ECLAMPSIA : AN EXPERIENCE OF A CIVIL HOSPITAL

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ABSTRACT

Fifty two cases of eclampsia managed during 4 years at a civil hospital in Pune have been analyzed. The perinatal mortality was 27.20% and maternal mortality was 1.92%. Results of magnesium sulphate therapy were found to be better than lytic cocktail therapy.

MJAFI 1995; 51 : 245-246

KEY WORDS : Eclampsia; Magnesium sulphate therapy; Lytic cocktail therapy.

Introduction

Eclampsia, a disease of pregnant women, manifests when least expected. Though it has been controlled to a great extent by better antenatal facilities in service hospitals, it is still not uncommon to see these cases in civil hospitals. It also remains one of the important cause of perinatal mortality and maternal mortality/morbidity. Since the etiology of eclampsia remains unknown and controversial, the treatment remains empirical

Material and Methods

This study covers the period of four years from June 1989 to May 1993 when 52 cases of eclampsia were managed at Sonawane Maternity Hospital, Pune.

At the time of admission, detailed history was taken, general and local examination findings were recorded. Fourteen cases were treated by lytic cocktail therapy and 38 cases by magnesium sulphate therapy. Lytic cocktail therapy cases received, intravenously, pethidine 100 mg, phenergan 25 mg, and largactil 50 mg stat. Simultaneously an intravenous infusion of 10% glucose 500 ml with 100 mg pethidine was begun at the rate of 20 drops/minute. Depending upon the severity of eclampsia and response of the patient, phenergan and largactil were repeated at 4

hourly intervals alternately.

Magsulph therapy cases received intravenously 4 g dose in 200 ml isotonic saline over a period of 20-30 minutes, followed by a slow continuous infusion of 4 g in 200 ml saline. The infusion was continued for 24 hours provided the knee jerk was present, urine output was more than 30 ml per hour and respiration was regular. If diastolic blood pressure exceeded 110 mm of Hg, sublingual nifedipine was used to control hypertension.

After fits were controlled, and the cervix was found to be favourably dilated, the pregnancy was terminated by artificial rupture of membranes combined with oxytocin infusion. Caesarean delivery was resorted to in unfavourable circumstances.

Results

There were 8440 deliveries at the hospital during this period. The incidence of eclampsia was 0.62% (52 cases). There were 2 cases in the second trimester of pregnancy, 40 patients were in the third trimester, 8 cases of intrapartum eclampsia and 1 case of postpartum eclampsia patients.

Six patients were between 17 and 20 years of age, 28 cases between 21 and 25 years, 14 cases between 26 and 30 years and 4 patients above 30 years of age. Out of the total, 38 cases (73%) were primigravida and 14 cases (27%)

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TABLE
Result and outcome of eclampsia cases

Mode of treatment	No of eclampsia cases	Control of convulsions			Mode of delivery		
		Good	Poor	Fit recurrence	Vaginal	Instrument vaginal	Caesarean section
Lytic cocktail therapy	14	08	01	05	10	02	02
Magsulph therapy	38	32	06	-	26	09	03
Total	52	40	07	05	36	11	05

Note : Control of convulsion and fit recurrence, statistically significant between the two therapies ($p < 0.01$)

were multigravida. Thirty one patients received no antenatal care while 21 (40.4%) were booked cases who visited the antenatal clinic at least on 2 to 3 occasions. Out of these booked cases, 8 were advised admission during antenatal visits but refused due to domestic reasons. Eighteen cases had hypertensive changes on fundoscopy. Twelve had grade I to grade II changes, while 6 showed grade IV changes (papilloedema).

Fourteen patients were treated by lytic cocktail therapy and 38 cases were treated by magsulph therapy. Thirty six patients delivered vaginally, 11 had instrumental vaginal delivery and 5 had caesarean section (Table). Two caesareans were done for purely obstetric reasons (CPD) and 3 due to uncontrolled eclampsia. Fit recurrence rate was zero in magsulph therapy group while it was 35.7% (5 cases) in lytic cocktail therapy group. There was only one (1.9%) maternal death and it was due to acute left ventricular failure with severe anaemia and shock. There were 4 intrauterine foetal deaths and 10 preterm infants, whose weights were between 1.4 to 1.7 kg, were lost within one to two days. The overall perinatal mortality was 27.2%.

Discussion

This study brings out a few interesting points. Firstly the occurrence of eclampsia is not very uncommon in civil setting and it is rarely seen in service hospitals. This is possibly due to well nourished service personnel families and good antenatal care network.

In this study magsulph therapy was found to be very effective in preventing the recurrence of fits. The fit recurrence was zero with magsulph as compared to 35.7% with lytic cocktail the difference being statistically significant ($p < 0.01$). Fit recurrence after magsulph has been shown to be between 1.0% to 1.98% [1-3] while with lytic cocktail the fit recurrence has been observed to be between 28% and 61.85% [1,3]. These findings are comparable to this study. Our results with magsulph therapy are similar to those reported by Devi et al and Sandhu et al [4,5].

This study also establishes the fact that vaginal route of delivery is to be preferred as 47 patients (90.4%) were successfully delivered vaginally and only 5 cases (9.6%) required caesarean section. Hence, caesarean section is recommended only in case of obstetrical indication or in uncontrolled eclampsia.

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