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CASE OF A PATIENT WITH POSTPARTUM ECLAMPSIA

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Gestational hypertension is hypertension without proteinuria or other signs/symptoms of preeclampsia that develops after 20 weeks of gestation in a patient with a previously normal blood pressure. Development of proteinuria upgrades the diagnosis to preeclampsia. Even without proteinuria, patients who develop severe hypertension or other features of severe disease are managed in the same way as those with preeclampsia with severe features. We present a case of a 24-year-old primigravida, with a regularly controlled pregnancy, admitted in the delivery room. Three weeks before admission, the patient was diagnosed with pregnancy-induced hypertension, which was controlled with antihypertensive therapy Methyl Dopa 2x250mg. A blood count was within reference limits. She delivered spontaneously 3 hours after admission to the hospital, male fetus 2490g/48cm. Postpartum blood pressure values: 141/117...166/116... 154/103...150/108...153/97mmHg. Seven hours after delivery, the patient suffered an eclamptic attack, with convulsions and short-term loss of consciousness. The anesthesiologist placed an oral airway, Diazepam 10mg intramuscularly and Midazolam 2mg intravenously were administered and patient was immediately transferred to intensive care, with an oxygen mask where anticonvulsant therapy was administered: Magnesium sulfate (4g intravenously in a bolus and 1g/h with an intravenous infusion) and Sol. Mannitol 20% (2x125ml). Immediately after the attack, blood pressure was 151/88 mmHg, pulse 124/minute, SpO2 98%. Laboratory findings: elevated liver enzymes (AST-37 U/L, LDH-362U/L), elevated uric acid level (413 μ mol/L), CRP-13.9mg/L, hypoproteinemia (total protein-58.6g/L, albumin-30g/L). An antihypertensive therapy (Methyl Dopa 4x500mg and Nifedipine 20mg) was administered, maintaining blood pressure in normal values. She also received 100ml 20% human albumin, thromboprophylactic, antibiotic, rehydration, antiemetic and analgesic therapy. Transferred to the ward after 2 days of intensive treatment, in stable condition. She was discharged after 4 days in good general condition, with a recommendation for examination by an internist and a transfusion specialist.

Keywords: gestational hypertension, preeclampsia, eclampsia, convulsions.