Eclampsia presenting as stroke

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A 38 year old lady was referred for neurological consultation around 11.00 P.M. on 15.07.97 from a peripheral Missionary Hospital in a state of deep coma and generalised tonic and clonic convulsions of 8 hours duration. There was no history of preceding giddiness/ fever/fits/epilepsy/hypertension or any other significant illness before this episode. However, she had been having off and on headache for one month. She was P9+0+0+8 with last child birth two years ago and was in lactational amenorrhoea. On examination, the patient was in deep coma, pulse rate 72/min., temperature 99° F, blood pressure 170/110 mm of Hg. and was having Jacksonian fits with left hemiparesis. An urgent C.T. Scan showed an ill-defined, non-enhancing hypodense area of infarct in the right occipital area. She was kept on injection Phenytoin, Nimotide and Antibiotic cover. Ryles tube, catheter and intravenous line were put apart from general coma care.

Investigation – Hb% 10.6 gm%; TLC 15850 cells/cu.mm. DLC P 88% L 9% E 3%; Blood Urea 42 mg%; Serum creatinine 1.82 mg%; Urine exam. Albumin ++, Blood ++, Pus cells 3-4/h.p.f Fundus exam. – vasospasm and gross papilloedema.

Gastric aspirate was positive for occult blood. On abdominal examination 18-20 weeks pregnant uterus was palpable with mild uterine contractions. P/V examination – OS 2 cms. dilated with 70% effaced cervix and tense bag of membranes. Magnesium sulphate therapy was added. Pregnancy was terminated by augmenting labour with Oxytocin drip but fits and general condition remained as such for next two days; although B.P was controlled. Frequency of fits decreased on third day and there was no fit after the fourth day when she became semiconscious. Paresis improved. There was no haematuria or gastric bleed. Repeat investigations on 24.07.97 – Hb. 7.8 gm%, TLC 12450 cells/cumm.; DLC P 81%, L15% E3%, Blood urea 26.47%; Serum creatinine 0.9 mg% Urine examination – albumin in traces, blood – nil, Pus cells 2-3/hpf.

Repeat C.T. Scan on 23.07.97 – Cerebral infarct
? space occupying lesion.

On this report M.R.I. was suggested which was refused on financial ground.

The patient gradually improved and was fully conscious on sixth day. However, papillodema persisted. Catheter was removed on 15th day. She passed urine and was discharged in good condition, walking about on 02.08.97. She is in regular follow-up and is normal till date. Tubectomy has been suggested.