

Delayed treatment of accidental dural puncture in parturients with hypertensive disorders – perfect storm for PRES

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Case Description

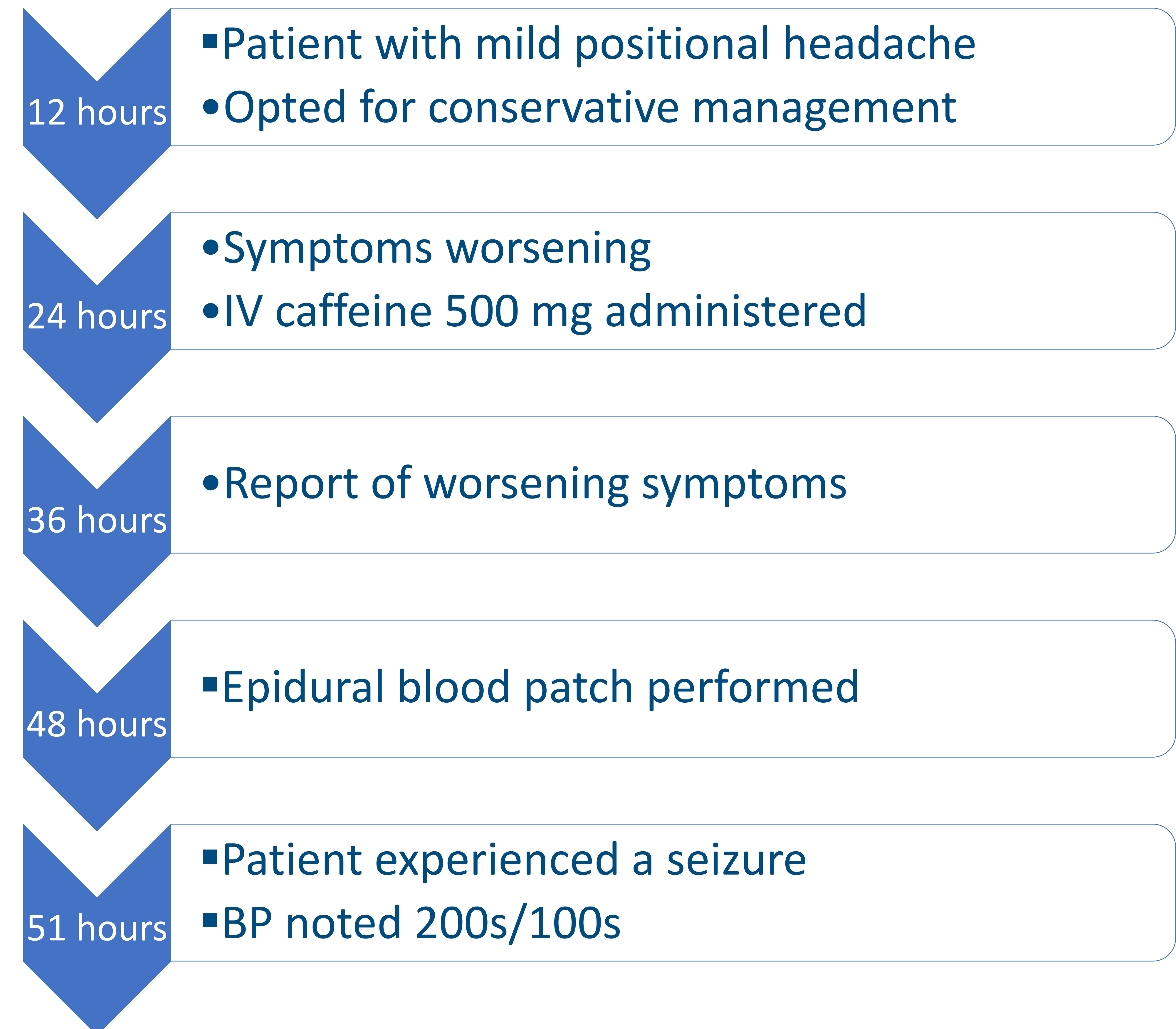
- 27-year-old G1P0 at 37 weeks' gestation presenting for IOL secondary to gestational hypertension and fetal growth restriction

Case Timeline

• Intrapartum/Intraoperative

- Patient request for a labor epidural
- Accidental dural puncture (ADP) occurred
- Subsequent cesarean delivery due to fetal intolerance – uneventful

• Postpartum/Postoperative



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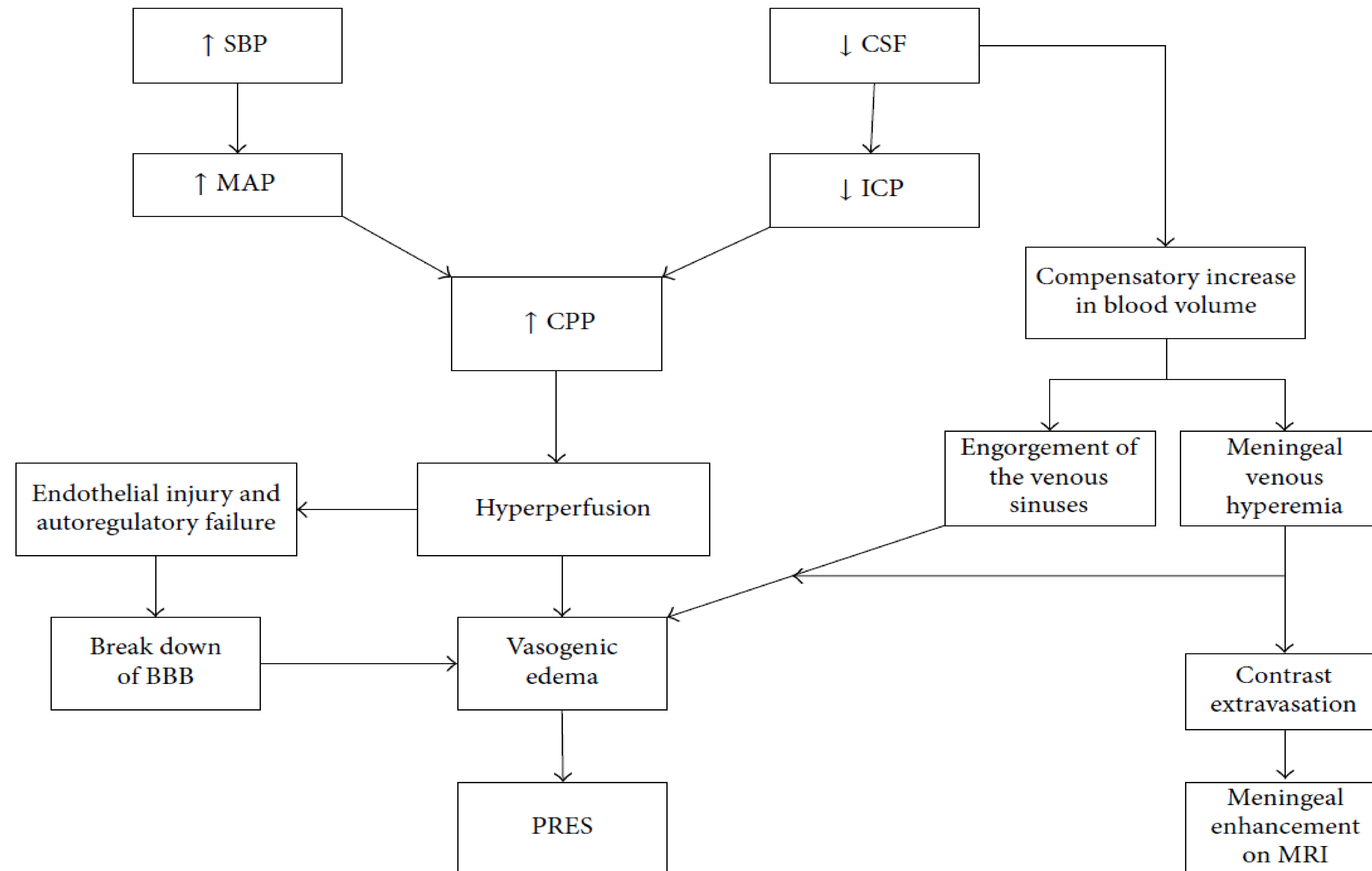
Case Timeline continued

- **Postpartum/Postoperative**
 - Magnesium & IV antihypertensive therapies initiated
 - Imaging & Testing
 - CT Head: negative for acute intracranial hemorrhage although vasogenic edema noted
 - MRI: PRES and intracranial hypotension
 - EEG: mild diffuse slowing consistent with encephalopathy
 - No repeat seizures, no intubation required
- **Post Hospital Course**
 - POD #7 – discharged
 - POD #11 – intermittent HA without positional component
 - Follow up at six weeks – complete HA resolution

Case Notes:

- Postpartum BP: 130s-140s/80s-90s without concern for postpartum preeclampsia
- Delay in EBP after further worsening of symptoms noted at 36 hours due to overly busy labor and delivery deck

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Discussion:

- Symptomatic and worsening PDPH's should be treated with EBP to avoid rare devastating complications.
- This patient's combination of untreated systemic HTN with vasogenic edema and untreated intracranial hypotension due to CSF leak accelerated PRES.
- Highlights the importance of not delaying EBP with worsening symptoms of PDPH especially in setting of hypertensive disorders