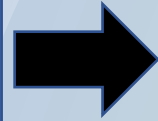


A Case Report on atypical presentation of Severe Pre-Eclampsia

Dr Mohammad Hamid, Dr Fatema Zohora , Dr Mamdouh Shoukrey, Miss Srabani Mukherjee

Objectives:

Atypical presentation of severe pre-eclampsia without the typical symptoms of hypertension and proteinuria. This case is significant because of the challenges in managing renal and hepatic involvement leading to the diagnosis of atypical severe pre eclampsia.



Case report:

A 30-year-old known pregnancy induced hypertension in her first pregnancy at 33+5 weeks of pregnancy admitted to our maternity ward with itching, reduced foetal movements. Examination revealed normal blood pressure without proteinuria, reassuring cardiotocography, normal ultrasound. Initial blood studies showed deranged kidney function with raised creatinine indicating acute kidney injury stage I, normal urine protein-creatinine ratio, high liver enzyme (alanine transferase) and elevated bile acids. After admission, further examination revealed brisk reflexes with no clonus despite no classic pre-eclampsia symptoms (headache/visual disturbances/upper sharp right sided abdominal pain or nausea). Investigation repeated which confirmed further deterioration of kidney and liver functions prompting multi-disciplinary team discussion involving obstetrician, anaesthetics and medical with neonatal team who suggested repeating bloods 6 hourly, close monitoring with renal ultrasound scan while continuing treatment as gestational hypertension as no classical signs or symptoms of pre-eclampsia noted yet. Upon further deterioration of renal and liver functions prompting further multi-disciplinary discussion with nephrologist highly likely diagnosis of severe atypical pre-eclampsia diagnosis was made which led to initiation of magnesium sulphate, steroid and category II caesarean section leading to successful delivery of healthy infant. Mother had uncomplicated post-partum recovery with normalisation of kidney and liver function tests on day 3. Discharged home on day 4 on oral anti-hypertensive with a follow up plan with nephrologist and next pregnancy advice to start aspirin and obstetric-led care.



Discussion:

This case highlights importance of recognising atypical presentation of severe pre-eclampsia. Also raised awareness of potential renal and hepatic involvement in pre-eclampsia and significance of timely intervention.



Conclusion:

The findings advocate for enhanced awareness and multi-disciplinary team management of severe pre-eclampsia particularly in patient with complicating factors such as renal impairment. Future research should focus on developing standardised protocol for the assessment and management of atypical pre-eclampsia presentation to improve maternal and foetal outcomes.

Reference:

Green top Guideline 68

NHS

Dorset County Hospital
NHS Foundation Trust



**RCOG WORLD
CONGRESS 2025**
23-25 June 2025 | ExCeL London

