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# UNUSUAL CASE REPORT OF POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) WITH THROMBOCYTOPENIA

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**ABSTRACT** Posterior reversible encephalopathy syndrome (PRES) is a clinico-radiological syndrome characterized by white matter vasogenic edema affecting the posterior occipital and parietal lobes of the brain predominantly.Here it is a case due to unusual cause of thrombocytopenia

**KEYWORDS :** Thrombocytopenia

## INTRODUCTION

Posterior reversible encephalopathy syndrome (PRES) is a clinico-radiological syndrome having neurological symptoms characterized by white matter vasogenic edema affecting the posterior occipital and parietal lobes of the brain predominantly.The usual causes are Preeclampsia,Cytotoxic drugs,Autoimmune disorders,sickle cell anemia,TTP,Blood transfusions.

## MATERIALS AND METHODS

We report the unusal case of PRES due to thrombocytopenia.

## RESULTS

### CASE STUDY

A 45-year-old female with the history of Hysterectomy 5 days ago which was uneventful was brought to the emergency room with three episodes of generalized tonic–clonic seizures, vomiting and altered sensorium since 3 hours.

### GENERAL EXAMINATION:

Patient was drowsy, non coherent.
Pallor is present, No icterus, No cyanosis, No clubbing,No pedal edema, No lymphadenopathy.
Vitals were stable.

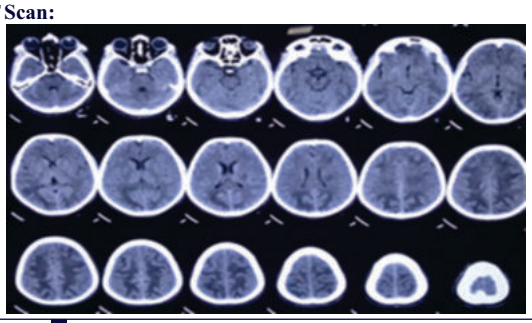
### SYSTEMICEXAMINATION:

GIT, Cardio-vascular, Respiratory examination were normal.
GCS-E3V3M5 , Pupils: B/L reactive

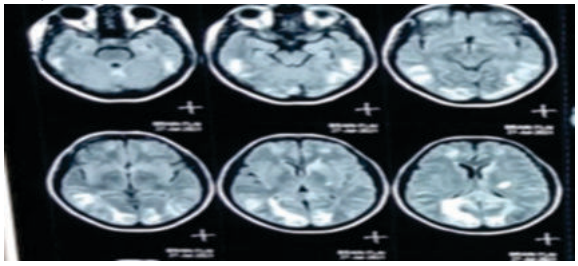
### LAB INVESTIGATIONS:

Hb-9.6mg/dl, Total WBC-5800 cells/cumm, Platelets-53000/cumm, BUN-18mg/dl, S. creatinine-0.7mg/dl,
S.sodium-139mEq/l, S.potassium-3.5mEq/l, S.chloride-103 mg/dl, S.Calcium -10mg/dl, CUE - Normal
NS1Ag-negative,Coombs test – Negative, ANA - Negative RBS,Thyroid profile,LFT-normal.,
USG Abdomen-Mild splenomegaly
Blood smear- No parasites detected.

### CT Scan:



### MRI:



## DISCUSSION

Patient presented with seizures and altered sensorium and with vomiting and has a recent history of hysterectomy 5 days back.After the surgery she was stable.Further evaluation suggested PRES on MRI and blood reports showed anemia, thrombocytopenia.Negative combs test, ANA was negative,serum electrolytes and coagulation profile were normal.USG showed mild splenomegaly.She was treated with anti-epileptics for seizures, osmotic diuretics for cerebral edema,but there was not much improvement and later 2 units of platelet transfusions were given following which she recovered.

## CONCLUSION

Timely diagnosis and treatment of PRES is curable.The patient was treated accordingly with anti epileptics,osmotic diuretics and better recovered after platelet transfusions. Apart from the usual causative factors there needs to be further evaluatation done on association of isolated thrombocytopenia with PRES.

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