

An Unusual Case of a Patient Developing Retinal Detachment Secondary to Pre-Eclampsia.

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Introduction

- . Hypertensive disorders complicate around 10% of pregnancies worldwide, with pre-eclampsia complicating 3-5% of all pregnancies (1).
- . In the UK, severe pre-eclampsia occurs in 1-2% of pregnancies (3).
- . Pre-eclampsia is a multisystem disorder that constitutes a major cause of morbidity and mortality it is thought to be the cause of around 10% of maternal deaths world-wide (3).
- . We present the case of a patient who developed bilateral serous retinal detachment following a diagnosis of pre-eclampsia.

Background

- . 26 year old primigravida presented to labour ward triage at 32+1 gestation with significant abdominal pain and a query as to whether she was in labour.
- . On examination, there was no evidence of cervical dilatation.
- . Intrauterine Foetal Death was confirmed on bedside ultrasound scan, which also showed evidence of placental abruption.
- . Her labour was induced and following an episode of hypertension, and proteinuria, she was diagnosed with pre-eclampsia.
- . She required several stat doses of antihypertensives to control her blood pressure.
- . Blood tests revealed evidence of acute kidney injury, and disseminated intravascular coagulation.
- . She went on to have a normal vaginal delivery, and following her delivery, her biochemical markers normalized.

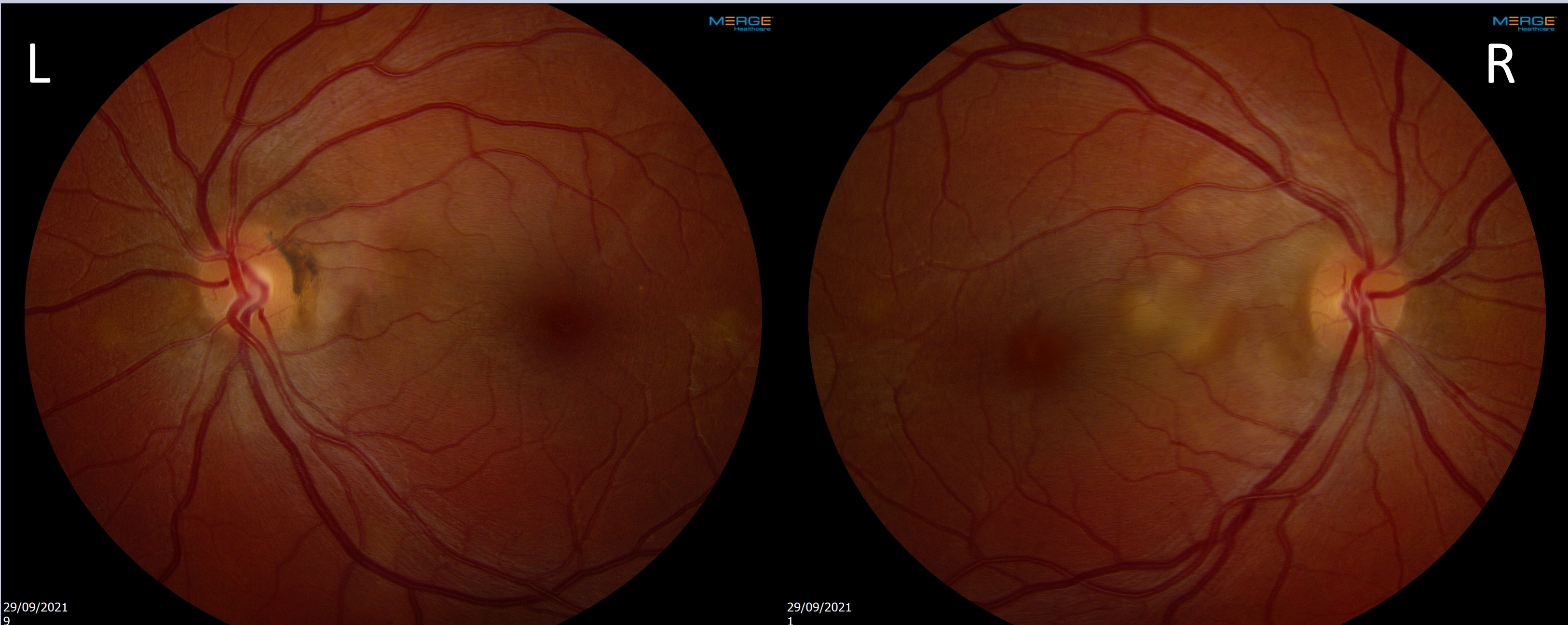


Figure 1. Colour fundus photograph of the right eye showing a healthy disc with no evidence of papilloedema or hypertensive retinopathy. There are retinal changes on the nasal aspect of the macula suggestive of choroidal ischaemia. Colour fundus photograph of the left eye showing a healthy disc with no hypertensive retinopathy or changes suggestive of ischaemia.

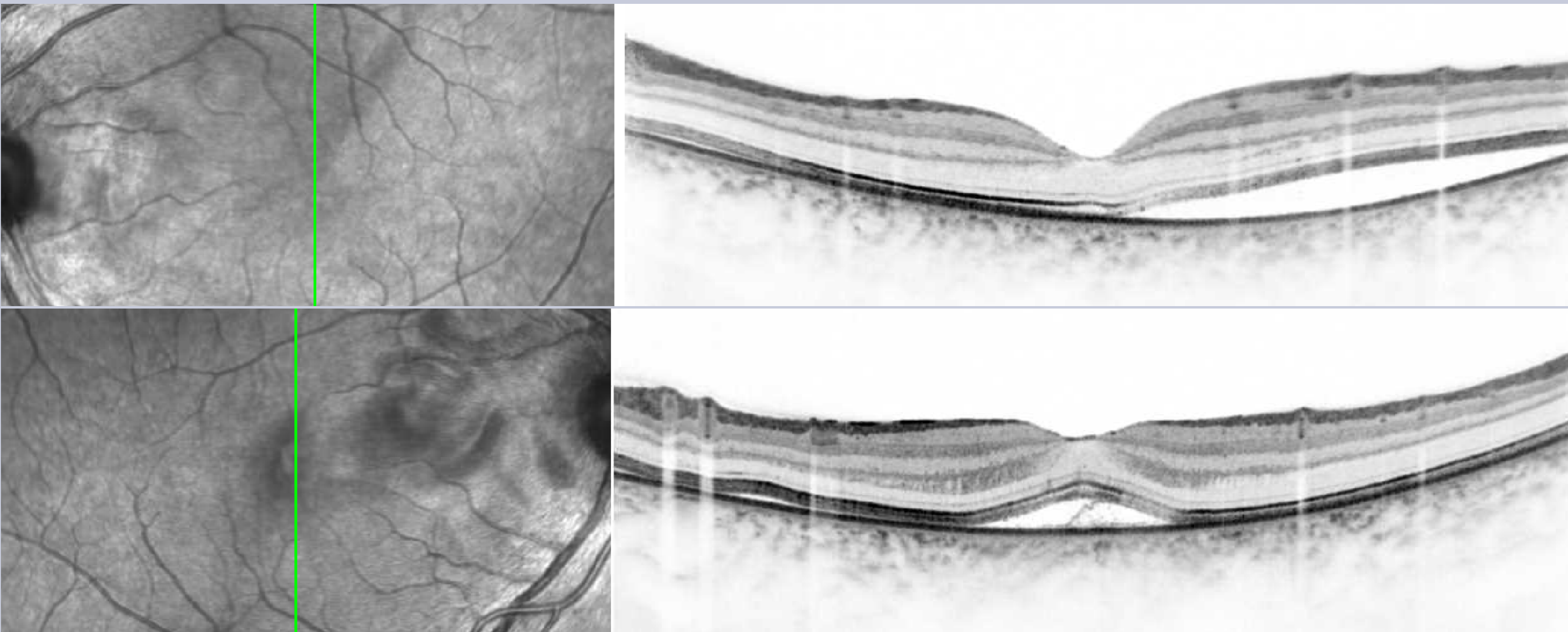


Figure 2. Macular optical coherence tomography (OCT) scan of the left eye (top) and right eye (bottom) showing serous foveal retinal detachment.

Postnatal Period

- . In the first 24 hours postnatally, patient noted a ‘grey smudge’ in her central vision, worst in her right eye. No other visual loss or visual field defect.
- . She was referred urgently to the eye clinic, and was able to be seen the same day in eye casualty where she was found to have evidence of hypertensive damage in both eyes. Of note, she had bilateral serous retinal detachment, and evidence of choroidal infarct in her right eye.
- . This was able to be managed conservatively, with good control of her blood pressure.
- . She was seen again in eye clinic around 4 weeks later, where her symptoms had fully resolved.
- . She has been advised that if she develops any visual symptoms in a future pregnancy she will need to be seen urgently by Ophthalmology.

Discussion

- . Pre-eclampsia is defined as new onset hypertension in pregnancy, typically after 20 weeks gestation, with associated proteinuria.
- . Visual symptoms occur in up to a quarter of patients with pre-eclampsia, with blurring of vision being the most common complaint. This is usually due to arteriolar spasm (4).
- . Serous retinal detachment is a rare cause of visual loss, and occurs in around 1% of patients with severe pre-eclampsia (5). It is thought to be due to choroidal ischaemia secondary to accelerated hypertension.
- . Management is usually conservative, and involves management of the underlying condition and associated hypertension. Spontaneous resolution and return to pre-detachment visual acuity occurs within weeks, with an excellent end visual prognosis.
- . Serous retinal detachment is an important cause of morbidity in patients with pre-eclampsia, and therefore prompt specialist referral should be considered for patients with severe pre-eclampsia and associated visual symptoms.

References

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