

Rear Case of Hemorrhagic Posterior Reversible Encephalopathy Syndrome

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Abstract

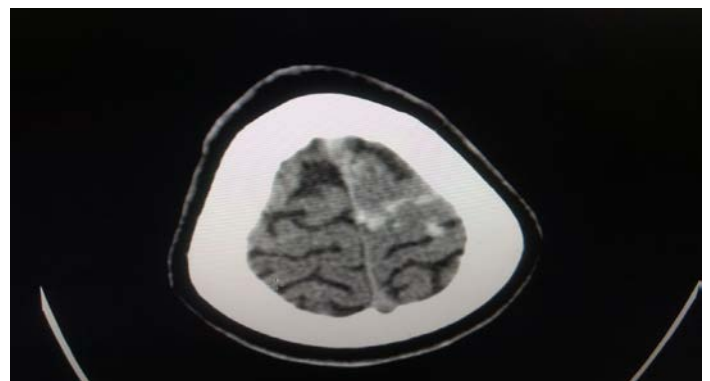
Posterior reversible encephalopathy syndrome [PRES{also known as reversible posterior leukoencephalopathy syndrome}] presents with rapid onset of symptoms including headache, altered consciousness and visual disturbance. Hemorrhage is known to occur in PRES though rarely. Overall incidence of hemorrhage is 15.2%. Three hemorrhage types are known to occur in PRES with equal frequency which includes minute focal hemorrhage, sulcal SAH and focal hematoma. we describe a case of postpartum female who presented with PRES with secondary sulcal SAH.

Case Presentation

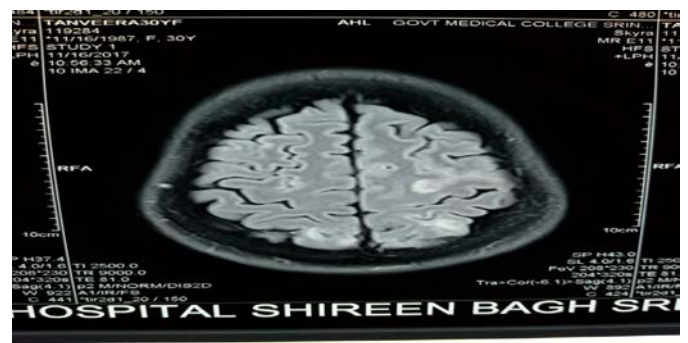
30 year old female with no underlying comorbidity, recently delivered fourteen days back under spinal anaesthesia presented with four days history of headache and one day history of blurring of vision followed by two episodes of Generalized Tonic Clonic Seizure to medical emergency department. On clinical examination patient was in post ictal state with planters bilateral up going and blood pressure of 180/110. Patient was given loading dose of levetirectum and labetalol 40 mg intravenous. Neuroimaging and baseline biochemical investigation were ordered. Non Contrast CT of brain showed sulcal Subarachnoid Hemorrhage. Which was confirmed by CSF showed xanthochromia. All biochemical investigation were

within normal limits except urine which shows albumin MRA, MR Venography were normal. MRI brain was suggestive of PRES. Diagnosis of PRES with SAH was made. Patient was managed with levetirectum, hydration and Telmisartan

Picture no 1 NCCT head showing sulcal SAH(subarachnoid hemorrhage)



Picture no 2 MRI Brain showing hemorrhagic (PRES)



Posterior reversible encephalopathy syndrome (PRES) is a clinic radiological entity characterized by variable association of consciousness impairment, seizure activity,

headache, visual symptoms, nausea, vomiting and focal neurological signs^{1,2,3,4,5}. This condition has been designated by a variety of names (reversible posterior leukoencephalopathy syndrome, reversible posterior cerebral edema syndrome, and reversible occipital parietal encephalopathy. The cerebral imaging abnormalities are often symmetric and predominate in the posterior white matter^{1,2,6}. PRES can develop in association with a vast array of conditions. However, whatever be the underlying cause, the main abnormality is cerebral vasogenic edema, the pathogenesis of which is still under debate.^{1,2} PRES is typically reversible once the cause is removed. However, patients with severe manifestations of PRES, such as coma and/or status epilepticus, may require admission to the intensive care unit (ICU).^{9,10} Moreover, permanent neurological impairment or death occurs in a minority of patients^{5,7,8}. Hemorrhage in PRES is very rare. Three types of hemorrhage occur in PRES including minute hemorrhage, sulcal subarachnoid hemorrhage, focal hematoma. The incidence of hemorrhage in PRES is reportedly 15.7%. The purpose of this case report is to bring attention to the fact that PRES is associated with secondary SAH and this makes it one of the important differentials in case of postpartum seizures.

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