

A case of severe pre-eclampsia requiring an emergent surgical airway.

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Background:

Pre-eclampsia is an obstetric condition characterised by the onset of hypertension after 20 weeks gestation with end organ dysfunction. It can progress to eclampsia, which is characterised by seizures that can be life threatening. The incidence of pre-eclampsia in Australia is estimated to be 3.0-3.3% of pregnancies and there were 9 reported maternal deaths attributed to hypertensives disorders between 2011-2020.

Case:

This case describes a 26-year-old nulliparous woman presenting at 34 weeks gestation with asymptomatic hypertension and episodes of hypoglycaemia. Her significant history includes insulin dependent gestational diabetes and a tongue haemangiolympangioma. She was admitted for monitoring, had recurrent episodes of severe urgent hypertension and bloods demonstrating an evolving HELLP syndrome. She required an emergency Caesarean Section for an abnormal CTG trace the next morning. Immediately prior to surgery, she had an eclamptic seizure with resultant airway obstruction. There were difficulties securing her airway, secondary to oedema from her pre-eclampsia and bleeding from her friable tongue lesion. There was a period of critical hypoxia and she required an emergency surgical airway. She remained in ICU for 24 hours, recovered well and was discharged on day 6.

Discussion:

This case is an example of a rare instance of multi-factorial airway obstruction in the context of severe pre-eclampsia. Thankfully, there a positive outcome for both mother and baby. It flags pre-eclampsia as a serious life-threatening condition that can progress in a rapid and unpredictable fashion. It also reinforces the importance of a multi-disciplinary approach to the management of critically ill patients.