Seizures in early postpartum period: a diagnostic challenge
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Objective
To report a case of a previously healthy woman with an uneventful pregnancy that presented seizure episodes 3 days after delivery.

Methods
A case report of inaugural seizures in the postpartum period with its challenge differential diagnosis discussion and management.

Results
G2P0 previously healthy woman with an uneventful pregnancy followed at our institution because of maternal age (38 years old). She received a lumbar epidural during labor and delivered a healthy baby boy via cesarean section after nonreassuring fetal status. At the 3rd day after delivery she started paroxysmal episodes of involuntary contraction of the last three fingers of left hand and afterwards of left superior limb, lasting seconds with spontaneous cessation and then a stronger seizure with loss of consciousness. After this episode, there was no altered state of consciousness. The patient did not presented hypertension, headache, nausea, visual disturbances or fever. She had 3 more partial seizure episodes after the inaugural one. Laboratory tests showed no thrombocytopenia, liver or renal impairment or other relevant alteration. Magnesium sulphate was administrated until eclampsia was safely excluded. Lumbar puncture, head CT scan, EEC and ECG did not reveal any abnormality as well as cerebral MRI and magnetic resonance angiography. After being studied these partial (focal) seizures were interpreted as inaugural epilepsy.

Conclusion
Seizures in the postpartum period poses a clinical challenge since there are several causes. Evaluation and management should be performed in a stepwise fashion and may require a multidisciplinary approach with other specialties such as neurology. Differential diagnosis includes eclampsia, epilepsy, cerebrovascular accidents (ex. cerebral venous thrombosis), infectious encephalitis, brain tumors, liver/renal failure, metabolic derangement, thrombophilia, posterior reversible encephalopathy syndrome, thrombotic thrombocytopenic purpura, etc. There may also be considerable overlap in the presentation of these conditions, making diagnosis and treatment difficult. The distinction of etiology is critical, because therapy must be directed at the underlying disorder in order to achieve seizure control. Inaugural epilepsy in the postpartum period is an uncommon exclusion diagnosis that must be considered.