

PO 3 - SEIZURES DURING LABOUR – ECLAMPSIA IS NOT THE ONLY OPTION

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Background

Seizures complicate 1% of gestations, mostly occurring in women with previous epilepsy.^{1,2} Eclampsia is the first differential diagnosis, but it is not always the cause.

Case Report

A healthy 28-year-old primigravida was admitted for induction of labour at 38 weeks due to fetal growth restriction.

An epidural catheter was placed for labour analgesia and a bolus of ropivacaine and sufentanyl was administered. Analgesia was maintained by patient-controlled epidural analgesia with programmed intermittent epidural boluses of ropivacaine and sufentanyl. After multiple administrations of ropivacaine at different concentrations, due to insufficient pain control, a new epidural catheter was placed. Intravenous tramadol was also administered.

Twenty minutes after the last drug administration, the patient presented a generalized tonic-clonic seizure with respiratory arrest. Despite complete reversion after two minutes of manual ventilation, an emergency c-section was performed under general anaesthesia due to fetal bradycardia.

Postoperative neurological evaluation and head CT scan were normal. The patient was admitted to the Intermediate Care Unit. She had no further episodes until hospital discharge or during the first year of follow up.

Discussion

Despite extensive evaluation, no clear cause was identified for the seizure. Multidrug administration (ropivacaine, sufentanyl and tramadol) that lowered seizure threshold was ultimately deemed the most likely cause.

It is mandatory to consider other diagnosis and the impact of analgesic interventions cannot be overlooked. Not all seizures in pregnancy are eclampsia.

References

¹ Seizure. 2020 Oct; 81:138-144.

² Semin Perinatol. 2013 Aug;37(4):207-24.



