Blindness due to Retinal Detachment in Pregnancy

Nisha, Nutan Agarwal, Alka Kriplani, Neerja Bhatia

Department of Obstetrics & Gynaecology, All India Institute of Medical Sciences, New Delhi

Case Summary

Retinal detachment is an extremely rare complication of pre-eclampsia. We report a case of blindness due to bilateral retinal detachment associated with severe pre-eclampsia with intrauterine foetal death. Mrs. K, a 22 year old, gravida 4 with one live issue and two stillbirths presented at 28 weeks of pregnancy with sudden loss of vision in both eyes for 5 days. She had decreased fetal movements for 15 days and headache for 7 days. No antenatal check up had been done. On examination, her pulse was 100 per minute, regular, blood pressure was 220/160 mm Hg, chest was clear and uterus corresponded to 20 weeks in fundal height. Fetal heart sound was not localised and long standing intrauterine death was confirmed on ultrasound. There was no pedal edema but urine albumin was +++. Per vaginal examination revealed soft, uneffaced and closed cervix. Fundus examination of her eyes showed bullous retinal detachment bilaterally, attributed to toxaemia of pregnancy.

She was started on prophylactic phenytoin regimen to prevent eclampsia. She was given nifedipine 10mg sublingually stat and 10mg 8 hourly to control blood pressure.

Intravenous cafazoline 1gm IVI 12 hourly and metrogyl 500mg 8 hourly were started. Patient was catheterized for maintaining urine output record. Labour was induced with 0.5mg intracervical PGE2 gel which was followed by augmentation with oxytocin drip. The outcome was a macerated stillborn, male baby of 550gm without any obvious congenital malformations delivered as breech after 16 hrs of induction of labour.

Patient had an improvement in vision gradually thereafter. Nifedipine 30mg 8 hourly in combination with captropil 25mg 8 hourly and atenolol 50mg daily by oral routes was needed to control blood pressure. Suppression of lactation was done with Pyridoxine 200mg 8 hourly daily.

Patient was thoroughly investigated for the cause of hypertension. Kidney function tests were normal except mildly increased serum creatinine (1.1mg%). Liver function tests showed increased SGOT (110) and SGPT (107). Coagulation profile was normal. Renal USG was normal. Vinyl mandelic acid estimation was within normal limits.

Vision soon after delivery was – 6/12 (R) and 6/9(L). Rt eye developed corneal ulcer after 2 days, treated with ointment padding. Her vision improved to 6/6(R) and 6/8(L) after 5 days. She had a superficial corneal opacity in right eye. Pupillary reaction was normal in both eyes. Exudative retinal detachment and hypertensive retinopathy resolved gradually. She was started on tab diamox 250mg 6 hourly daily and continued for 4 weeks. Antihypertensives were gradually tapered down over 4 weeks. Patient became normotensive after 4 weeks.

Although rare presentation, blindness in pregnancy should be scrutinised for PIH.