



Peri-Cesarean Seizure in a High Risk Parturient

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31F G1P0, 32w5d, triplet gestation; Pre-eclampsia w/ severe features → C-section (neuraxial)

❖ Intraoperative Event

- Minutes after delivery → acute visual loss (“eyes closed”)
- Unable to track movement across visual field
- Generalized tonic–clonic seizure (~1 min)

❖ Vitals / Monitoring

- Normotensive pre-seizure
- Postictal SBP ~140s (arterial line placed)

❖ Management

- Midazolam 1 mg + Mg 6 g → seizure resolved
- Continued Mg infusion (2 g/hr)
- Airway support + positive-pressure ventilation

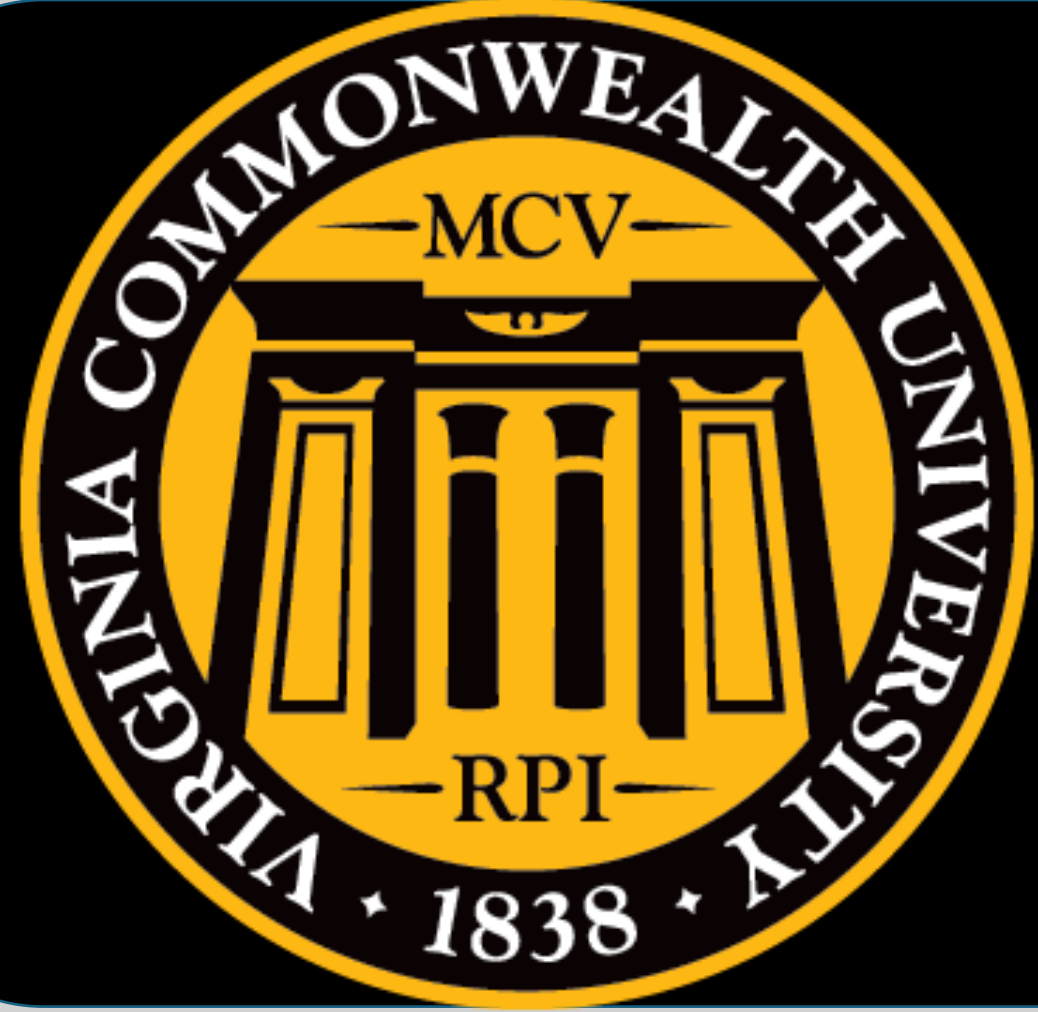
❖ Postictal Course

- Prolonged postictal state, reactive but disconjugate pupils
- CT considered → deferred (clinical improvement)

❖ Outcome

- Neuro exam: no focal deficits
- Returned to L&D: AOx4





Differential Diagnosis

Takeaway

Peri-cesarean seizures → **Eclampsia vs PRES vs LAST**

Visual symptoms + Mg onboard → think PRES vs atypical eclampsia

✓ **Eclampsia**

- Can occur despite magnesium therapy
- Mechanism: BBB disruption → neuronal excitability
- Mg = NMDA antagonism, but **breakthrough seizures possible**

✓ **PRES**

- **Visual symptoms = key clue** (occipital involvement)
- Consider with transient hypertension + seizure
- Often **reversible**
- MRI confirmatory but may not be needed if rapid resolution

✓ **LAST (Less Likely)**

- Dose within safe limits (bupivacaine + lidocaine)
 - No prodrome (tinnitus, metallic taste, agitation)
 - No cardiovascular instability
 - Resolved without lipid therapy
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- ✓ Other (metabolic/acid-base/electrolytes)





References

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