One Case of Severe Preeclampsia Who Died from Postpartum Complications Ten Days after Caesarian Delivery

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ABSTRACT
Preeclampsia is clinically defined by hypertension and proteinuria, with or without pathologic edema that can happen after 20 week’s gestation, but can happen well 4-6 weeks post partum. Worldwide, incidence of preeclampsia is 5-14 percent of all pregnancies, while severe preeclampsia can develop to about 25 percent of all cases of preeclampsia. Severe preeclampsia is a pathology that can often be complicated. This pathology may lead to liver and renal failure, disseminated intravascular coagulopathy (DIC), and central nervous system (CNS) abnormalities. In world, preeclampsia and eclampsia is responsible for about 14 percent of maternal deaths per year. We present a case, from our clinic, which has had serious complications after birth and that ended with the death of the patient. Despite the adequate management with the timely diagnosis and therapy, patient died ten days after Caesarian delivery.

Keywords: Severe Preeclampsia; Eclampsia; Postpartum Complications; Caesarian Delivery; Bad Outcomes

INTRODUCTION

Preeclampsia is clinically defined by hypertension and proteinuria, with or without pathological edema that can happen after 20 week’s gestation, but can happen well 4-6 weeks post-partum. Severe preeclampsia defined as the presence of high blood pressure (systolic blood pressure is 160 mm Hg or higher and diastolic blood pressure 110 mm Hg or higher). Impaired hepatic function (doubling of the liver enzymes levels). Epigastric pain or right upper quadrant pain. Renal insufficiency (doubling of the serum creatinine levels). Pulmonary edema, Visual disturbances g). Thrombocytopenia. Worldwide, incidence of preeclampsia is 5-14 percent of all pregnancies. In developing nations, incidence of preeclampsia is 4-18 percent. Severe preeclampsia can develop to approximately 25 percent of all cases of pre-eclampsia. Morbidity and mortality in pre-eclampsia and eclampsia are frequent. Severe preeclampsia may lead to liver and renal failure, disseminated intravascular coagulopathy (DIC), and central nervous system (CNS) abnormalities. In world, preeclampsia and eclampsia is responsible for approximately 14% of maternal deaths per year (50,000-75,000). A woman with severe preeclampsia ago, and complicated in eclampsia or HELLP syndrome, she has a 20% risk of developing preeclampsia in her subsequent pregnancy.
extubated and back again in Department of Obstetrics and Gynaecology in monitoring by the cardiologist, anaesthesiologist and pulmonologist. After seven days reiterates the patient’s condition deteriorates rapidly, the patient undergoes cardiac arrest, despite the resuscitation measures, ends with death (exitus letalis).

DISCUSSION
Pre-eclampsia is disseminated disease the vascular endothelial malfunction and generalized vasospasm. However, the pathophysiologic mechanism for preeclampsia is very complex. Severe preeclampsia can develop to approximately 25 percent of all cases of preeclampsia (12). In world, preeclampsia and eclampsia is responsible for approximately 14 percent of maternal deaths per year (13). This disease may lead to liver and renal failure, disseminated intravascular coagulopathy (DIC), and central nervous system (CNS) abnormalities and end with the death of patient. Often clinicians could not predict the development of life-threatening complications from preeclampsia, development of rapid of this disease may end very easily so fatal for the patient. The correct management is very important for patients with preeclampsia. The clinician must perform a detailed assessment as history and physical examination with careful. Laboratory values including complete blood count, urine protein, liver enzymes, and a coagulation profile should be obtained. There were consultations with a cardiologist, anesthesiologist and pulmonologist, was found that the patient is in acute pulmonary edema. With echocardiography is found pericardial effusion, other parameters anatomical structure of the heart to normal. Are done chest x-ray, electrocardiogram and all necessary imaging examinations. The patient was transferred to intensive care unit, where intubated and connected to the respiratory apparatus. After consultations is completed diagnosis: 29 weeks pregnant, Preeclampsia, Pericardial effusion, Pulmonary edema, Respiratory insufficiency, Kyphoscoliosis, Neurofibromatosis, Rh incompatibility. After stabilization of vital parameters for several hours, decided to terminate the pregnancy, obtained a written consent of the patient.

REFERENCES
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