



A Rare Complication of Post-Partum Preeclampsia

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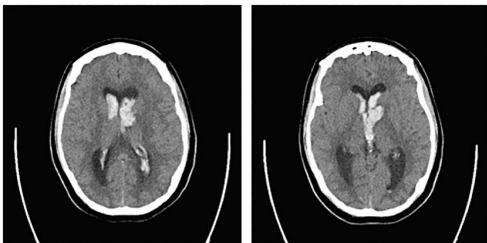
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Introduction

- Postpartum preeclampsia can result in severe long term complications for a new mother.
- It is one of the most feared postpartum medical complications emergency medicine physicians will encounter.
- Progression from HTN to seizures and intracranial hemorrhage is extremely uncommon
- Early recognition of late onset preeclampsia, defined as greater than 48 hours postpartum is crucial in minimizing adverse outcomes

CT Images



Case Description

- 24 year old female (G1P1) presents to ED on postpartum day 6 with c/o headache x1 day
 - Initial BP: 155/86
 - Given IV fluids, Toradol, Compazine, and Sumatriptan with no improvement
 - CT/CTA head done to rule out subarachnoid hemorrhage was normal
 - On reassessment, BP 206/97. Treated with IV Hydralazine. labs drawn and consistent with preeclampsia.
 - Consult to Obstetrics/Gynecology to evaluate patient and treatment continued with 6 grams magnesium sulfate and additional IV Hydralazine
 - Patient admitted to OB service with improvement in BP and headache relief
 - Discharged home on PO Labetalol on hospital day 2 from OB service
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- Patient returned 12 hours after discharged to ED. Patient noted by mother to be lethargic with fixed eye deviation
 - Intubated on arrival for low GCS. BP prior to intubation 187/89
 - CT head revealed left caudate intracerebral hemorrhage with intraventricular extension
 - Neurosurgery service immediately placed external ventricular drain (EVD)
 - BP treated with nicardipine infusion, and she was admitted to neuroscience intensive care unit (NSICU) for management
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- Blood pressure control was achieved in intensive care unit
 - Patient had EVD removed on day 4 and was extubated on day 7
 - Discharged home with occupational and physical therapy
 - Given significant improvement, in-patient rehab was not recommended
 - At 2-month follow up with neurosurgery, on exam, patient with zero deficits from intracerebral hemorrhage

Discussion

- Delayed postpartum preeclampsia is uncommon, and can cause a diagnostic dilemma for emergency physicians.
- It is often overlooked as a differential diagnosis in postpartum women. Especially those with uncomplicated pre-partum and ante-partum courses, and no prior history of hypertension
- Preeclampsia can consist of many prodromal symptoms including HA, visual changes, right upper quadrant pain, and HTN.
- Preeclampsia in the postpartum period should be considered in any postpartum woman who presents with these symptoms
- If/when this diagnosis is made, aggressive treatment with anti-hypertensives and magnesium sulfate is indicated to minimize progression to eclampsia and possible intracerebral hemorrhage
- **In this case, timely placement of EVD as well as aggressive management of the patient's hypertension ultimately resulted in a favorable outcome.**