

To the Editors:

## Hypertension and generalised tonic-clonic seizures occurring 41 days after elective caesarian section

Eclampsia is a poorly understood complication of pregnancy associated with increased maternal morbidity and mortality. Its classical clinical picture consists of epileptic seizures during the third trimester or early puerperium in women who already have the pre-eclamptic symptom triad of oedema, proteinuria, and hypertension. Convulsions occurring more than 48 hours but less than four weeks after delivery are referred as late postpartum eclampsia. We report a patient who developed hypertension and generalised tonic-clonic seizures on day 41 postpartum.

A 26-year old woman in her fourth pregnancy delivered a healthy baby at 38 weeks by elective caesarean section. Her second and third pregnancies ended in first trimester abortions. Her fourth antenatal period was unremarkable, and blood pressure had been normal during clinic visits, the highest recorded being 110/60 mmHg. She was discharged on postpartum day 4 with a blood pressure of 120/70 mmHg. She was admitted to a general medical unit on day 40 feeling worried, anxious, and with palpitations. A psychiatrist saw her and puerperal psychosis was excluded. Next day she complained of visual blurring and severe headache. Her blood pressure was 180/100 mmHg. She had 3 generalised tonic-clonic seizures. Soon after, she developed fever. She was initially treated with nifedipine and later with intravenous magnesium sulphate. Her urine contained albumin, and the full blood count, urea, electrolytes, hepatic transaminases and glucose were normal, as were her antinuclear factor, anticardiolipin and complement concentrations. CT brain and cerebrospinal fluid analysis were normal. Electroencephalogram excluded encephalitis. She was discharged on nifedipine. She was seen at the outpatients clinic after 6 weeks and was free of seizures. Her blood pressure was high and nifedipine was continued.

This patient had convulsions on the forty-first postpartum day. She did not show evidence of pre-eclampsia before the onset of seizures. A probable diagnosis of eclampsia is supported by the clinical course, the exclusion of other metabolic, immunological and infectious causes for seizures and her response to magnesium sulphate.

The existence of late postpartum eclampsia is now widely accepted. Late postpartum eclampsia constituted 16% of all cases of eclampsia in one series [1]. It can present with a variety of clinical features. The classic pre-eclamptic signs of oedema, proteinuria and hypertension are not seen before its onset in most late postpartum eclamptic patients. In a series of 23 postpartum eclamptic patients only 22% had pre-eclamptic features [1]. Most patients with late postpartum eclampsia have reported severe headache, visual disturbances and epigastric pain before the onset of convulsions [1, 2, 3].

### References

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