

## A case of delayed postpartum eclampsia

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**Background.** Delayed postpartum eclampsia is the occurrence of one or more seizures from 48 h to 6 weeks after delivery in a woman with signs and/or symptoms of preeclampsia. We describe an atypical case of delayed eclampsia.

**Case presentation.** Data were collected from hospital medical records and telephone interview.

A 39-year-old woman was admitted to the Emergency Department, University Hospital of Careggi, Florence, with headache not responsive to pharmacologic treatment, blurred vision and new onset hypertension ten days after delivery.

Pregnancy had been complicated by gestational diabetes and she had performed a planned caesarean section for previous uterine surgery.

After her arrival she had seizures. Antihypertensive and antiepileptic drugs were administered and blood tests, computed tomography (CT), electrocardiogram, magnetic resonance imaging (MRI), electroencephalography and supra-aortic trunk

ultrasound were performed. Blood tests showed no abnormality. CT suggested the occurrence of an adrenal mass suspicious for pheochromocytoma and MRI demonstrated PRESS (Posterior Reversible Encephalopathy Syndrome).

After 20 days of hospitalization in stroke unit, the patient was discharged with antihypertensive and anticonvulsant therapy. Excluding other differential diagnoses, in particular pheochromocytoma, postpartum eclampsia was confirmed also at 6 months. At 5 years follow-up, the patient shows no neurological sequelae and no cardiovascular, renal or hepatic impairment.

**Conclusions.** Eclampsia should be suspected in all cases of seizures up to 6 weeks after delivery. Prompt and proper differential diagnosis, combined with an appropriate treatment, can prevent adverse outcomes. Accurate counselling on the risks associated with future pregnancies and on cardiovascular long-life risks is mandatory.