

P29: Case history: Posterior reversible encephalopathy syndrome (PRES)

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Introduction: Posterior reversible encephalopathy syndrome (PRES) is clinical—neuroradiological entity associated with preeclampsia. It is characterized by headache, vomiting, visual disturbances, seizures and altered mental state, with radiological findings of oedema in the posterior circulation of the brain

Case history: 26 years old primi transferred from local hospital to Kandy TH on day 1 of emergency LSCS due to eclampsia. She presented to local hospital after 7 episodes of generalized fits, headache, vomiting, BP 170/110 and urine albumin 3+. After LSCS she had 3 episodes of fits. At Kandy TH she had altered conscious level, headache, no fever, BP 160/100, GCS 9/15 and knee reflexes 3+. Medical opinion was suggestive of meningitis and started antibiotics. Neurologist impression was effects due to eclampsia and omitted antibiotics, suggests CT-brain and CT venography. Her FBC, CRP, ESR, ECG, 2D ECHO, renal functions, blood picture, were normal, but her AST and ALT were high. Non contrast CT brain was suggestive PRES (Posterior reversible encephalopathy syndrome-images are below). Hepatology opinion taken for the high AST, ALT and their impression was effect of post eclampsia, need follow up. She was spontaneously recovered after 3 days. Her BP, urine albumin and liver enzymes were come to normal within 2 weeks.

Discussion: PRES was associated with immuno suppressive drugs, SLE, sepsis and nephrotic states. Literature said prompt recognition and management of PRES is required to avoid the risk of irreversible lesions and treatment of underlying cause. When PRES is associated with pre-eclampsia, management follows the treatment algorithm for severe pre-eclampsia with blood pressure control, prevention and/or treatment of seizures and Prompt delivery of the baby.