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Anaesthetic management of a pregnant female with impending eclampsia with Abruptio placentae presented angioedema and anaphylactic shock induced by administration of magnesium sulfate injection

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Abstract

Eclampsia is one of the most common anaesthetic crises, and it involves a safe travel for two lives. The definition, aetiology, pathophysiology, and treatment protocols are covered, with a specific focus on labour pain and caesarean section care. Eclampsia is a common difficult problem in our daily anaesthetic practice, yet it is rarely mentioned in anaesthesia textbooks. A lot of questions about fluid management and monitoring have yet to be answered.

Keywords: Anaesthetic, management, pregnant, eclampsia, anaphylactic, magnesium

Introduction

We report one of few documented cases of a severe anaphylactic reaction with angioedema to magnesium sulfate. Anaphylaxis due to magnesium sulfate is a rare event in pregnancy which leads to maternal hypotension leading to hypoxia ischemic injuries in fetus. Furthermore cesarean sections are performed at a high rate in anaphylactic pregnant female.

Case report

26 years old G2P1L0 with a 38 weeks pregnancy with impending eclampsia with abruptio placentae presented to labor room. No past history of drug allergy. Upon admission, the patient's vital signs were: blood pressure (BP) 180/110 mmHg, heart rate 100 beats per minute, respiratory rate 18 per minute. After arrival at the labor room, intravenous administration of magnesium sulfate was started for impending eclampsia. Her face was swollen and exhibited erythema all over the body. Maternal blood pressure was 80/46 mmHg and heart rate was 130 beats per minute. The mother was diagnosed with anaphylaxis and immediately received infusion of ringer lactate with left uterine displacement. The patient presented immediately after onset of her symptoms and quickly developed hypoxia and hypotension refractory to intramuscular epinephrine, intravenous fluids, hydrocortisone and supplemental oxygen via venturi mask. She ultimately required intubation, an epinephrine infusion. Fetal heart rate monitoring revealed sustained bradycardia, it was decided to proceed with cesarean delivery. After delivery, mother's vital signs recovered. Newborn was intubated due to birth asphyxia.

Discussion

Anaphylaxis is a serious life threatening and systemic allergic or hypersensitivity reaction with immediate onset. Anaphylaxis is a relatively infrequent event during pregnancy but can result in adverse outcome for the mother and fetus. Maternal hypotension and vasoconstriction decrease uterine blood flow and maternal hypoxia triggers intrapartum asphyxia resulting in ischemic encephalopathy, developmental disorders or death [1]. Anaphylaxis was diagnosed clinically without confirmation by laboratory testing. Prompt intervention and first aid are most important factors to treat anaphylactic shock during pregnancy [2].

Conclusion

This case report highlights that upon occurrence of anaphylaxis during pregnancy, maternal treatment and fetal assessment should be started immediately. Indication for immediate caesarean delivery should be considered. With prompt treatment the mother and fetus showed a good outcome.

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