

# POST-PARTUM ECLAMPSIA

26/F P3+0

# DEMOGRAPHICS

- **UNIT:** ICU(KAWEMPE NATIONAL REFERRAL HOSPITAL)
- **DOA:** 11/6/2024
- **TOA:** 0510HRS
- **NAME:** N.N
- **AGE:** 26YRS    **WT:** 75kg
- **GENDER:** FEMALE
- **TRIBE:** MUGANDA
- **RELIGION:** MOSLEM
- **ADDRESS:** NAMA-MUKONO DISTRICT
- **NOK:** W.K.A(HUSBAND)

# COLLATERAL HX FROM CARETAKER

- **P/C-** Convulsions x3hours

## **HPC**

- Admitted a P3+0 6hours post SVD, referred in from Mukono General Hospital following persistent convulsions that started soon after delivery.
- Mother notably delivered twins(boy-2.2kg&girl-2kg) on her way to a near-by private health Centre after experiencing labor like pains for about 8hours while still at home.

## HPC

- On arrival at the H/Centre, it was noted that she had already delivered 2 live babies and undergone 3<sup>rd</sup> stage of labor with the help of her caretakers.
- Mother had also missed her last antenatal visit and according to the husband, she had experienced mild headache, blurred vision, epigastric pain and lower limb swelling one month prior to admission for which she took paracetamol and didn't seek further medical assessment.

## HPC

- 30minutes upon arrival at the H/Centre, She started convulsing. Convulsions were generalized tonic-clonic in nature associated with frothing, eye deviations and reduced consciousness. She was given unknown injectable medications and then verbally referred to Mukono Gen.Hospital which also verbally referred to KNRH without intervening.
- At Admission, she was 3hours post delivery and had already experienced about 6 convulsions in total with the most recent one right on arrival.
- **ANC**-Booked from the same nearby Private H/Centre where she had delivered her 2 previous babies. She attended 2 visits but documentation of the visits was misplaced from home.

- **Past Obstetric history:** P3+0, 1<sup>st</sup> 2 pregnancies were both delivered by SVD, both babies are alive and well, 1<sup>st</sup> born-6years old and 2<sup>nd</sup> born 2years old.
- No reported history of Hypertensive d/os during the previous pregnancies and no other intrapartum or postpartum complications reported.
- **Past Gyn hx-** unremarkable
- **Past Medical/Surgical hx-**TR, No history of chronic medical illnesses like Diabetes, Hypertension and she is not on any chronic medications. No reported drug or food allergies. No hx of epilepsy
- She has never had any surgeries or blood transfusion before.

## **F/S history:**

- Positive history of twins(mother's side), and positive family hx of HTN(Maternal)
- Non-smoker, non-alcoholic. Married and current husband is father of all her children.
- She is a peasant famer.

# EXAMINATION FINDINGS AT ADMISSION

- Sick looking young woman, Confused, Afebrile, no pallor, Anasarca(O+++), Jaundiced(+++)
- Vitals: BP-**144/103mmHg** PR-**105bpm** SPO2-**86%** R/A & **95%** on O2 (10L/min)
- AVPU-P
- **GCS**-M-5 E-3 V-4 (12/15), PEARL, REFLEXES-intact, Neck-Soft
- R/S-Tachypnoeic (R.R-28), Equal bilateral air entry
- CVS-HS1&2=O Normal
- P/A-Normal fullness, soft, Uterus was well contracted at 20/40
- V/E-Normal lochia rubra, with no active bleeding



# Dx &mgt

- **IMP:** 26/F P3+0 WITH POSTPARTUM ECLAMPSIA

## WHAT WAS DONE?

- Positioned mother in left lateral position
- Inserted oral-pharyngeal airway and put on O2 by NRM(10L/min)
- IV access and samples taken off for urgent Labs(RBS,CBC,RFTS,LFTS)

- **Catheterized** and drained **tea colored urine** about 400mls.(Urine dipstick done & noted Proteinuria +++)
- **MGSO4** Loading dose given(IV 4g of 20% soln slow bolus given over 20mins and IM 5g of 50% dil. in 1ml lignocaine on @buttock ). Maintenance-IM 5g of 50% soln dil. 1ml of lignocaine 4hourly on alternating buttocks for 24hours
- Admitted to **ICU**

- Rx-IV Ceftriaxone-2g O.D for 3days
- Po Nifedipine-20mg od for 1/52
- Po methyldopa-500mg 8hourly for 1/52

## **Noted Labs**

- RBS-6.1mmol/l
- Urine protein(+++)
- B/S-Negative
- LFTS/RFTS/CBC-Pending

# ICU REVIEW(2hours post admission)

- Noted BP-161/118mmHg, PR-100bpm SPO2=94% on O2
- Patient seizure free.
- GCS-13/15(M-5 E-4 V-4)
- Urine output(100mls in 2hours)
- Plan-IV Labetalol-20mg slow bolus repeat dose every 10mins util diastolic  $\leq 110$ mmHg. (3 doses given in total, Post B.P-144/100mmHg)
- Follow up on Lab Chemistry results
- Inserted NG Tube for feeding +oral medications
- Monitor Urine output on fluid balance chart
- Monitor Vitals
- To continue MGSO4(Maintenance after 2hours)

# DAY 1 R/V(7hours post admission)

- Had received MgSO<sub>4</sub>(Loading +one maintenance dose)
- Seizures controlled
- BPs controlled (110/70mmHg) PR-82bpm SPO<sub>2</sub>-97% ON O<sub>2</sub>(3l/min NP)
- CNS- GCS-13/15                      Reflexes-intact
- Urine output(100ml/hour) but still dark &tea colored
- CBC: WBC(11.5)    -Hb-13.7g/dl                      **PLTS-45X10<sup>3</sup>/uL**
- RFTS: **Urea/Cr-Normal**
- Electrolytes: **Normal**
- LFTS: **AST-1290.8(x38)    ALT-524.7(X9)** ALB-30.4 T.Bil-51.9(x2.5) D.Bil-14.1(x1.6)

Dx: 26/F P3+0 with Eclampsia + HELLP SYNDROME

- Continue MgSO<sub>4</sub>(Maintenance)
- Maintain on Methyldopa+Nifedipine
- IV maintenance Fluids(50mls D50% +1L N/S over 8hours)
- Optimum Nursing Care + 2hourly turning of the mother
- Monitor Urine output on fluid balance chart
- Monitor Vitals

# DAY 2 (ICU)

- Patient seizure free
- Weaned off O2
- BPs controlled(106/70mmHg) PR-108bpm SPO2(97% R/A)
- GCS-**14/15** (V-4, M-6, E-4)
- Urine output (90mls/hour) tea colored
- Labs: RFTS: **Urea/Cr-Normal**
- LFTS: **AST-627(X18) ALT-235.5(x4)** Alb-23.3
- CBC: Hb-11.1g/dl **PLTS-67**
- **Urine Protein(+++)**
- Continued Rx

# DAY 3 (ICU) INTENSIVIST

- Clinical improvement was noted
- Seizure free for >48hours
- GCS-14/15(Still confused) no focal neuro-deficits
- Urine output(100ml/hr)
- BP-124/81mmHg    PR-80bpm    SPO2-97%R/A

## **Plan-**

- Repeat RFTS/LFTS the next day
- Oral feeds(NGT removed)
- No need of Brain CT Scan(since patient was neurologically better)
- To continue antihypertensives



# DAY 4 (ICU)    Intensivist R/V

- She had great improvement and was well oriented in place & person
- Clinically: Stable, afebrile, not pale, well hydrated.
- BP-138/87mmHg   PR-80bpm   spo2-98%
- CNS-AVPU-**A**   GCS-**15/15**   PEARL
- P/A-Uterus well contracted at 16/40, non-tender
- V/E-normal lochia
- Urine output-110mls/hr
- **Plan**-Transfer HDU
- Do CBC, RFTs, LFTs, Urine protein
- Continue Methyldopa+Nifedipine

# DAY 5/6 IN HDU    Consultant Obs/Gyn

- B.Ps remained controlled, remained fully alert & conscious
- Day 5, She developed an episode of GTC Convulsions (lasted 8 minutes)  
reloaded with MgSO4 + IV Diazepam

- **RFTS-Crx4 Ureax5**

**LFTS-AST-x10    ALTx5**

- Urine output dropped to 50ml/hr then 25ml/hr but had cleared
- Imp: **Eclampsia with HELLP Syndrome +AKI ?Hepatorenal syndrome**

**PLAN**-Transferred to Kiruddu NRH for Physician +/-Nephrologist assessment

-Recommended to do Brain CT Scan

# FOLLOW UP

## TREND OF LAB & CLINICAL PARAMETERS

	ADMISSION	DAY 1	2	4	5(HDU)	6(HDU)
<b>BPs (mmHg)</b>	144/103 ↑	161/118 ↑	106/70	138/87	138/81	132/78
<b>PLTS (x10<sup>3</sup>/μL)</b>		45 ↓	67 ↓	75 ↓	80	91
<b>Urea(mmol/L)</b>	3.2	4.9	15.1x2 ↑		x3 ↑	x5 ↑
<b>Creatinine(μmol/L)</b>	74	89	177x1.6 ↑		x2.8 ↑	x4 ↑
<b>AST(U/L)</b>		1290.8x38 ↑	627x18 ↑		x9.8 ↑	x10 ↑
<b>ALT(U/L)</b>		524.7x9 ↑	235x4 ↑		x5 ↑	x5.5 ↑
<b>Albumin(g/L)</b>		30.4 ↓	23.3 ↓		22 ↓	24 ↓
<b>GCS(n/15)</b>	12 ↓	13 ↓	14 ↓	15	15	15
<b>URINE OUTPUT(ml/hr)</b>	100	100	70	70	50 ↓	25 ↓