






Posterior Reversible Encephalopathy Syndrome: Neurological Findings: Letter to Editor

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We have read the case report “A Case Report of Posterior Reversible Encephalopathy Syndrome (PRES) with a Review of Literature” by Kunt İşgüder et al with great interest.¹ We wanted to present the patient who was followed up with the diagnosis of eclampsia in our clinic and who was diagnosed with PRES, and its advanced evaluation, in terms of EEG and MRI findings.

A 22-year-old, G2P1, 26-week pregnant woman was referred to our clinic with the diagnosis of eclamptic seizure from the emergency department. Physical examination revealed mental confusion and pretibial edema. Her blood pressure (BP) was: 210/120 mmHg. Obstetric ultrasonography showed a single fetus with 26-week old biometrical measurements. There was nothing particular in her medical history and her obstetric follow up was uncomplicated. In her blood examinations, platelet count was 617 000 creatinine 1.26 mg/dl, uric acid 10.7 mg/dl, ALP 206 U/L, LDH 440 U/L, other parameters were found to be normal.

The patient was diagnosed with eclampsia. Written informed consent and ethical approval were obtained from the patient for publication of this case report and taking images. Gliserol Trinitrat (Perlinganit 10 Mg 10 Ampul, Melusin İlaç ve Sağlık Maddeleri Paz. ve Tic. Ltd. Şti.) was administered as an antihypertensive treatment. Levetiracetam (Keppra 500 mg/5 ml 10 Flakon, UCB Pharma İlaç) infusion was also initiated as a loading dose of 2000 mg followed by 500 mg bid as a maintenance dose. Magnesium sulphate (Magnesium Sulphate 15%, Biofarma Medical) infusion was also initiated as a loading dose of 4 grams which is followed by 2 grams/hour as a maintenance dose. Despite all treatments due to the lack of a decrease in BP values of the patient, cesarean section was decided at the 8th hour of follow-up. After the operation, electroencephalography (EEG) and magnetic resonance imaging (MRI) were evaluated upon the continuation of the confusion and resistant hypertension. EEG study revealed generalized slow wave activity consistent with encephalopathy (Figure 1). In MRI examination; hyperintense lesions were observed in the bilateral parietooccipital

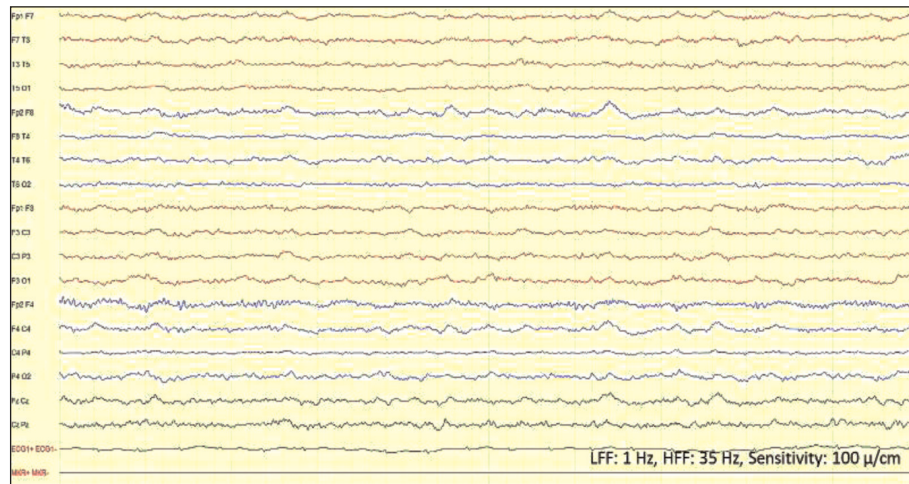


FIGURE 1: Slow wave activity consistent with encephalopathy on EEG.

lobes, in the superior parts of the frontal lobes, in the cortical-subcortical localization of the temporal lobes and in the T2 FLAIR with no diffusion restriction. A hyperintense lesion was seen in posterior of the right cerebellar hemisphere in T2 FLAIR. Due to these observations the diagnosis PRES was made. The patient was treated conservatively with anti-hypertensive and anti-convulsant drug therapy.

PRES is a well-defined clinical and neuro-radiological syndrome characterized by headache, altered mental status, cortical blindness and seizures and diagnostic MRI. Diagnosis is challenging as the clinical symptoms are similar to preeclampsia.

Although at first glance the patient with hypertension, epileptic seizure may divert us to pre-eclampsia/eclampsia, pre-diagnosis of PRES should be kept in mind even in postpartum period.² It is important to choose multidisciplinary hospitals with obstetrics, neurology, internal medicine, radiology physicians and anesthesia intensive care unit for treatment.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Mehmet Ferdi Kinci, Güray Koç, Kazım Emre Kardeşahin; **Design:** Özge Sehirli Kinci, Ömer Karadas; **Control/Supervision:** Kazım Emre Kardeşahin, Ömer Karadas; **Data Collection and/or Processing:** Mehmet Ferdi Kinci, Güray Koç, Özge Sehirli Kinci; **Analysis and/or Interpretation:** Ömer Karadas, Kazım Emre Kardeşahin; **Literature Review:** Mehmet Ferdi Kinci, Güray Koc; **Writing the Article:** Mehmet Ferdi Kinci, Kazım Emre Kardeşahin; **Critical Review:** Kazım Emre Kardeşahin, Özge Sehirli Kinci; **References and Fundings:** Mehmet Ferdi Kinci, Güray Koc, Kazım Emre Kardeşahin, Ömer Karadas.

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