Headache

POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME(PRES) WITHOUT HYPERTENSION: A CASE REPORT

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PRES is a disorder manifested with headache, visual and consciousness disturbances, seizures, and focal neurological deficits. It is associated with a number of conditions, which lead to white matter edema predominantly involving the parietooccipital regions. We present the case of a young woman with headaches and generalized tonic-clonic(GTC) seizures in the early postpartum stage. The characteristic imaging findings led us to the diagnosis of PRES. A 22-year-old woman primigravida presented after 2 episodes of GTC seizures one hour after cesarean section under spinal anesthesia at her 39-40 week of an uncomplicated pregnancy. She never smoked or consumed alcohol. On arrival, she was alert and oriented, reported occipital headache, there was no evidence of meningeal signs, nor focal neurologic deficits. Visual field testing, cranial nerve examination, and vital signs were normal. Laboratory findings were significant for an elevated WBC, LDH, RF, CRP, and hyponatremia. Urinalysis was remarkable for proteinuria, glucosuria, and the presence of WBC and RBC. Renal and hepatic function, ANA, ANCA, EEG, and brain CTA resulted normal. Brain MRI showed bilateral multiple cortical lesions at the frontoparietooccipital regions with signal restriction in DWI, consistent with PRES. MRI performed one week later revealed the resolution of lesions. The patient's headache resolved on the 3rd day of hospitalization, no more seizures were recorded. She was discharged home without neurologic deficits. PRES should be always suspected in patients which present in the postpartum period with seizures and headaches. It is essential to treat PRES promptly in order to prevent permanent neurological deficits.