

## A Rare Cause Of Convulsions In Pregnancy

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### Introduction

When a patient presents with convulsions in pregnancy especially in the 3<sup>rd</sup> trimester, the first diagnosis is eclampsia. This may be correct in the majority of cases but a few other conditions have to be considered in the differential diagnosis.

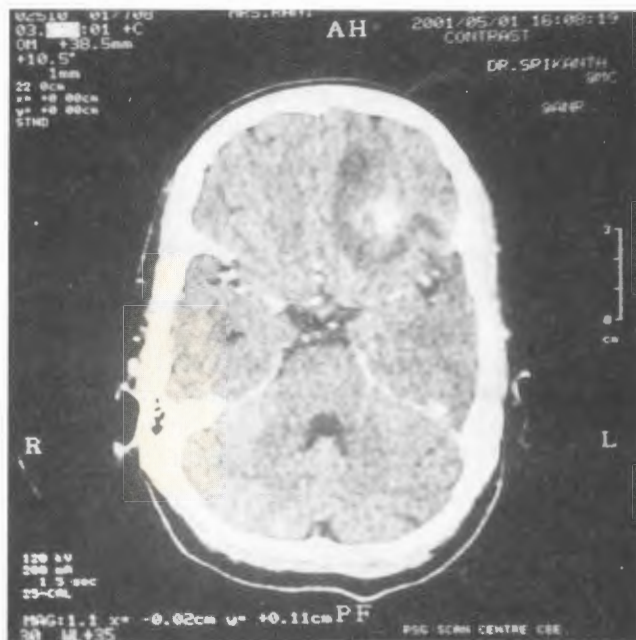
### Case Report

A 30 year old gravida 2 para 1 was admitted at 36 weeks of gestation with history of two episodes of convulsions about two hours before admission. This was preceded by one episode of vomiting. She was a booked case and had no preeclampsia.

Her first pregnancy was six years back and she delivered a live male baby weighing 3 kg by LSCS done for nonprogression of labour and CPD. She had Cu T inserted for three years after that. On examination she was conscious but drowsy, disoriented and irritable. She was obeying commands and had no neck rigidity. Movements of all four limbs were present. BP was 100/60. She was not anaemic and had no pedal oedema. Tongue bite was present. Uterus was 34 weeks size and was relaxed with a mobile fetal head and good fetal heart sound.

All routine investigations were within normal limits. Urine showed no albumin. Patient was started on anti-convulsants and supportive measures. Since there was no evidence of pre-eclampsia a CT of brain was done which showed a single rounded cystic lesion in the cortex with ring enhancement and without calcification. A diagnosis of neurocysticercosis was made on the basis of the typical radiological features. (Photograph 1)

Patient was given albendazole 400mg bds for 21 days and anti-convulsant eptoin was continued. She had no further episodes of convulsion. She was taken up for elective LSCS at 39 weeks, because of the previous indication of failed trial labour. She delivered a live female baby weighing 3 kg. Postoperative period was



Photograph 1: CT Scan Showing Neurocysticercosis

uneventful. She was discharged on the 7<sup>th</sup> post operative day with advice to continue eptoin.

CT scan done two months later showed reduction in the size of the lesion. Patient was totally asymptomatic and was advised to continue eptoin for two years.

### Discussion

Neurocysticercosis is a rare cause of convulsions in pregnancy and six cases have been identified based on a MED LINE SEARCH from 1980 to 2000<sup>1,2</sup>. Thus neuroimaging is important when atypical features are present.

### References

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