Differential Diagnosis and Management of Seizures During Cesarean Section

Casey Cuccio DO , Joanna Ghobrial DO, Vasilije Mijovic MD
University of Connecticut

- **Preeclampsia** occurs in **2-6%** of healthy nulliparous females in the United States, with **Eclampsia** occurring in **0.3%**

- **Eclampsia**: new onset of seizures and/or unexplained coma during pregnancy or postpartum in patients with pre-eclampsia, but **without** pre-existing neurological deficit

- Anesthetic management principles for eclampsia are similar to those for severe preeclampsia. However the distinguishing feature is **seizure control**, with particular attention to signs of **increased ICP, focal deficits and airway protection**

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- Case Presentation
  - 34YOF G3P0111 presented at 31 weeks gestation to the ED after a witnessed tonic-clonic seizure.
  - On admission: Postictal state, hypertensive to 160/90, unremarkable lab results
  - Initial management: MgSO4, Labetalol and Hydralazine, Neurology consult
  - Hospital Course: C-section under neuraxial anesthesia, complicated by loss of consciousness and unmeasurable BP. She was immediately intubated for airway protection and arterial line was placed for invasive HD monitoring. Baby was delivered and transferred to the NICU for observation. Patient remained intubated and was transferred to the ICU in the setting of profound acidosis (pH 7) and an episode of SVT
  - ICU Course: Significant elevation of prolactin. MgSO4 and PEC laboratory profile within the normal range. Negative CT head and neurological workup. Extubated on POD1

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- Differential Diagnosis: Eclampsia, high spinal, underlying seizure disorder, Amniotic fluid embolism

- Learning Points
  - Eclampsia should be the leading diagnosis of seizures during the intra/postpartum period however other disorders must be ruled out
  - Early airway protection, aggressive blood pressure control and magnesium sulfate are essential interventions for successful recovery and prevention of irreversible deficit or death.