

PP007 A DROWSY PREGNANT LADY WITH PERSISTENT HEADACHE

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INTRODUCTION:

Acute neurological conditions are commonly seen in emergency department with a broad differential diagnosis. However, in pregnancy, neurological conditions are a significant source of morbidity and mortality. There are important considerations regarding the differential diagnoses, imaging options and medical management.

CASE REPORT:

A 27 year old G5P4 at 23 weeks of gestation, unbooked and unscreened with no previous medical illness presented with fever, headache, neck pain, vomiting and altered mental status. Physical examination showed that she was drowsy. She also had slurred speech, bilateral eyes horizontal nystagmus and left eye isolated 6th nerve palsy. Fundoscopic examination showed no papilloedema. The diagnosis of cavernous sinus thrombosis was ruled out with both computer tomography and magnetic resonance imaging. Lumbar puncture revealed opening pressure of 31 cm H₂ O. Cerebrospinal fluid (CSF) analysis showed raised protein and low glucose level. The cell count for the CSF was 90% lymphocytes. Patient was treated as bacterial meningitis in which she responded clinically and subsequently discharged well.

DISCUSSION AND CONCLUSION

The diagnosis and management of neurological conditions in pregnant ladies can be very challenging. Concerns include effects of disease on the fetus, the diagnostic modalities, drugs safety as well as timing and mode of delivery. A systematic approach and a multidisciplinary team including physician, neurologist and obstetrician are essential to improve outcomes.