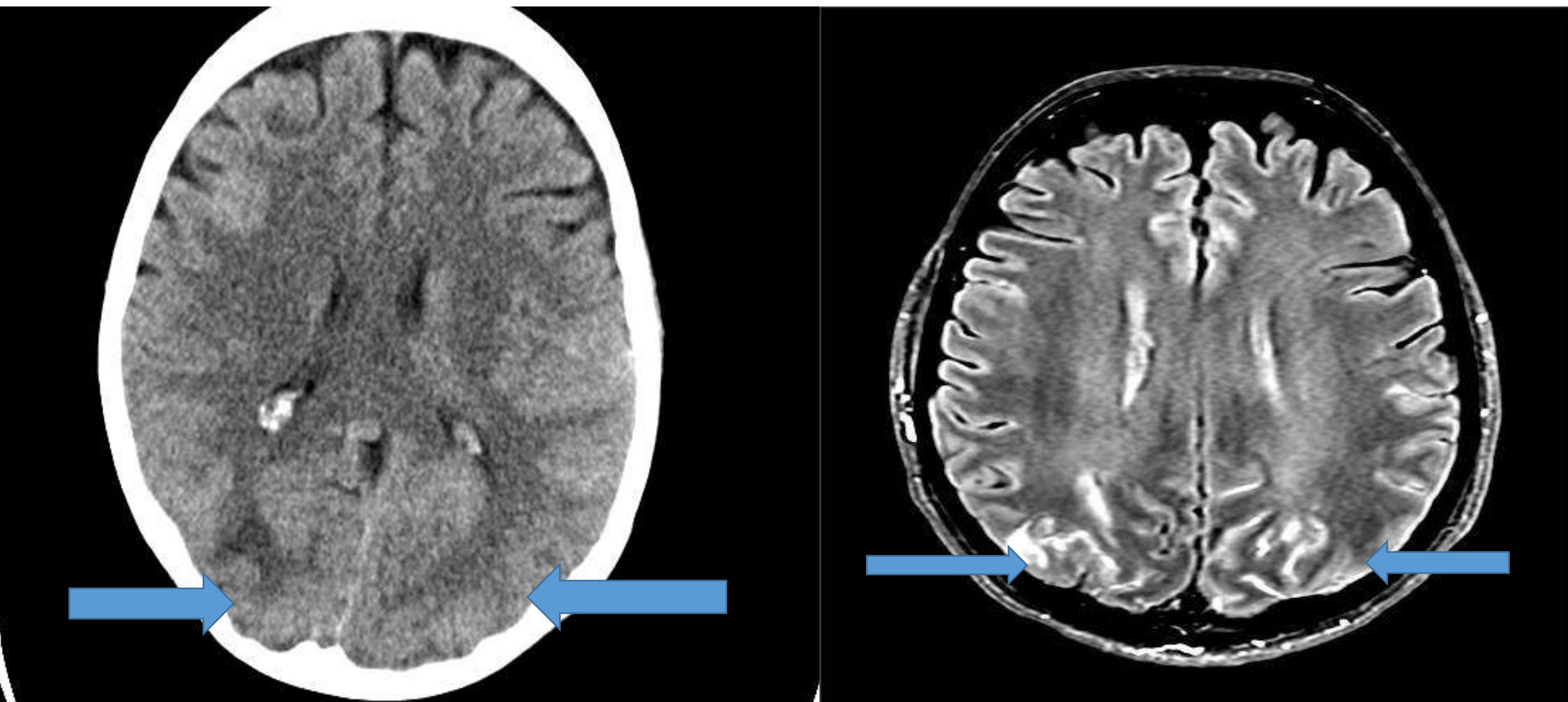
Introduction

Posterior Reversible Encephalopathy Syndrome (PRES) is a rare neurological condition characterized by specific neurological symptoms and a distinctive radiological appearance. It most commonly occurs in young women. Significant etiological and risk factors for PRES include uncontrolled hypertension, eclampsia, kidney and liver diseases, immunosuppressive therapy, and septic conditions. Symptoms vary, commonly including headache, seizures, and focal neurological deficits. Mental status changes such as disorientation, somnolence, or stupor may occur. Visual disturbances like diplopia, vision loss, hemianopia, or light perception absence can also manifest.

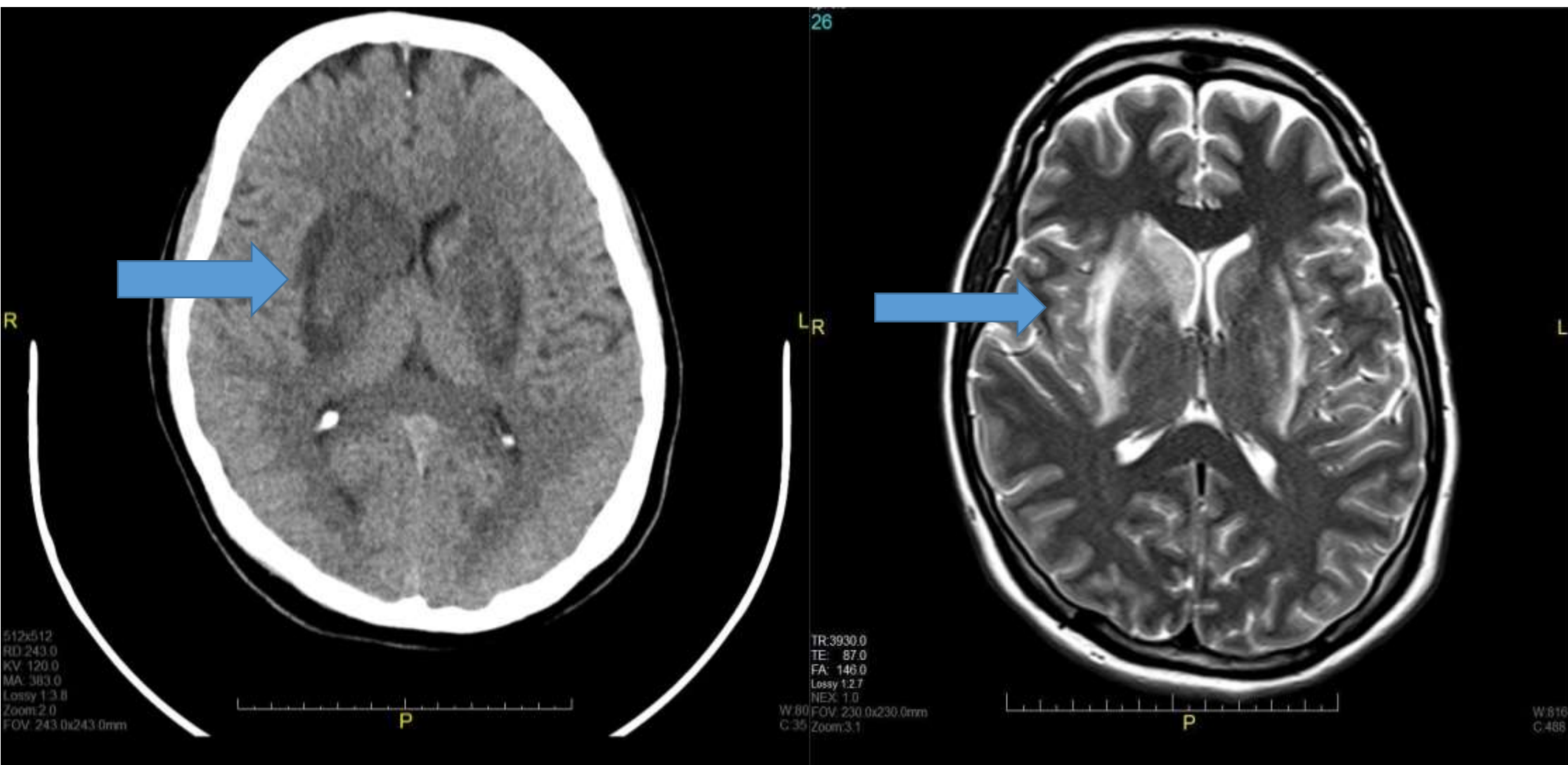
Material and methods

This case series presents five patients diagnosed with PRES during pregnancy or the early postpartum period, hospitalized at the University Clinical Centre of the Republic of Srpska between 2017 and 2025. The study was approved by the Institutional Ethics Committee. Data were collected retrospectively, by reviewing and analyzing medical documentation from the Clinical Information System.

CT and MR scan in typical presentation



CT and MR scan in atypical presentation



Results

All patients required intensive care unit (ICU) admission. Diagnosis was established using CT and MRI scan. All patients were hypertensive, headache was a universal symptom, and three patients experienced generalized tonic-clonic seizures. Four newborns were delivered at term with Apgar scores of 9/10, while one was born prematurely at 26 weeks due to maternal status epilepticus (Apgar score 3/7).

Case number	Pregnancy	Age	Gestation and birth	Newborn	Symptoms	Diagnosis	Outcome
1	Second	36	Term/CS	Healty	6 days after delivery, headache and tingling sensation in the face.	CT scan	Recovered, discharged home
2	First	29	Term/CS	Healthy	6 days after delivery Headache and disorientation	CT scan	Recovered, discharged home
3	Second	26	26GA/CS	Preterm	26 gestational week, headache, status epilepticus	CT and MR scan	Antiepileptic therapy, follow-up by neurologist
4	First	30	Term/SVD	Healthy, twins	6 hurs after delivery, headache, epileptic seizure	CT and MR scan	Recovered, discharged home
5	First	27	36GA/CS	Healthy, twins	First postoperative day, headache, epileptic seizure	CT and MR scan	Recovered, discharged home

Conclusion

Although PRES is rare, it is crucial to recognize its significance, particularly in pregnant women with preeclampsia/eclampsia. Early radiological diagnosis, prompt initiation of treatment and a multidisciplinary approach are essential. All patients in this series were discharged in stable general condition, with one patient required follow-up and treatment by a neurologist..