

8<sup>th</sup> World Congress on

## MIDWIFERY AND WOMENS HEALTH

March 18-19, 2019 Sydney, Australia

**An unusual presentation of eclampsia****Nicholas Dilley and Reena Mohan**  
Medical Officer , Australia

Eclampsia complicates around 1 in 2000 pregnancies and is one of the major causes of maternal death. Nearly 50% of cases can occur without signs and symptoms of pre-eclampsia. This case highlights the issue of rapid onset eclampsia with no previous evidence of pre-eclampsia and the possibility of rapid deterioration. A 31 year old primigravida patient presented for induction of labor at 39 weeks from prolonged pre-labor rupture of membranes. The patient had a low risk pregnancy otherwise. She had an isolated blood pressure of 180/105 mmHg three hours post commencement of oxytocin. This was effectively treated with oral labetalol. The patient remained asymptomatic of eclampsia throughout, however suddenly progressed to have a two minute tonic clonic seizure. She was treated with magnesium sulfate and transferred for emergency caesarean section. Intraoperative platelet count decreased to 26 (from 202) prompting a diagnosis of disseminated intravascular coagulation. On day two postpartum the patient developed dizziness and blurred vision. MRI brain demonstrated FLAIR hyper-intensity and a diagnosis of posterior reversible encephalopathy syndrome was made. These symptoms resolved spontaneously by discharge. Eclampsia remains a major cause of maternal mortality and almost 1 in 50 women who suffer an eclamptic seizure will die as a result. This case highlights the potential atypical presentations of eclampsia and the importance of early recognition to avoid potentially fatal eclamptic seizures. As a multidisciplinary team we must be vigilant in our assessment of hypertension or indeed any symptoms of eclampsia to ensure prompt treatment.

nick.dilley@me.com