

Posterior Reversible Encephalopathy Syndrome in Pregnancy: Case Report

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ABSTRACT

Objectives: To describe a case of Posterior Reversible Encephalopathy Syndrome (PRES) diagnosed in pregnant women with pre-eclampsia without seizure. **Method:** A 23-year-old in her first pregnancy at 36 weeks of gestation, initially referred for placenta Previa was noted on day of presentation with raised blood pressure and proteinuria 2+. Otherwise, she was asymptomatic. Biochemical profile was normal with 24h urine protein 2391 mg/24h (urine volume 1230 mls). A diagnosis of pre-eclampsia was made and she was given antihypertensive treatment. Blood pressure was within acceptable range. On D3 of admission, she complained of sudden onset of loss of vision, with no other symptoms and her blood pressure was only marginally raised. After ruling out stroke and retinopathy, the impression was severe pre-eclampsia with maternal cortical blindness. Magnesium sulphate was started and emergency caesarean section was done. Magnetic Resonance Imaging (MRI) brain postoperative showed ill-defined hypoattenuating areas at bilateral posterior high parietal and bilateral occipital region, suggestive of PRES. Clinical improvement with complete resolution of visual disturbances was observed with supportive treatment. **Conclusion:** Diagnosing a pregnant woman presenting with hypertension and blindness at term is challenging. The possibilities that must be kept in mind include cerebrovascular hemorrhage, eclampsia, and clinical syndromes like PRES. Clinical improvement always follows the treatment of elevated blood pressure and withdrawal of offending agents. Once properly diagnosed and treated, PRES can present satisfactory progress, especially when associated with an acutely triggered factor, as eclampsia.

Von Willebrand Disease and Placenta Praevia: Sharing of an Experience from Ampang Hospital

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ABSTRACT

Introduction: Von Willebrand disease (vWD) is the most common inherited bleeding disorder worldwide, however, it is the second in Malaysia and most prevalent among the Malay women. Placenta praevia (PP) incidence is also expected to rise, with rising incidence of caesarean sections and increasing maternal age. vWD and PP, both are established risk factors for antepartum haemorrhage, primary and secondary postpartum haemorrhage. **Case Presentation:** We illustrate our case of a 25-year-old primigravida with underlying Type 1 vWD, whom did not require any treatment before pregnancy. In the early pregnancy period, she experienced threatened miscarriage twice, and was treated successfully with desmopressin. At 32 weeks of gestation, the diagnosis of PP major was confirmed. Fortunately, she did not experience anymore bleeding episodes. Her factor levels normalised during the third trimester. A caesarean section was performed at 38 weeks of gestation under central neuroaxial anaesthesia, with an estimated blood loss of 300ml. During the peripartum period, she was given intravenous tranexamic acid, and did not require desmopressin or vWF concentrates. She recovered well postnatally. Her baby was referred to the neonatologists and planned for vWF testing at 6 months of age. Genetic counselling was given to her and her partner regarding the pattern of inheritance. **Discussion and Conclusion:** Early involvement of a multidisciplinary team involving the obstetricians, haematologists, anaesthetists, neonatologists and primary healthcare providers is essential in ensuring good pregnancy outcome in patients with vWD.