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CASE REPORT

Preeclampsia Combined with Posterior Reversible Encephalopathy Syndrome: A Case Report

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Abstract

Posterior reversible encephalopathy syndrome (PRES) is a rare clinical radiological syndrome. It has low morbidity and high mortality, especially in preeclampsia (PE) patients. Because the clinical symptoms and signs of PRES have no significant specificity, the diagnosis mainly relies on imaging examination, which is prone to misdiagnosis and missed diagnosis. This case reported a maternal with severe PE who developed PRES after delivery. Early differential diagnosis using a combination of initial imaging and auxiliary investigations can facilitate timely diagnosis and treatment, thereby improving clinical outcomes.

Keywords

Posterior reversible encephalopathy syndrome (PRES), Preeclampsia, Case report

Introduction

Posterior reversible encephalopathy syndrome (PRES) is an acute or subacute clinical-radiological syndrome, first described by Hinchey et al in 1996 [1]. It is characterized by a variety of neurological symptoms, such as headache, visual impairment or visual field defects, impaired consciousness, seizures and focal neurological deficits [2,3]. Imaging findings typically demonstrate reversible vasogenic cerebral edema, with posterior circulation involvement being predominant [4]. Because clinical symptoms and signs are nonspecific, diagnosis depends mainly on imaging examinations. To date, the exact pathogenesis of PRES remains unclear. It has been reported to be associated with a variety of conditions, including acute hypertensive encephalopathy, renal failure, sepsis, autoimmune diseases, thrombotic thrombocytopenic purpura, HIV infection, and acute intermittent porphyria [5]. A retrospective cohort study has reported that the age and sex standardized annual incidence of PRES in the United States is approximately 0.003%. The condition can occur across all age groups, with a particular predominance in young and middle-aged adults, and is more prevalent in females than in males [6]. The median length of hospital stay for patients with PRES was 12 days; 68.3% required admission to an intensive care unit (ICU), and 33.3% needed mechanical ventilation [7]. Following symptomatic treatment, the overall prognosis was favorable. The clinical symptoms and imaging abnormalities in most patients resolve completely within days to weeks. However, 10-20% of cases may develop permanent neurological sequelae [8], with an overall mortality rate of approximately 3-6% [9]. Patients with residual neurological sequelae can be assessed using the Barthel Index, which measures activities of daily living. The scale consists of 10 items: feeding, bathing, grooming, dressing, bowel and bladder control, toileting, bed to chair transfer, level walking, and stair climbing. The summed total score classifies patients according to their self-care ability: severe dependence (≤ 40 points), moderate dependence (41-60 points), mild dependence (61-99 points), and functional independence (100 points).

Preeclampsia (PE), also known as toxemia of pregnancy, is a multisystem gestational disorder characterized by new-onset hypertension developing after 20 weeks of gestation, accompanied by proteinuria and/or end-organ dysfunction [10,11]. It occurs more

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