European Journal of Obstetrics & Gynecology and Reproductive Biology 233 (2019) 160–163

Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Letters to the Editor – Brief Communications

Abducens nerve palsy as a sign of pre-eclampsia with severe features

Dear Editor, we present a unique case of severe pre-eclampsia.

A 36-year old primigravid woman presented at a gestational age of 33 weeks and 2 days with abrupt reduced vision and headache. Past medical history was negative, except for migraine. At admission, blood pressure readings reached 169/100 mmHg. A urine dipstick indicated significant proteinuria, confirmed with a 24 h urine collection revealing 971 mg of protein. On clinical examination, hyperreflexia and unilateral abducens nerve palsy was apparent (Fig. 1).

The patient was admitted for fetal lung maturation and observation. Labetalol 600 mg daily and magnesium sulfate intravenously were administered, however diastolic hypertension persisted.

Due to the persisted severe hypertension, a caesarean section was performed 48 h after admission and with completion of the fetal lung maturation. The neonate was admitted to the neonatal unit since the birth weight was only 1470 g. Apgar of the neonate were 7/5/10, after 1, 5 and 10 min(s) respectively. No neonatal problems were observed during the 1-month hospitalization.

Magnesium sulfate was continued for 48 h after delivery. A cerebral MRI was performed to rule out ischemia or hemorrhage, no abnormalities were observed. Within 3 days after delivery, a reduction of the palsy and normalization blood pressure was detected. Full recovery of the palsy was observed within 5 months.

Only about nine cases have been published, displaying the rarity of this clinical feature [1–3]. Although this feature is uncommon, the obstetrician should be aware of the clinical significance. The true etiology of this sign is yet to be determined, but nerve compression due to intracranial hypertension and vasospasm of the nerve vessels due to hypertension, have been hypothesized [1]. Regardless, all neurologic symptoms, including palsy, should be regarded as a sign of severe pre-eclampsia [4]. Before 34 weeks of gestational age, British and American guidelines propose to first administer corticosteroids for fetal lung maturation for 48 h and then initiate delivery if severe hypertension remains or the clinical condition of the patient or fetus deteriorates [4,5]. In this case, a caesarean section was selected as the route of delivery, mainly due to the low estimated fetal weight. According to the guidelines, caesarean section should not be the *de facto* route of delivery and should be determined by other obstetrical, fetal or maternal factors [4,5].

Fig. 1. Unilateral abducens nerve palsy of the left eye when asked to look to the left direction.

Abducens nerve palsy should be regarded as a sign of pre-eclampsia with severe features and should lead to swift action. Although such a case is very rare, any obstetrician should recognize its importance.

References

[1] Vallejo-Vaz AJ, Stiefel P, Alfaro V, Miranda ML. Isolated abducens nerve palsy in preeclampsia and hypertension in pregnancy. Hypertens Res 2013;36(9):834–5.
[2] Nieto-Calvache AJ, Loaiza-Osorio S, Casallas-Carrillo J, Escobar-Vidarte MF. Abducens nerve palsy in gestational hypertension: a case report and review of the literature. J Obstet Gynaecol Can 2017;39(October (10)):890–3.
[3] Yousefi SR, Zandi S. Abducens nerve palsy in pregnancy: a case report. J Clin Diagn Res 2016;10(December (12)):QD03–4.
[4] Roberts J, August P, Bakris G, Barton J, Bernstein I, Druzin M, et al. Hypertension in pregnancy. Obstet Gynecol 2013;122(November (5)):1122–31.
[5] Excellence National Institute for Health and Care (NICE). Hypertension in pregnancy: diagnosis and management [Internet]. Clinical guideline [CG107]. [cited 2018 October 30]. Available from. . https://www.nice.org.uk/guidance/cg107.

Sander Dumont
Department Gynaecology and Obstetrics, University Hospitals Leuven, Belgium

Femke Delporte
Filip Claerhout*
Department Gynaecology and Obstetrics, AZ Sint-Lucas Brugge, Belgium

* Corresponding author.
E-mail address: filip.claerhout@stlucas.be (F. Claerhout).

Received 12 November 2018

http://dx.doi.org/10.1016/j.ejogrb.2018.11.018

Twin pregnancy complicated by disseminated intravascular coagulation following single fetal demise

Dear Editor,

Intra uterine fetal demise (IUFD) complicated by DIC is a rare but known complication of singleton pregnancies [1]. Coagulation abnormalities are due to the gradual release of tissue factor from the placenta into the maternal circulation [1]. Unlike singleton pregnancies, twin pregnancies with single IUFD are rarely complicated by DIC [2,3].

A 26 year old woman was referred to our center at 21 weeks of her Dichorionic Diamniotic twin pregnancy due to hydrops fetalis of both twins with MCA PSV flow correlating with severe fetal