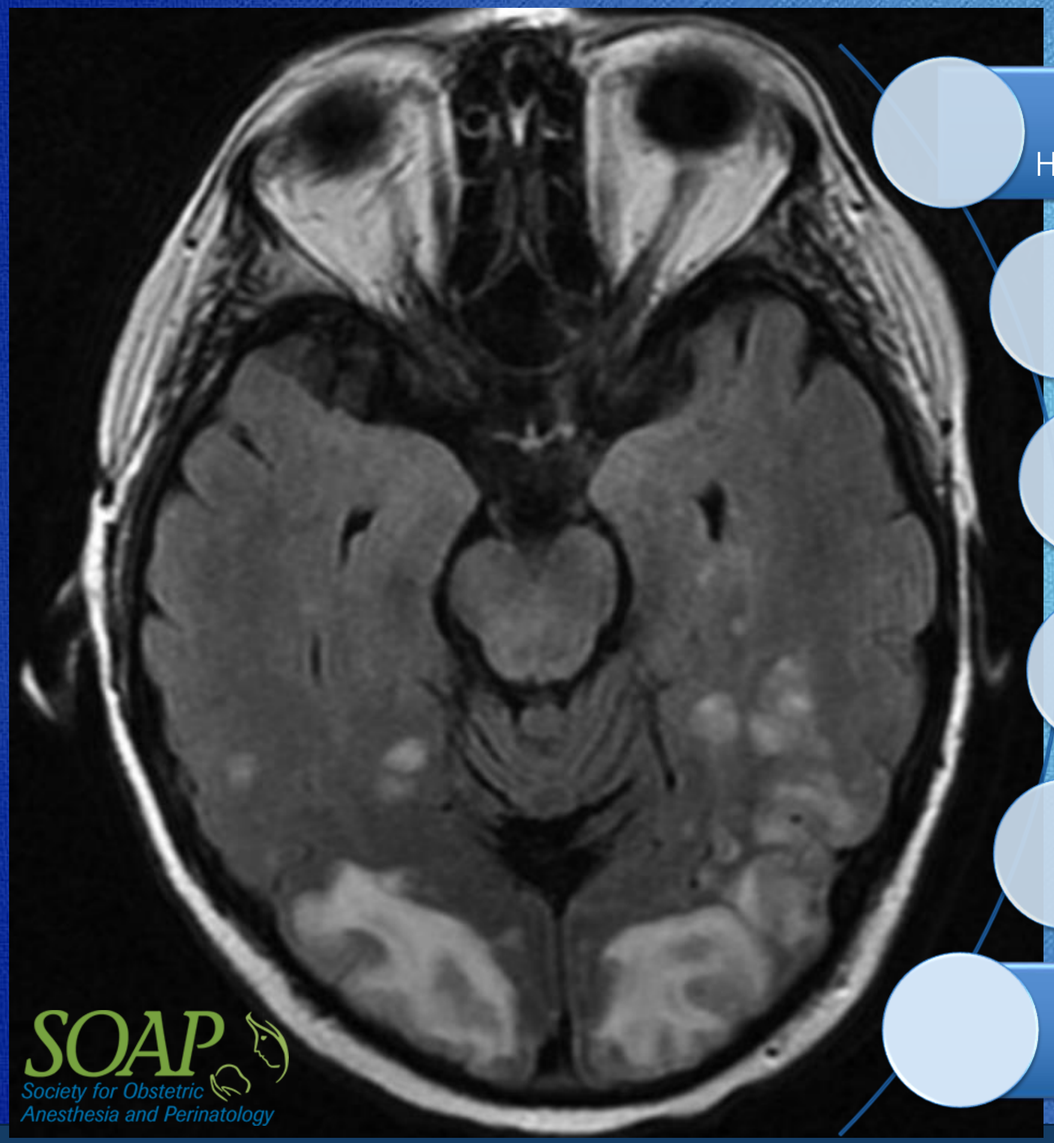
Management of an Urgent Cesarean due to PRES

Dima Orel MD, Andrew Poore MD, Brian Abiri MD, James Damron MD

UK UNIVERSITY OF KENTUCKY



SOAP Society for Obstetric Anesthesia and Perinatology

Background

Presentation

Headaches, visual disturbances, altered mental status, seizures and focal neurologic deficits

Imaging findings

Vasogenic edema in the parieto-occipital lobes on MRI

Pathophysiology

Elevated hydrostatic pressure from acute uncontrolled hypertension versus endothelial dysfunction typically related to cytotoxic medications and/or autoimmune conditions

Epidemiology

Middle-aged females are most commonly affected even when patients with pre-eclampsia are excluded

Management

Treatment is supportive, mainly centered around careful BP control

Prognosis

Most patients recover within 2 wks when PRES is recognized and treated promptly (2.2% mortality)

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Triage

- IV labetalol
- IV magnesium
- Stroke alert

Postpartum Care

- Admitted to MICU
- Nicardipine infusion started
- Goal MAP: 100 mmHg
- Extubated shortly after arrival to ICU

Recovery/Discharge

- Hemiparesis resolved POD2
- Discharged POD3 with no focal neurologic symptoms aside from blurry vision
- Vision back to baseline at 2 week follow up appointment

28 yo French-speaking G2P0010 F at 38w3d

Presentation

- Complete loss of vision 2 hours prior to arrival
- HA for the previous 24 hours
- BP on arrival: 221/122
- Otherwise healthy
- Limited prenatal care

- Multidisciplinary discussion
- Emergent C/S under GA
- Arterial line placed
- Transferred intubated for post-operative imaging

Delivery

- MRI: areas of vasogenic edema in the parietooccipital regions bilaterally consistent with PRES
- Slight residual left hemiparesis and left hemianopsia

Post-Op Day 1

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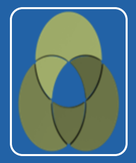
Teaching Points

Recognition

Parturients have unique physiology that predisposes them to uncommon conditions

PRES presents variably and can mimic many other disorders



There is significant overlap between PRES and pre-eclampsia

Management

- Close monitoring and aggressive BP treatment
- Multidisciplinary management (neurology, MICU, obstetrics and anesthesia)
- Timing of delivery
- Importance of brain imaging to confirm diagnosis

Outcomes

- Early diagnosis and appropriate treatment of PRES can prevent permanent neurologic sequelae

References

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