

# Atypical presentation of eclampsia complicated by placental abruption and uterine rupture: a case study

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**Background:** Eclampsia is rare but a particularly important obstetric emergency due to poor maternal and foetal outcomes. Eclampsia can present with varied types of seizures, typically tonic-clonic and is commonly preceded by hypertension and/or pre-eclampsia.

**Aim:** This case aims to highlight an atypical presentation of eclampsia in a rural setting.

**Case:** We describe a 33year old G6P4M1 at 37+3 week gestation who self-presented in the evening to a rural birth unit following 2 episodes of seizure activity at home. On a background of an unremarkable antenatal history, no medical history and no prerecorded gestational hypertension or pre-eclampsia in any pregnancy. However did have a dilatation and curettage approximately 12 months prior.

**Results:** The woman was stabilised, and a magnesium sulphate infusion was commenced. After the seizures failed to terminate and abruption was suspected, she was managed with an immediate emergent caesarean section. Intraoperative findings included uterine rupture (figure 1) and placental abruption with hemoperitoneum noted on entry and frank blood observed in the uterine cavity. Despite this, a live female infant was born in good condition with normal cord gases and an APGAR's of 9 and 9.

Post-operatively two further focal seizures occurred. Interestingly with only 1 hypertensive episode (150/109mmHg). She was also hyperreflexic, demonstrated increased clonus, peripherally oedematous and an increased spot urine protein:creatinine 0.46mg/mmol. MRI results showed a subtle signal abnormality and the EEG was normal. She was discharged with no neurological deficits.

**Discussion:** This case draws attention to an atypical presentation of eclampsia which was well-managed and resulted in minimal complications. Maternal stabilisation, magnesium sulphate and delivery plan remain the mainstay of treatment.

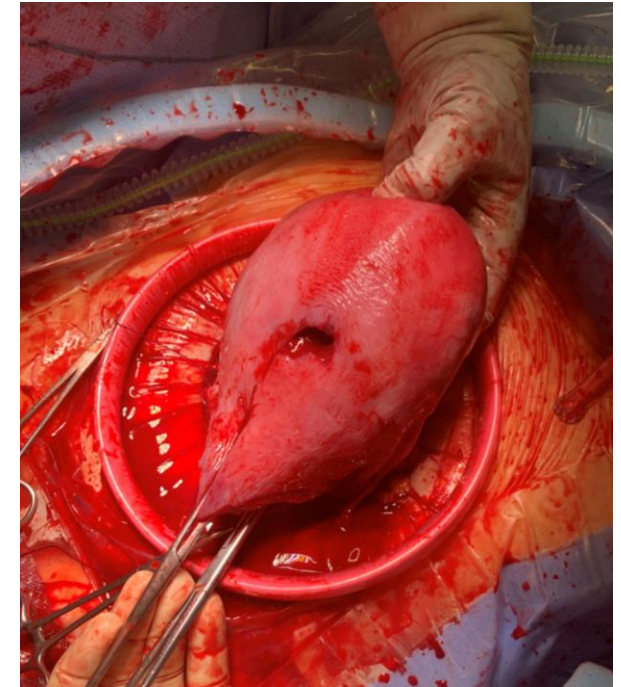


Figure 1. Uterus exteriorised at time of emergency caesarean section showing a partial uterine rupture