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Severepre-eclampsia:Retrospectivestudy of 23 cases

Adil ZEMMOURI (1), Abdelghafour EL KOUNDI (1), Mounsef MAHAOUCHI (2), Mohamed DEHAYNI (2), Lahcen SAFI (1)

(1) Intensive care unit ,Mohammed V Military hospital , Rabat ,Morocco
(2) Gynecology unit ,Mohammed V Military hospital , Rabat ,Morocco

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ABSTRACT

Severe pre-eclampsia is a serious obstetric pathology. The resulting maternal and fetal complications require a thorough knowledge of this pathology, a rigorous monitoring of pregnancies, especially in primiparous women during prenatal consultations, and a fruitful collaboration between the obstetrician and theanesthetist.

INTRODUCTION

This is a retrospective study, performed in the gynecology and obstetrics department of the Mohammed V Military Teaching Hospital in Rabat, over a period of approximately 3 years from January 2009 to November 2011, including patients whose blood pressure was at a sign of severity, namely the presence of one or more of the following severity criteria:

-Severe High Blood Pressure (SBP> 160 mmHg and / or DBP> 110 mmHg)

-Renal failure with oliguria (<500 ml / 24h) or creatinine> 135µmol / L, or proteinuria> 5 g / 24H

-Thrombocytopenia<100G / L or HELLP syndrome

- Acute Lung Edema (PAO)

- Persistent epigastric bar (sub capsular hematoma of the liver)

-Eclampsia or persistent neurological disorders (visual disturbances, poly kineticosteo tendon reflexes OTR, headache)

- Retro placental haematoma

-Fetal repercussions: Intra Uterine Growth Retardatiob IUGR <5 percentile or fetal growth failure, severe oligoamnios, Manning score ≤4, pathological Doppler with reverse flow, fetal heart rate abnormalities

RESULTS AND DISCUSSION

During the study period, 23 patients were admitted for management of severepre-eclampsia.

- The average age is 29.13 +/- 5.20 years.

- 14 patients were primigestes.

- 5 patients were parous and gestational age ranged from 29 weeks + 2 days to 40 weeks of amenorrhea.

-1 case of twin pregnancy.

- 2 eclampsia attacks were noted

-18 cases of neuro-sensory signs

-17 cases of digestive manifestations

- 21 cases of proteinuria sup at 3 g / 24h

- 4 cases of hyperuricemia

- 1 case of HELLP syndrome

- 1 case of disseminatedintra vascular coagulation.

- 2 cases of retro-placental hematoma,

- 4 cases of FetalDeath In Utero.

- 5 cases of IUGR.

-12 premature deliveries occurred.

-9 vaginal deliveries

14 high routes were performed, including 3 for maternal rescue, 4 for fetal rescue, 5 for maternal fetal rescue, and 2 for HRP.

-The average birth weight is 2117.5g with extremes of 600g and 3600g.

-13 new born have a weight less than 2500g

- maternal evolution: 6 patients had kept high blood pressure after delivery.

- fetal evolution: * a case of respiratory distress

* 2 cases of neonatal death

Discussion :

Primiparity is an important risk factor in the occurrence of pre-eclampsia. The appearance of signs of clinical or biological severity, requires close monitoring of the patient and consider fetal extraction as early as possible sometimes for maternal rescue at the cost of premature delivery or a newborn with a weak life expectancy[1-11].

Severe pre-eclampsia is defined as either severe high blood pressure (SBP> 160 mmHg and / or DBP> 110 mm Hg), or a pre-defined gravid high blood pressure as defined above with one or more of the following signs[1-2-3-4]:

-epigastric pain, nausea, vomiting

-persistent headache, osteotendinous hyper reflectivity, visual disturbances.

-proteinuria> 3.5 g / day

-creatininemia> at 100 µmol / L

-oliguria with diuresis <20 mL / H

-hemolysis

-AST> three times the standard of the laboratory

-thrombopenia<to 100,000 / mm3

Risk factors are [3-4]:

-primiparity

-Multiple pregnancies

-Chronic hypertension

-Hydatiform Mole

-Age <20 years or> 35 years

-Family history

-History of nephropathy

-1st pregnancy with new partner

-Low socio-economic level

The treatment is based on [5-8-9] :

-Hospitalization for assessment then home monitoring, or stay in hospital depending on the severity, collection of urine 24 hours, monitoring blood pressure, weight monitoring

-Antihy pertensive treatment, avoiding a fall too fast or too important (<13/8) of the blood pressure

-Fetal Extraction in Severe Pree clampsia (uncontrolled hypertension), acute fetal distress, HELLP syndrome[12], uncontrolled declampsia, DIC (Disseminated Intravascular Coagulation)

-Diet[11]: High proteindiet (no salt free diet) Antihy pertensive drug, alphamethyldopa (up to 3 g / day)

-Othermedicines [16]: Dihydralazine, ß-blockers, Magnesia sulphate[13], Benzodiazepines in eclampsia

The surveillance must concern[8]:

-Monitoring of blood pressure, diures is, edema, weight

-Fetal Cardiac Rhythm Monitoring

-Clinical and ultrasound surveillance of fetal vitality

-Assessment of renal, hepatic and coagulation

The complications to befeare dare [5-6-7-10] :

-Disseminated intravascular coagulation, Placental retro hematoma, PAO, fetal hypotrophy, acute

Fetal distress, in utero fetal death, eclampsia

-HELLP syndrome (fatty liver)[12]

Evolution and prognosis: Fetal extraction in the more or less long term following the control of hypertension and the appearance of complications [14-15-16].

CONCLUSION

Severepre-eclampsia can be responsible for serious complications justifying obstinacy on the part of the gynecologist-obstetrician and a collaboration of the physician anesthesist.

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