

UNILATERAL VISUAL LOSS; A CASE OF POSTERIOR REVERSIBLE ENCEPHALOPATHY AT EARLY GESTATION

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Posterior reversible encephalopathy syndrome (PRES) is a rare type of cerebrovascular disorder, which is commonly associated with preeclampsia or eclampsia but not always. Delaying diagnosis and treatment may result death or irreversible neurological sequelae.

A 24-year-old primigravida with the period of amenorrhoea of 24 weeks and 3 days presented with sudden onset of bilateral blurring of vision that progressed to left loss of vision. On admission she developed two episodes of focal seizure of left upper limb, each episode lasted around 2 minutes. There was post ictal drowsiness and generalized headache but no urinary or faecal incontinence or aura. She did not have any medical illness and not on any long-term medication.

On preliminary examination her GCS (Glasgow coma scale) was 14, tachycardic with the rate of 110 beats and blood pressure was 200/100 mmHg. There were no focal weakness or sensory impairment or papilledema. Urine protein was negative. The diagnosis was made as eclampsia and immediately given intravenous (IV) Labetalol, hydralazine and magnesium sulphate to stabilize the blood pressure. After multidisciplinary discussion she had undergone emergency hysterotomy under spinal anaesthesia. Birth weight of the neonate was 470 g and succumbed. Apart from thrombocytopenia blood investigations were unremarkable. Antinuclear antibody (ANA) was negative.

Magnetic resonance image (MRI) of brain with arterial and venous phase confirmed PRES.

The patient showed remarkable recovery with antihypertensive medication and supportive therapy.

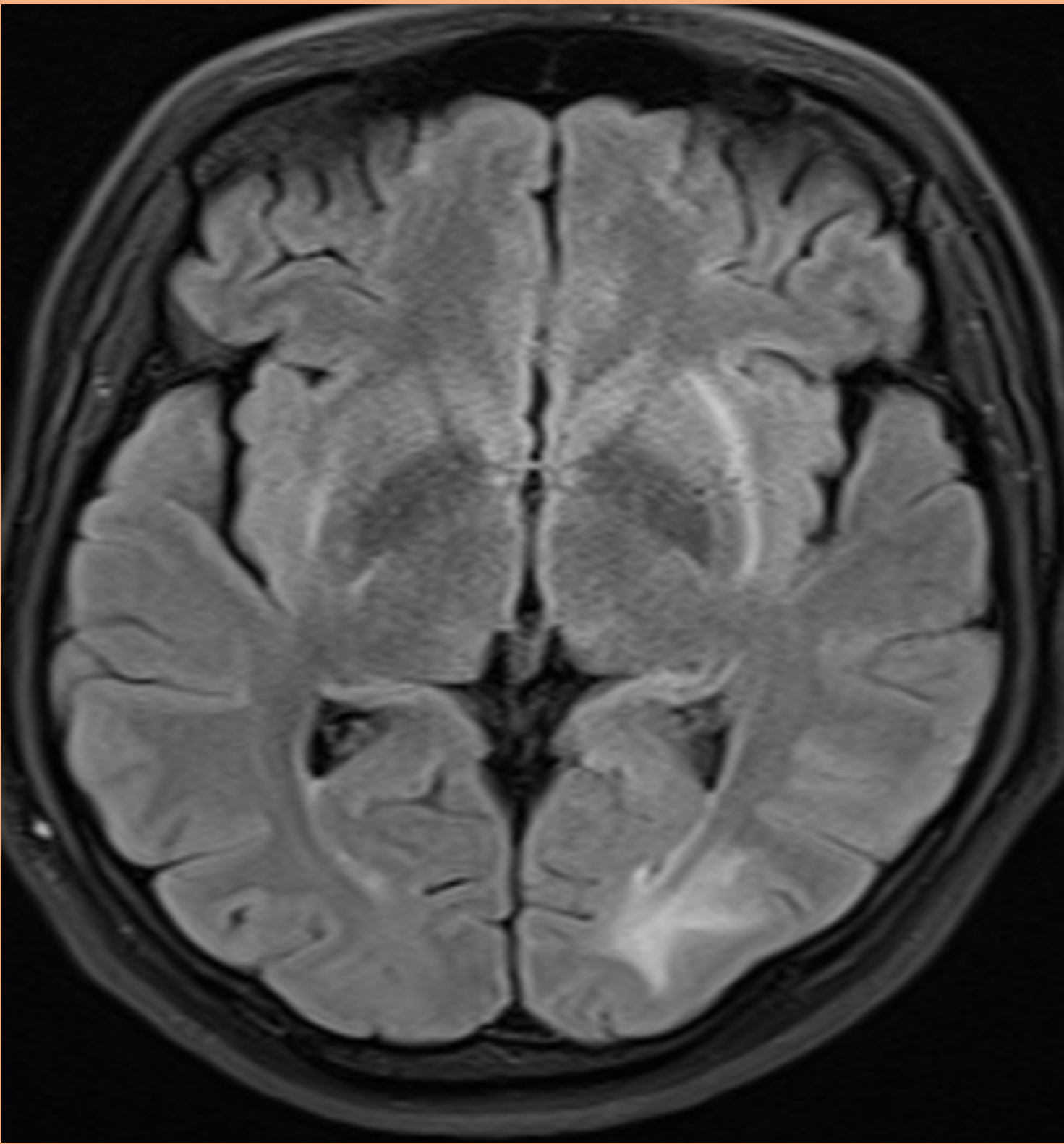


Figure 1 – vasogenic oedema affecting the subcortical white matter of left occipital lobe.



Figure 2: diffuse narrowing of vertebro basilar arteries and posterior cerebral arteries.

The pathogenesis of PRES is unclear however vasogenic oedema plays the major role. The incidence in pregnancy is not been found in the literature. PRES is characteristic by transient neurological signs especially cortical blindness that made us to look into this disorder. MRI brain will help to differentiate PRES from Preeclampsia or eclampsia.

This case highlights PRES and eclampsia are two different entities. However, it frequently coexists with preeclampsia or eclampsia. It is common during 3rd trimester or postpartum period; however, PRES is one of the differential diagnoses when a patient presented with visual blurring or loss of vision or seizure associated with high blood pressure. As like in our index case that can be presented in 2nd trimester. Early diagnosis and prompt initiation of timely management can save the live.