

Category : **Cardiovascular: Other**

A34 - Persistent pre-eclampsia : survey of moroccan women

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Introduction:

Preeclampsia (PE) is the combination of pregnancy-induced hypertension ($\geq 140/90$ mmHg) and proteinuria greater than or equal to 300 mg per 24 hours above 20 weeks of amenorrhea. It usually disappears immediately after delivery in 24 to 48 hours. However, it can persist after placental evacuation and up to 6 weeks after delivery. Hence the importance of early diagnosis of persistent preeclampsia (PPE) postpartum and detect signs of severity, in order to establish adequate driving in time.

Methods:

We led a retrospective study of 547 cases of preeclampsia collected in the Gynecology and Obstetrics department of the Ibn Rochd Hospital over a period of 3 years. Two groups were identified. Group 1 (n = 504) included patients with preeclampsia immediately disappearing in the postpartum and a group 2 (n = 43) of patients with PPE. We followed them before and after delivery.

Results:

Persistent preeclampsia represented 8%. Mean age of our patients was 29,15 +/- 15,13 years. Factors related to the persistence of preeclampsia were mainly pauciparity in 61%, history of PE in 4,7% , gestational age < 36 weeks in 56% , severe preeclampsia in 14,7%, hypotrophy in 6% and eclampsia in 2%, and massive 24 hours proteinuria ≥ 3 mg / 24h in 60% (all p were 160/110 mmHg in 20.4%, a SBP > 170 mmHg in 13%, a and DBP > 110 mmHg in 9%. Edema was present in 70% of cases and was generalized in 9% of cases. The vaginal delivery was done in 44% of cases, Caesarean section was recommended in 56% of cases. Conservative treatment was adopted in 22% of cases; 15.05% required immediate use of intravenous antihypertensive treatments

Conclusion:

Preeclampsia is still common in developing countries. It remains a major cause of maternal and fetal morbidity and mortality. Our study confirms the seriousness of persistent pre-eclampsia, which carries a high risk of maternal complications (eclampsia, acute renal failure, cytotoxicity, etc.) and maternal mortality, which can be reduced at the cost of a better detection and treatment policy.