

# Vulvar oedema and Ascites: A rare consequence of preeclampsia

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## Background

Pre-eclampsia is a multisystem disorder that affects 1-10% of all pregnancies and is a significant contributor of maternal and perinatal morbidity and mortality. Rare complications such as ascites and vulvar oedema can occur, posing diagnostic and management challenges. Only a handful of case reports have been published on the above topic.

## Aims

To contribute to literature review and to discuss workup, diagnosis, management and increase awareness of this unique case of preeclampsia.

## Case

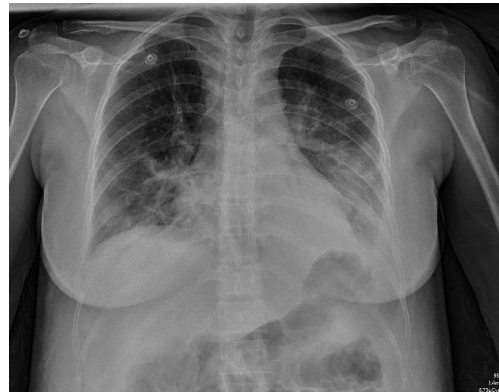
A 26-year-old primigravida at 28 weeks' gestation presented with complaints of vulvar swelling and reduced fetal movements. On examination, the patient had diffuse vulval oedema, normal blood pressure and a non-tender abdomen. Initial tests revealed elevated urine protein creatinine ratio, abnormal liver function tests and hypoalbuminemia. An emergency caesarean section was soon performed for fetal distress. Intraoperatively, 3.5 liters (L) of ascites was drained and a female infant weighing 852g was delivered with good APGAR scores.



Pathological CTG prompting immediate delivery

## Results

Postoperatively, the patient developed hypertension and pleural effusion. She was managed with anti-hypertensives, diuretics, and oxygen. Gradual resolution of symptoms occurred, and the patient was discharged on enalapril.



CXR showing bilateral pleural effusions.

## Discussion

This case underscores the challenges of recognizing atypical presentations of preeclampsia. Management requires a multidisciplinary approach involving obstetricians, maternal-fetal-medicine specialists and in this case hepatologists. Further research is needed to elucidate pathophysiology and optimal management strategies for such cases. Increased awareness among healthcare providers is essential for timely intervention, ultimately improving maternal and fetal outcomes.

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