Late onset of Postpartum Posterior Reversible Encephalopathy Syndrome Following Obstetric Hemorrhage

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Posterior reversible encephalopathy syndrome (PRES) in pregnancy

- Rare clinical condition with a complex origin
- Symptoms: headache, seizures, cortical blindness and altered consciousness
- Pathophysiologic mechanisms: hyperperfusion (leads to cerebral edema) or vasospasm and infarction
- Magnetic resonance imaging (MRI) - gold standard for confirmation

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CASE REPORT

- A 37-year old multiparous patient (G4P3) at 38 weeks gestational age
- Admitted to the ED with hemodynamic instability, unconsciousness and significant vaginal bleeding
- Hypovolemic shock caused by placental abruption was diagnosed
    - Emergency CS under general anesthesia was performed and a subtotal hysterectomy due to uteroplacental apoplexy (Syndrome Couvelaire)
- 13 units of packed red blood cells, 4 units of fresh frozen plasma and 10 units of cryoprecipitate
- Postoperative period was complicated with Clostridium difficile colitis and pyrexia

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- Postop day 15 - the patient's blood pressure (BP) was not adequately controlled, visual disturbances
- Two days later increase in BP, blindness without papilledema
- CT of the brain revealed hypodense lesions in cortical and subcortical areas (Figure 1.)
- Nimodipine for cerebral vasospasm, benzodiazepines and antihypertensive drugs (7 days)

Discussion and conclusion

- This case report supports the theory that hypertension is not the main etiology of PRES
- Hypovolemic shock coupled with infection may have triggered it
- The risk of PRES may be prolonged in the postpartum period
- Even in low-resource settings, PRES can be diagnosed promptly and treated effectively

Figure 1.

Reference:

- Fischer M, Schmutzhard E. Posterior reversible encephalopathy syndrome. *J Neurol*. (2017) 264:1608-16

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