Posterior Reversible Encephalopathy Syndrome in the Setting of Preeclampsia, Substance Use, and Peripartum Cardiomyopathy Following Cesarean Delivery

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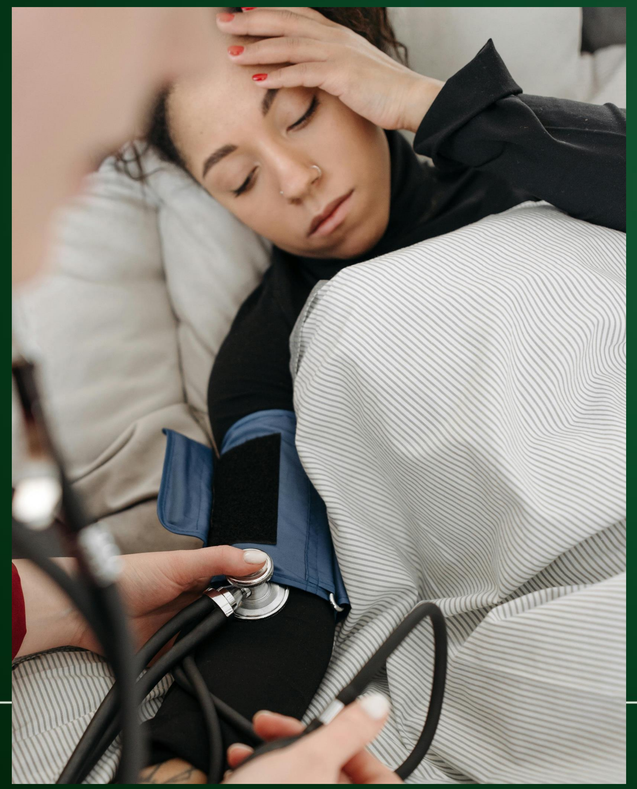

Posterior Reversible Encephalopathy Syndrome (PRES)

- ~ 0.22% in pregnancy[1] ; 20% in severe preeclampsia[2]
- Headache, visual changes, and altered mental status
- Vasogenic edema, parieto-occipital white matter abnormalities on imaging
- Complications: intracranial hemorrhage, ischemia, status epilepticus and death

1. Fang,X et al. Seizure, Volume 76, 2020, p12-16
2. Vuong ADB et al. Int J Emerg Med. 2024;17(1):118.

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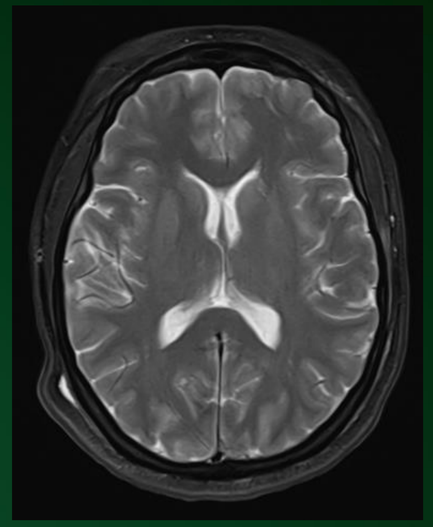
Case

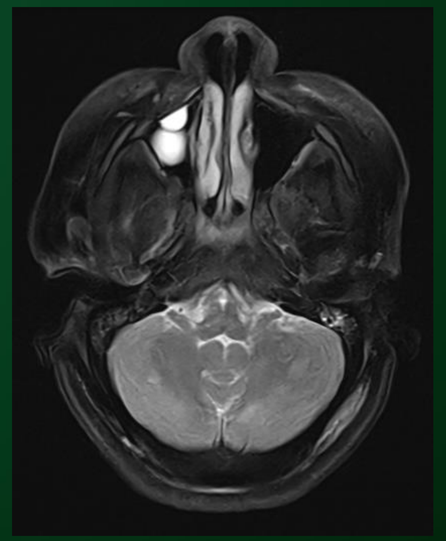
- 29 y/o G1P1001, 27wga; Hx: substance use, preeclampsia
- presented w/ headache, visual disturbances, hypertension
- UDS positive for amphetamines

- PRES on MRI
- Blood pressure was labile, requiring multiple antihypertensives

- acute hypotension with subsequent fetal bradycardia during labor epidural placement
- stat primary cesarean, EBL 800mL, APGAR 4 and 7

- ICU post-op for multiple vasopressors requirement
- neurological symptoms improved, peripartum cardiomyopathy LVEF 30%
- POD7 discharge





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Teaching points

Early Diagnosis	•Suspect PRES in preE + neurologic symptoms •MRI + rapid BP control critical for reversibility
NXA Safety	•Careful patient screening for NXA eligibility •Vigilant perioperative monitoring
Multidisciplinary Coordination	•Individualized anesthetic management •Advanced monitoring post-op and follow-up