

Atypical Case of Delayed Onset Postpartum Eclampsia

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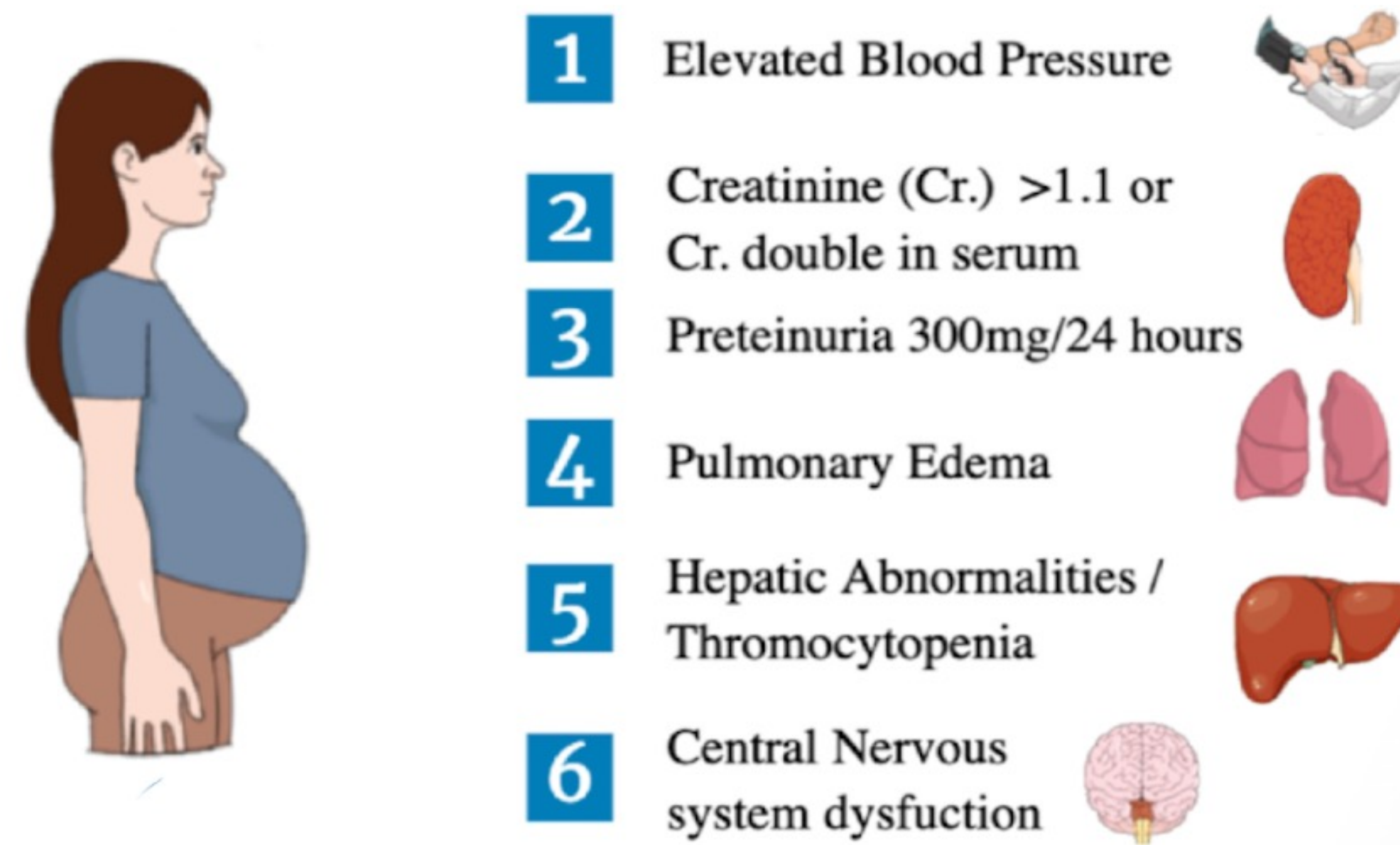
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INTRODUCTION

Late postpartum eclampsia is a rare event characterized by the occurrence of seizures 48 hours after delivery.¹ It is commonly associated with women who have had preeclampsia or eclampsia during pregnancy.² However, although infrequent, it has been reported in women with no previous medical history and uneventful pregnancies.¹ Here we present a case of a previously healthy women with late postpartum eclampsia.

CASE PRESENTATION

35-year-old obese female, G7P3A4, was admitted on postpartum day 25 due to altered mentation. Her history is remarkable for 3 preterm live births by cesarean section. The patient was brought by her family due to an acute onset of confusion and bizarre behavior. During the initial assessment she was alert, awake, cooperative, able to answer questions, and follow commands. No history of recent illness or sick contacts. Vitals showed blood pressure 142/69 mmHg. No meningeal signs during the physical exam were noted. Blood work, urinalysis, toxicology, and CT head were unremarkable.



CASE PRESENTATION CONTINUED

The following day she had a tonic-clonic seizure that required lorazepam, fosphenytoin, and propofol for abortion. She was intubated for airway protection and transferred to the intensive care unit. Magnetic resonance (MR) imaging and MR venography was unremarkable. Cerebrospinal fluid (CSF) analyses were not consistent with infectious or autoimmune processes. Electroencephalogram epileptogenic potential in the left parasagittal region. The patient was extubated on day 3 and recovered with no complications.

DISCUSSION

Late postpartum eclampsia is a rare condition that can present after 48 hours and up to 6 weeks after birth.¹ Refers to the development of seizures commonly associated with signs and symptoms of preeclampsia.² However, in healthy patients with uncomplicated pregnancies the diagnosis remains challenging as eclampsia can occur without clinical or biological evidence of pre-eclampsia.⁴ Nevertheless, risk factors such as preterm pregnancy, multiparity, history of cesarean section, older maternal age, and obesity can provide some context for the patient's symptoms.^{3 4} Still, a thorough medical evaluation, including blood tests and imaging studies, is necessary to rule out other potential causes of seizures and to determine the underlying cause of the symptoms. It is important for patients and health care providers to be aware of the risk of delayed postpartum preeclampsia and eclampsia and take appropriate action to prevent adverse outcomes.

REREFENCES

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