

HEADACHE AND STATUS EPILEPTICUS IN THE POST-PARTUM PERIOD: POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) OR CEREBRAL VENOUS THROMBOSIS (CVT)?

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Background: Acute neurological symptoms in the postpartum women could be caused by exacerbation of a preexisting neurological conditions, by initial presentation of a non-pregnancy related problem, or by new onset neurological conditions that occur with increased frequency just after pregnancy.

Case: A 35-year old Caucasian, with a history of two miscarriages successfully delivered a healthy girl following epidural anesthesia. Her pregnancy was normal, without signs of preeclampsia.

One day postpartum, she complained of diffuse headache, dizziness and vomiting, symptoms that were improving when lying and therefore initially were attributed to intracranial hypotension caused by the epidural anesthesia. On day three postpartum, the patient developed a convulsive status epilepticus for which she had to be intubated. A brain CT showed discreet hypodensity on both occipital lobes and a hypodense lesion on the right parietal lobe.

CVT was suspected and a lumbar puncture was performed. The CSF opening pressure was normal. All of the routine blood and urine examinations were unremarkable.

An urgent brain MRI showed high signal lesions on both occipital lobes and the right parietal lobe, when the urgent MRV revealed narrowing of the right transverse sinus. Because of the lack of any collateral circulation around the right transverse sinus, the narrowing was attributed to congenital hypoplasia.

The patient was extubated the next day. Being on antiepileptics, she did not suffer any other seizures. The headache has gradually improved. The MRI at discharge showed that all lesions disappeared and a diagnosis of PRES was made.

Conclusion: The clinical picture can be identical in cases of PRES and CVT, however the imaging findings can help the clinician to make the correct diagnosis.