INTRACEREBRAL HEMORRHAGE IN A PATIENT WITH ECLAMPSIA

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OBJECTIVE

Eclampsia and pre-eclampsia are among the most common causes of ischemic and hemorrhagic stroke in pregnancy. Pregnancy-associated brain hemorrhages have a poor prognosis with high maternal mortality and morbidity. Our case illustrates the classic presentation of atypical preeclampsia in a nulliparous teenager ultimately leading to the potentially life-threatening complication of intracerebral hemorrhage (ICH)

CASE REPORT

Situation The onset of generalized tonic-clonic seizures was at full dilatation. The baby was delivered with forceps in good condition. She had mild postpartum hemorrhage with a blood loss of 800ml. She appears drowsy but was responding well. It was attributed to the postictal state along with blood loss. She developed pyrexia and sepsis protocol was initiated. 5 hours after delivery, left-sided weakness was reported and on examination reduced power on the left arm was noted.

Background 16-year-old, para 0, attended triage at 40 + 5 weeks of gestation with spontaneous rupture of membrane and contractions. She was fit and well. Her blood pressure was normal throughout the pregnancy. Her BMI was 22. Her booking investigations, dating, and anomaly scans were normal. At admission, BP was found to be 149/104mm of mercury with 1 + protein in the urine. She was not having any impending symptoms of eclampsia. Her PET blood reports showed the normal result.

Analysis An urgent CT scan was arranged. It revealed parenchymal hematoma of size 55x42mm in the right striatum at the Lentiform and Caudate nucleus with a midline shift to the left to 9mm. There was no hydrocephalus

Recommendations An immediate neurosurgery referral was done and she was transferred to the ITU. She underwent surgical management and made a good recovery.



Large arrows - Intracranial hemorrhage
Small Arrows – Midline shift suggestive of mass effect
LV – Blood in the right lateral Ventricle

DISCUSSIONS

The estimated pregnancy-associated ICH rates range from 3.8 to 18.1 per 100,000 deliveries. Many studies have demonstrated that pre-eclampsia /eclampsia was independently associated with ICH during pregnancy and the postpartum period. The clinical diagnosis of ICH can be challenging to obstetricians due to its low incidence and confounding nature of its early symptoms with that of preeclampsia which may be mistaken for side effects of the magnesium sulfate treatment. In cases like ours, symptoms like dizziness, weakness, and tiredness were attributed to the postictal recovery phase from eclampsia and the effects of magnesium sulfate. Stroke is an extremely rare event during pregnancy with the incidence ranging from 10 to 34/100,000 deliveries. Women with a hypertensive disorder in pregnancy are 6- to 9-fold more likely to develop stroke in pregnancy than women without hypertension. Pregnancy-related stroke encompasses both hemorrhagic and ischaemic aetiologies, with hemorrhage accounting for up to 38% to 60 % of cases. The mortality rate due to pregnancy-associated ICH is 9 to 38 %, contributing to more than 12 % of all maternal deaths Mortality rate can result in fatality in 40-50% of patients within 30 days.

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