A rare case of late atypical post-partum eclampsia
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INTRODUCTION
Traditionally eclampsia is development of convulsions and/or unexplained coma at more than 20 weeks gestation and/or less than 48 hours after delivery.1 In case if eclampsia occurs before 20 weeks or after 48 hours post-partum or in absence of typical signs of hypertension and/or proteinuria, it is called atypical eclampsia.2 Diagnosis and management of these cases is a challenge for obstetricians.3 Here we present a case of late atypical postpartum eclampsia.

CASE REPORT
A 22 years old primigravida had full term vaginal delivery at 39 weeks period of gestation. A 2.6 kg male baby was born with normal APGAR. She was a booked case with regular antenatal visits. She had no high risk factors during antenatal period. She was normotensive throughout the antenatal and intra partum period. Her blood group was AB positive. She was euglycaemic and screening tests for HIV, Hepatitis B, C and Syphilis were negative. Urine test done four weeks prior to delivery was normal. Post-partum period was uneventful till day three.

On the day of discharge i.e. on fourth post-partum day she had an episode of generalized tonic clonic seizure preceded by mild headache and nausea. Examination of the patient two hours after the seizure revealed GCS of 13/15 (E4V4M5), blood pressure of 100/60 mm of Hg and normal temperature. Cardiovascular system and respiratory system were normal. Uterus was involuting and was non-tender. There were no signs of meningeal irritation or sensory motor deficit. All the peripheral reflexes were normal and bilateral plantar suggested flexor response. There was no papilloedema. Laboratory work up including complete blood count, serum electrolyte, renal functions test, liver functions test, coagulation profile, blood sugar, serum calcium and magnesium were all normal. Peripheral blood smear ruled out haemolysis. However urine for protein done with the urostrip for protein was 1+ and 24 hours urinary protein was 330 mg/dl. Screening for SLE and Anti Phospholipid Syndrome was negative. CSF study done after stabilization of the patient was normal. MRI and EEG were normal. ECG done on the same day was also normal.

The patient was diagnosed as a case of atypical late postpartum eclampsia and was managed with magnesium sulphate as per Pritchard’s regime apart from supportive care. She responded to treatment and had no fresh episodes of seizure. Magnesium sulphate was continued for 24 hours post seizure. She was kept under observation.
for seven more days, during which she remained asymptomatic. She remained asymptomatic during her postnatal visits too. Urinary protein was negative after four weeks from the day of seizure.

DISCUSSION

Convulsion in a setting of preeclampsia after 20 weeks of gestation till 48 hours postpartum is known as Eclampsia and is a well-known entity. Diagnosis in these cases is obvious. Occurrence of Eclampsia before 20 weeks or after 48 hours postpartum or in absence of typical signs of hypertension and/or proteinuria, is known as atypical eclampsia. Late post-partum eclampsia (occurring after 48 hours postpartum but within 4 weeks after the delivery) is a rare variant and late post-partum eclampsia occurring without preceding preeclampsia is even rarer and invariably poses diagnostic dilemma. In a retrospective study Atterbury JL et al. noted that neurological complaints, malaise, nausea and vomiting were reported more often in women with post-partum preeclampsia than antepartum preeclampsia. This postpartum development of these symptoms should be given due importance and regular monitoring of blood pressure and haematological and biochemical parameters should be done, for the timely detection of post-partum preeclampsia/eclampsia.

CONCLUSION

Late postpartum eclampsia without any prior evidence of preeclampsia is an established rare entity. It has been found that many of these patients develop neurological symptoms, malaise, nausea and vomiting prior to development of eclampsia. Aim of presenting this case is to highlight this rare entity and also to emphasize the importance of neurological symptoms which may be the only presentation prior to a seizure. One must be careful not to misdiagnose this as seizure disorder unrelated to pregnancy though it occur late. Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

REFERENCES
