Generalised Anasarca due to Pre-eclampsia: A Rare Case

J. B. Sharma, M. Malhotra, Shalini Jain, R. Arora

Department of Obstetrics & Gynaecology, Maulana Azad Medical College & Associated Lok Nayak Hospital, New Delhi [illegible], India.

Pre-eclampsia is an important cause of maternal and perinatal mortality and morbidity and can manifest in many ways involving many organs of the body like kidney, liver, lungs, brain, heart, uterus and placenta. Oedema is an important component of pre-eclampsia. We are presenting a case of gross and generalised anasarca in a patient of pre-eclampsia.

Case Report

Mrs. J.B., a 25 years old third gravida presented at 33 weeks of pregnancy with gross swelling all over the body that had been gradually worsening for the last 2 months. She was also complaining of decreased urinary output. There was history of feeling sleepy and mild breathlessness on exertion. No history of headache, blurring of vision or epigastric pain. No history of urinary symptoms, fever or flank pain. She was an unbooked case but had tetanus immunisation.

In obstetric history, she had two normal vaginal deliveries at home 6 and 4 years back. No history of pre-eclampsia at that time. First child died at age of 5 months due to pneumonia. Other child was alive and healthy. No significant past or medical history.

On Examination

General condition was average. She was conscious, cooperative, well oriented to time, place, and person. Weight 70kg. Pulse 88 beats per minute. BP 170/110mm Hg. Mild pallor present. There was gross and generalised oedema all over the body. She could not open her eyes due to gross oedema. Chest and cardiovascular system were normal on clinical examination.

Abdominal examination revealed gross abdominal wall oedema along with ascites. Uterus was 32 weeks. Fetus was lying in longitudinal lye with cephalic presentation. Fetal heart was heard with difficulty.

Investigations	
Hemoglobin	12gm
Platelets	2,20,000 cu mm
Urine examination	2+ albuminuria
Blood urea	24mg
S. Uric acid	5.2mg
S. Creatinine	1.0mg
SGOT	[illegible]
SGPT	[illegible]
S. Alkaline phosphate	9 K Unit
S. bilirubin	0.2mg
X-Ray chest	Bilateral pleural effusion

Ultrasound abdomen: Single live fetus, cephalic presentation. Estimated fetal weight 2.1kgs. Both maternal kidneys were normal.

Diagnosis of severe pre-eclampsia with generalised anasarca was made as blood tests and ultrasound examination ruled out basic renal pathology. Patient was given 600 mg phenytoin (Dilantin) intravenously with sublingual nifedipine 10 mg (Depin) and orally nifedipine 10 mg 8 hourly. Decision to terminate the pregnancy was made and induction of labour done with cerviprime gel followed by amniotomy and oxytocin drip. She delivered vaginally 8 hours later a male baby weighing 2.2 kgm with Apgar 8, 10 at 1 minute and 9, 10 at 5 minutes.

She continued to have high blood pressure 150/110 to 160/120 postnatally along with oliguria and albuminuria and was continued on oral phenytoin, frusemide, nifedipine and methyldopa. She improved with this treatment and oedema gradually subsided in 2 weeks time.

She and her baby were discharged in good condition.

Although generalised oedema can be part of severe pre-eclampsia, such generalised anasarca mimicking a renal disease is rare. The patient should be managed energetically for severe pre-eclampsia along with termination of pregnancy and patient improves gradually.