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Title: PRES: Unraveling a Reversible Mystery





INTRODUCTION

Posterior Reversible Encephalopathy Syndrome (PRES) is a neurotoxic state due to vasogenic edema in the posterior cerebral regions, typically reversible with appropriate treatment. It is characterized by neurological symptoms like headache, seizures, visual disturbances and altered mental status and hyperintensities in the posterior parieto-occipital regions on T2 weighted MRI. It occurs in approximately **5-10%** of eclamptic patients.

OBJECTIVE

To report a case of a woman in whom antepartum eclampsia was complicated by PRES. She responded well to therapy which included antihypertensives, seizure prophylaxis, termination of pregnancy.

CASE REPORT

A 21-year-old second gravida who is 34 weeks pregnant, referred from area hospital with high blood pressure. After termination of her pregnancy, she developed generalized seizures. MRI revealed parieto-occipital hyperintensities consistent with PRES. Prompt management with antihypertensives and supportive care led to resolution of symptoms, highlighting the importance of early recognition and treatment of this reversible condition.

DISCUSSION

This case highlights PRES as a rare but serious complication of severe preeclampsia. Hypertension-induced endothelial dysfunction leads to vasogenic oedema, particularly in the parieto-occipital regions. Early MRI confirmation is critical. Prompt blood pressure control, seizure management, and addressing the underlying pregnancy-related pathology are essential for reversal and favourable prognosis.

CONCLUSION

This is a case of PRES complicating eclampsia.

Treatment is same as eclampsia whether it is complicated by PRES or not which is antihypertensives, seizure management, monitoring and follow-up.

REFERENCES

- Fischer, M., Schmutzhard, E. (2017). Posterior Reversible Encephalopathy Syndrome. Journal of Neurology, 264(8), 1608-1616.
- A Study of the Incidence of Posterior Reversible Encephalopathy Syndrome in Eclamptic Patients at a Tertiary Care Center in India