

3.2 and 3.3 Preeclampsia - What is preeclampsia? Part 1 and 2 (25 min)

Let's start with a case

Patients with preeclampsia can present with different symptoms. Early recognition and adequate treatment can prevent severe complications, as illustrated by the following case study.

Please read following case before watching the lecture about preeclampsia and eclampsia by Dr. Diana Wolfe, Assistant Professor in the Department of Obstetrics & Gynecology and Women's Health, Division of Maternal Fetal Medicine at Albert Einstein College of Medicine.

This case will be referred to in Learning Activity 3.4.

A 28-year old Rwandan woman, G1P0, came to her local health center at 26 weeks of pregnancy.

Day 1

She presented on day 1 with a mild headache, palpitations and progressive lower limb edema over the past few days. The blood pressure was 150/100 mmHg with a trace of protein on dipstick. There was some minimal right upper quadrant (RUQ) pain. Her labs were requested and the patient was sent home with cimetidine (H₂ receptor antagonist) to relieve her right upper quadrant discomfort.

Day 2

On day 2 she returned because of some mild nausea and dyspnea in addition to her other symptoms; her RUQ pain was slightly increased. Her blood pressure was 155/100 mmHg and the protein was trace. She was given medication for nausea and sent home, to return in 2 days for a regular antenatal appointment.

Day 4 - at local health center

She did return for antenatal appointment complaining of very bad headaches for the past 2 days and worsening RUQ pain. Now she had developed blurred vision and sparks before her eyes. Labs from day 1 had returned: hemoglobin 8 mmol/L, hematocrit 24%, platelets count 50,000 mcL and LFTs all elevated.

Day 4 - at district hospital

The patient was transferred to a nearby district hospital. The clinical examination on day 4 showed a patient who was alert, pulse 120 bpm, blood pressure 165/110 mmHg right arm and 170/110 mmHg left arm. She had no pallor or jaundice, slight dyspnea, the gravid uterus measured 26cm FH, and she had a severe RUQ tenderness.

Day 4 - at referral hospital

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She was transferred to the referral hospital after another 6 hours at the district hospital. She got admitted to the referral hospital in serious condition. She had a severe RUQ pain with blood pressure of 170/110 mmHg. Ultrasound showed a liver subcapsular hematoma measuring 10x10 cm, which was stable and did not appear to be ruptured. There were no fetal heart tones present. Her hemoglobin decreased to 6 mmol/L and platelets to 45,000 mCL.

Day 5

During the night, the patient became markedly hypotensive and experienced cardiac arrest and could not be resuscitated. The diagnosis was suspected ruptured hematoma of the liver.

Lectures

Watch the two video lectures.

What are six risk factors for preeclampsia? Think about this question before you continue to the next learning activity.