Abstract: 10 of all pregnancies are complicated by hypertension. Eclampsia and pre eclampsia constitute about half of these cases. Incidence of eclampsia is 1 in 100 to 1 in 1700 deliveries in developing countries like India. In eclampsia, intracerebral hemorrhage is an infrequent but fatal complication in pregnant women. Eclampsia accounts for 40% of intracerebral hemorrhage. Eclampsia constitutes 5-12% of maternal deaths during pregnancy. In deaths due to eclampsia, intracerebral hemorrhage alone constitutes 10-60% of deaths. Here we present a case of antepartum eclampsia who developed intracerebral hemorrhage. Inspite of the grave complication of increased intracranial tension and death, patient was saved by timely diagnosis and surgery.

Keyword: Hypertension, Eclampsia, Intracerebral hemorrhage

INTRODUCTION:
Eclampsia which is an extremely severe form of preeclampsia is characterised by sudden onset of generalised tonic clonic seizures and/or unexplained coma during pregnancy or postpartum in absence of other neurological conditions.

Antepartum eclampsia constitutes about 35-45% of cases. Intrapartum eclampsia constitutes about 15-20% of cases. Postpartum eclampsia constitutes 11-44% of cases. Eclampsia accounts for 40% of intracerebral hemorrhage.

CASE REPORT:
25 year old G2P1L1 with 33 weeks 4 days gestation, unbooked, coming from rural area presented with generalised tonic clonic convulsions to the hospital. Patient was brought in an unconscious state, responding to deep painful stimulus, with a Glasgow coma scale of 6/15 and blood pressure of 150/110mmHg at the time of admission. She was not a known case of pregnancy induced hypertension. She was managed with intravenous labetalol and magnesium sulfate. Patient was taken up for Emergency LSCS and she delivered an alive female baby of weight 1.9 kg. Postoperatively patient’s general condition was found to be the same. CT Brain was taken and it revealed pan ventricular hemorrhage. Patient was taken up for Emergency Neurosurgery, Burrhole done and an extra ventricular drain kept. Patient recovered well postoperatively without any neurological deficit and there was complete resolution of hemorrhage in follow up imaging. Baby was kept under neonatal intensive care unit for one week and discharged in a good condition.

Fig 1: CT brain showing hemorrhage in both lateral Ventricles

Fig 2: CT brain showing resolving hemorrhage postoperatively
Fig 3: CT brain showing complete resolution of hemorrhage

Fig 4: Our patient after recovery.

**DISCUSSION:**
Preeclampsia complicated by generalised tonic clonic convulsions increases the risk to both the fetus and the mother. Eclampsia is most common in the last trimester and now more in postpartum period. Eclampsia is the most common cause of intracerebral hemorrhage associated with pregnancy. Studies proved that there is a moderate decrease in cerebrovascular resistance, together with increased cerebral blood flow velocities cause cerebral hyperperfusion, loss of autoregulatory mechanism and eclampsia with ICH. Major maternal complications in the order of decreasing frequency include placental abruption, neurological deficits, aspiration pneumonia, pulmonary edema, acute kidney injury. Neonatal outcomes include asphyxia, low birth weight, and fetal demise. Management of eclampsia is ultimately by the use of general management, anti hypertensives, anti convulsant therapy and timely delivery.

**CONCLUSION:**
As eclampsia continues to be a major problem in developing countries, early detection using regular weight measurement, blood pressure monitoring, urine albumin is mandatory during antenatal visits. Early intervention reduces preventable deaths.

**REFERENCES:**