Late-onset preeclampsia and eclampsia

Pré-eclâmpsia e eclâmpsia de inícios tardios

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To Editor,

Preeclampsia (PE) is characterized by the development of arterial hypertension and proteinuria after 20 weeks of pregnancy in previously normotensive pregnant women. Eclampsia are tonic-clonic seizures in a patient with PE, without any other cause. Approximately 75% of early PE could be detectable, with a false positive rate of 5%, the early identification of women in the high-risk group constitutes a clinical challenge.

There is a very interesting Spanish study by Díaz Cobos et al. about first trimester screening of late-onset preeclampsia (PE) in a low risk and low volume obstetrical setting. They evaluated 174 pregnancies (11 to 13.6 weeks), and 7 (4%) presented late-onset PE. Worthy of note, maternal history, pregnancy associated plasma protein-A, and mean arterial pressure were useful tools to predict preeclampsia in that obstetrical condition. The study has important practical usefulness because PE is a major cause of maternal and perinatal morbidity and mortality, and may affect up to 5% of the pregnant women. Comments should be done about two additional articles related to PE and late-onset eclampsia affecting individuals of Latin origin in Spain as well as in Brazil.

Huarte et al. reviewed the management of hypertension in pregnancy and relation of the gestational hypertensive disorders with maternal and neonatal morbidity and mortality. The authors emphasized complications of PE as the HELLP syndrome and eclampsia. They focused the severity of PE, and clinical and laboratory characteristics that can characterize chronic arterial hypertension, gestational hypertension, PE, and eclampsia. The didactic content is useful to better understanding about hypertension in pregnancy.

Brazilian authors reported a 22-year-old woman without obstetric history of preeclampsia, but presented with classical eclampsia after the fourth postpartum day. She had vaginal delivery at 37 weeks and postpartum without oedema, proteinuria, hypertension, headache or blurred vision, until the fourth day,
when the seizures started. Because late-onset postpartum eclampsia is rare and related to diagnostic pitfalls, brain images of angiography and magnetic resonance confirmed the initial clinical suspicion. In the late postpartum eclampsia the onset of convulsions occurs more than 48 hours, but less than four weeks after delivery, and may occur even without antecedent of PE; the authors highlighted the late onset and atypical features favouring misdiagnosis.

References