Posterior Reversible Encephalopathy Syndrome: a case report in a woman with pregnancy-induced hypertension.

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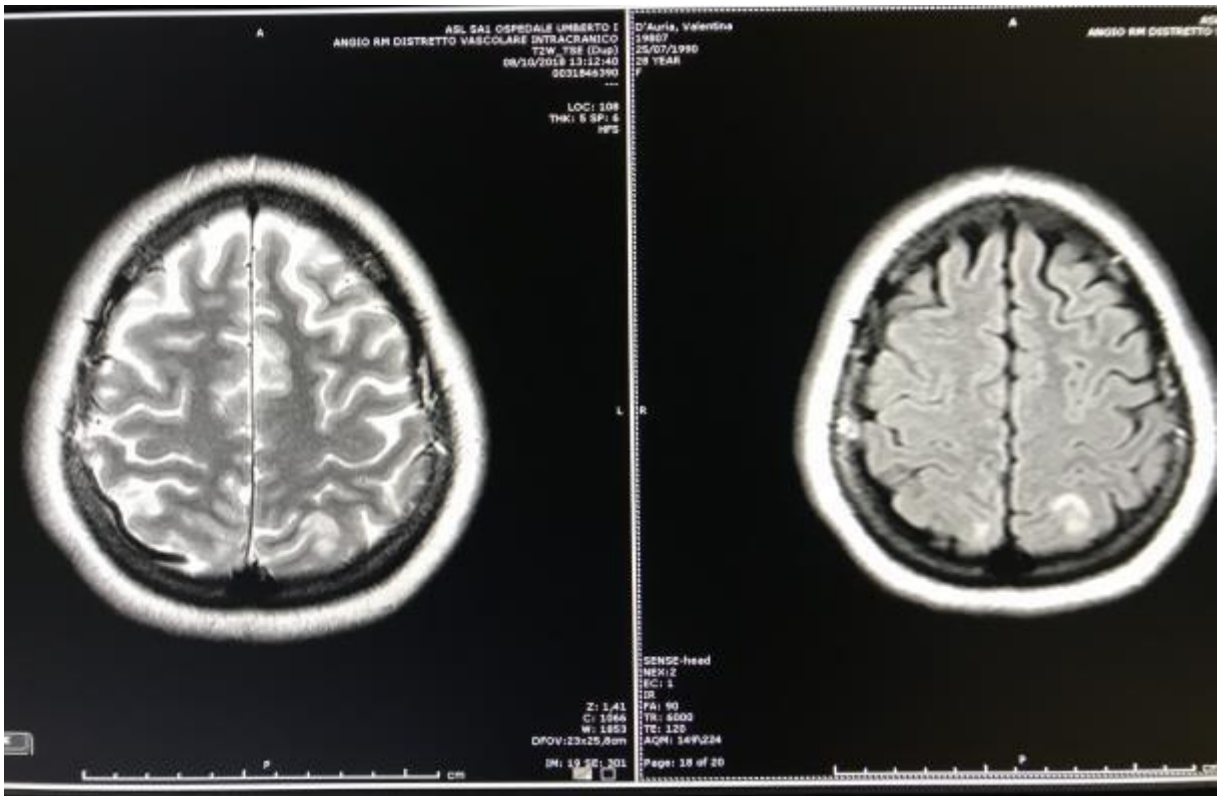
Argomento: Caso clinico

A 28-years-old woman, primigravida, at 37 weeks, with an unremarkable medical history presented to our Emergency Department showing convulsions and cognitive impairment. Her relatives referred symptoms of visual disturbances and headache started the day before. She did not have a past history of hypertension, vision abnormalities or seizures. Physical examination in ER revealed she was unconscious, with left gaze deviation. GCS 6 (E1,M4,V1). Pupils were isochoric isocyclic and normally reactive to light. BP was 150/80 mmHg with a HR of 80 bpm. Her respiratory rate was 20 bpm with a SpO2 of 97%. Body temperature was 37°C. Her ABG showed: pH 7.07, PO2 89,5 mmHg, pCO2 45 mmHg, HCO3 13,3 mmol/l. A provisional diagnosis of eclampsia was made and intravenous magnesium sulphate 4g was administered in 10 minutes. The patient was intubated with a rapid sequence induction and shifted for an emergency caesarean section. A normal-weight baby (APGAR 8 after 1 minute) was extracted. Postoperatively, after a head CT scan revealing two slightly hypodense areas in the parietal lobes, the woman was shifted to ICU. Her treatment included MgSO4 infusion (1g/h), clonidine, α-methyldopa and mannitol. A brain MRI was performed after few hours. It showed cortico-subcortical hyperintense areas on T2-weighted and FLAIR sequences bilaterally involving parietal and occipital lobes and an important diffusion restriction in DWI images. These findings were in line with a PRES syndrome. Since the patient had regained a normal sensorium and good gas exchange, she was extubated on second postoperative day with no visual disturbances, headache or seizures. After 24h the patient was transferred to the OB/GYN department. In a follow-up MRI performed ten days later the hyperintensity in parietal and occipital lobes bilaterally disappeared.

This case report emphasises the need for early diagnosis and prompt treatment of PRES to ensure a full recovery.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L
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D'Auria, Valentina
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25/07/1990
28 YEAR
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