Late-onset preeclampsia and eclampsia

Pré-eclâmpsia e eclâmpsia de inícios tardios

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To Editor,

Preeclampsia (PE) is characterized by the development of arterial hypertension and proteinuria after 20 weeks of pregnancy in previously normotensive pregnant women[1]. Eclampsia are tonic-clonic seizures in a patient with PE, without any other cause[2,3]. Approximately 75% of early PE could be detectable, with a false positive rate of 5%, the early identification of women in the high-risk group constitutes a clinical challenge[1].

There is a very interesting Spanish study by Díaz Cobos et al. about first trimester screening of late-onset preeclampsia (PE) in a low risk and low volume obstetrical setting. They evaluated 174 pregnancies (11 to 13.6 weeks), and 7 (4%) presented late-onset PE[1]. Worthy of note, maternal history, pregnancy associated plasma protein-A, and mean arterial pressure were useful tools to predict preeclampsia in that obstetrical condition[1]. The study has important practical usefulness because PE is a major cause of maternal and perinatal morbidity and mortality, and may affect up to 5% of the pregnant women[1]. Comments should be done about two additional articles related to PE and late-onset eclampsia affecting individuals of Latin origin in Spain as well as in Brazil[2,3].

Huarte et al. reviewed the management of hypertension in pregnancy and relation of the gestational hypertensive disorders with maternal and neonatal morbidity and mortality[2]. The authors emphasized complications of PE as the HELLP syndrome and eclampsia[2]. They focused the severity of PE, and clinical and laboratory characteristics that can characterize chronic arterial hypertension, gestational hypertension, PE, and eclampsia[2]. The didactic content is useful to better understanding about hypertension in pregnancy.

Brazilian authors reported a 22-year-old woman without obstetric history of preeclampsia, but presented with classical eclampsia after the fourth postpartum day[3]. She had vaginal delivery at 37 weeks and postpartum without oedema, proteinuria, hypertension, headache or blurred vision, until the fourth day,

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when the seizures started. Because late-onset postpartum eclampsia is rare and related to diagnostic pitfalls, brain images of angiography and magnetic resonance confirmed the initial clinical suspicion[3]. In the late postpartum eclampsia the onset of convulsions occurs more than 48 hours, but less than four weeks after delivery, and may occur even without antecedent of PE; the authors highlighted the late onset and atypical features favouring misdiagnosis[3].

References

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