Intravenous Midazolam in the Treatment of Eclampsia-Induced Status Epilepticus: A Case Report

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BACKGROUND

- Eclampsia = 1 or more generalized tonic-clonic (GTC) seizures in women with hypertensive disorder of pregnancy not related to other medical conditions
- Eclampsia is rare in developed nations, affecting 1.6 to 10 per 10,000 deliveries
- Progression to eclampsia most common in pre-eclampsia with severe features (PEC), very rare in other hypertensive disorders of pregnancy
- With administration of intravenous (IV) magnesium, incidence of progression from PEC to eclampsia is < 0.6%
- Without IV magnesium, incidence of progression from PEC to eclampsia is 2%

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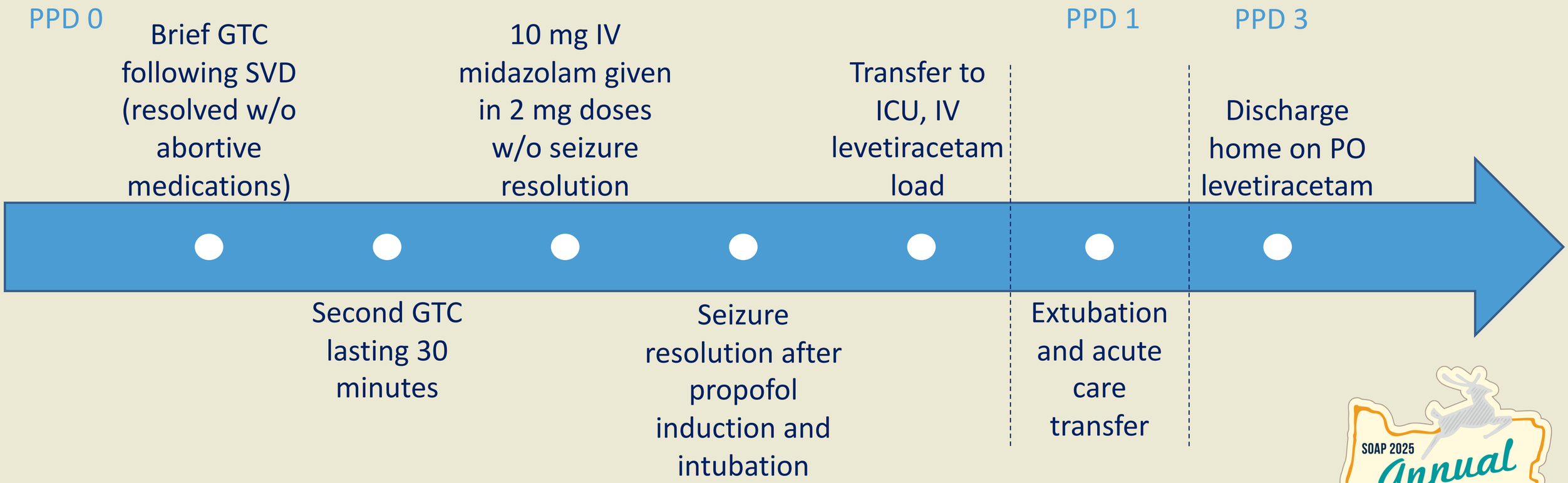
CASE TIMELINE & EVENTS

21 y.o. G1P0 at 35^{5} with PEC by blood pressures admitted for IOL after receiving IV labetalol and magnesium at OSH



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DISCUSSION AND LEARNING POINTS

- SE management in pregnancy ~ SE management generally
  - Magnesium in eclamptic seizure ppx
- First-line: benzodiazepines (IV when available)

*Lorazepam	Midazolam	Diazepam
4 mg bolus dose in adults	0.2 mg/kg load (up to 10 mg) + 0.1-0.3 mg/kg/hr gtt	5-10 mg bolus
Rapid onset	Shorter duration	Very short duration
Long clinical effect		Re-dose after 20 min

No seizure resolution

Propofol
Induction + maintenance
Requires intubation

CNS Drugs (2022) 36:951-975
Neurohospitalist (2011) Jan;1(1):23-31