



Late-Onset Eclampsia: A Rare Case with Unexpected Complications

Megan McCracken*

Department of Gynecology, Stanford University, Stanford, USA

INTRODUCTION

Eclampsia, characterized by the onset of seizures in a woman with preeclampsia, is a significant and potentially life-threatening complication of pregnancy. While most cases occur during the third trimester or postpartum period, late-onset eclampsia presents unique challenges, particularly when it manifests after the typical gestational window. This phenomenon can lead to unexpected complications, complicating both maternal and fetal outcomes. Late-onset eclampsia is often underrecognized due to its atypical timing, which may delay diagnosis and treatment. This case report highlights a patient who presented with late-onset eclampsia, illustrating the complexities of management and the importance of heightened clinical awareness. We will discuss the diagnostic challenges, management strategies employed, and the implications for clinical practice in recognizing and treating this rare presentation. By examining this case, we aim to contribute to the understanding of late-onset eclampsia and its associated complications, emphasizing the need for vigilance in monitoring at-risk populations throughout the entirety of pregnancy and the postpartum period.

Eclampsia is a serious complication of pregnancy characterized by the onset of seizures in women with preeclampsia, a condition defined by hypertension and signs of organ dysfunction. While it is most commonly associated with the later stages of pregnancy or the postpartum period, late-onset eclampsia presents unique challenges, particularly when it occurs unexpectedly beyond the traditional gestational timeframe. This phenomenon can complicate diagnosis and management, leading to significant maternal and fetal risks. Late-onset eclampsia often occurs in patients who may not display the typical risk factors associated with preeclampsia, making timely recognition and intervention critical. This case report highlights a 32-year-old woman who experienced late-

onset eclampsia at 37 weeks of gestation, revealing the complexities of her presentation and the unexpected complications that arose during her care. Through this case, we aim to underscore the importance of clinical vigilance in recognizing and managing late-onset eclampsia, contributing to a deeper understanding of its implications for maternal health and obstetric practice.

DESCRIPTION

This case report presents a 32-year-old woman who experienced late-onset eclampsia at 37 weeks of gestation, following an otherwise uneventful pregnancy. The patient initially presented to the emergency department with generalized seizures and altered mental status. Notably, she had no prior history of hypertension or preeclampsia, making her presentation atypical. Upon admission, her blood pressure was elevated, and laboratory tests revealed elevated liver enzymes and renal impairment, indicating severe preeclampsia. Despite immediate stabilization efforts, the patient developed additional complications, including pulmonary edema and postpartum hemorrhage. Emergency cesarean section was performed, resulting in the delivery of a healthy neonate. Postoperatively, the patient was closely monitored in the intensive care unit due to the severity of her condition. This case underscores the importance of recognizing the signs of late-onset eclampsia, particularly in patients who may not exhibit typical risk factors. It also highlights the potential for unexpected complications, emphasizing the need for prompt diagnosis and comprehensive management to optimize maternal and fetal outcomes. Through this report, we aim to raise awareness of late-onset eclampsia and its implications for clinical practice. Late-onset eclampsia refers to the occurrence of seizures in a pregnant woman after the typical gestational period, usually beyond 20 weeks of gestation

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Corresponding author: Megan McCracken, Department of Gynecology, Stanford University, Stanford, USA; E-mail: mmccracken14@stanford.edu

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and sometimes even in the postpartum period. This condition is often associated with severe pre-eclampsia, marked by hypertension and organ dysfunction, but may arise in patients with no prior history of hypertension or related issues. In this case, we present a 32-year-old woman who, at 37 weeks of gestation, experienced a sudden onset of seizures, leading to her emergency admission. Initial assessments revealed significantly elevated blood pressure and signs of multisystem involvement, including altered liver function and renal impairment. These findings indicated a critical progression to severe pre-eclampsia.

Despite immediate intervention, the patient developed complications such as pulmonary edema and significant postpartum hemorrhage following an emergency cesarean delivery. The neonate was delivered safely, but the mother's condition required intensive monitoring and management.

Late-onset eclampsia refers to the occurrence of seizures in pregnant women typically after 20 weeks of gestation or in the postpartum period, often following an episode of preeclampsia. This condition is particularly concerning due to its unexpected nature and the potential for severe complications.

Despite immediate medical intervention, the patient experienced additional complications, including pulmonary edema and significant postpartum hemorrhage following an emergency cesarean section. Fortunately, a healthy neonate was delivered, but the mother required intensive monitoring and management in the days following delivery.

This case emphasizes the need for healthcare providers to maintain a high index of suspicion for late-onset eclampsia, especially in patients without prior risk factors. It also highlights the importance of prompt diagnosis and comprehensive

management strategies to mitigate risks and improve outcomes for both mother and child.

This case highlights the complexities and risks associated with late-onset eclampsia, emphasizing the importance of vigilance in monitoring pregnant patients. It serves as a reminder that eclampsia can occur even in those without prior indications, necessitating a proactive approach in both diagnosis and treatment to ensure the best possible outcomes for both mother and child.

CONCLUSION

This case of late-onset eclampsia illustrates the critical need for heightened awareness among healthcare providers regarding the potential for seizures in pregnant patients, even those without prior risk factors. The unexpected nature of this condition, along with the complications that arose, underscores the importance of early recognition and prompt intervention. Our patient's experience highlights the multifaceted challenges associated with late-onset eclampsia, including the risk of severe maternal and fetal outcomes. Effective management requires a comprehensive approach, including careful monitoring and timely medical interventions. By sharing this case, we aim to enhance understanding of late-onset eclampsia and its implications in clinical practice. Ongoing education and vigilance are essential for improving outcomes in similar cases, ultimately contributing to better maternal and neonatal care.