

# Pulmonary Edema in Preeclampsia at ICU department of NMCHC 2023

DR. RANN NARUN DESARMU ICU DEPARTMENT, NMCHC

## Case review 1

- ▶ Mde Y R N , age 29, 110kg
- Dyspnea in 29 week pregnancy.
- Vital sign
- ► BP (210mmHg/110mmHg)
- ► Tachycardia, HR 120 bpm
- ► SpO2 :88%
- ► Temp: 37c
- ▶ Urine: 150ml/24H

**Physical Examination** ► General edema ► Cyanosis Lungs : Crackling sound Hearth: no signs of heart failure Abdomen: Extended with gravid uterus **Diagnosis : Pulmonary edema** 

in severe pre-eclampsia

- Begins with the standard emergency approach.
- Peripheral intravenous lines impossible > Central venous catheter
- Control BP : Nicardipine (IVSE) .
- Furosemide (IVSE).
- After stabilization of the patient, C-section was performed



4

► Antihypertensive treatment Diuretic agent (furosemide) ► Albumin human ► Fluid restriction Prednisolone (reduce) proteinuria)



The evolution was marked by the disappearance of the dyspnea within 48 hours, and stabilization of the blood pressure.

▶ BP 140/75mmHg

► Urine output :2500ml/24H



#### Case review 2

- Mde S M R, age 33
- 48 hour after admission she develop pulmonary edema
- Dyspnea
- ► Severe edema
- ► Anuria
- Diagnosis : pulmonary edema + ARF+ severe preeclampsia +HELLP syndrome



- ► Hemodialysis 4 session .
- Lung become clear.
- ► No dyspnea.
- Renal function return to normal.
- ► Urine output 3500ml/24H.
- Patient discharge without complication after 25 days in ICU.



## Introduction

- Preeclampsia is a most common complication during pregnancy and responsible of 15% of maternal mortality (WHO systematic analysis, 2014)
- Preeclampsia incidence in Cambodia is 2.34 per 1,000 deliveries (WHO Multicounty Survey 2011)
- Pulmonary edema is a common complication of preeclampsia, It can occur antepartum or postpartum
- Acute pulmonary edema accounts for 1.5% of admissions to the obstetric intensive care unit (Instituto de Medicina Integral, Brazil, 2015)

Preeclampsia is a complex disease process originating at the maternal–fetal interface that affects multiple organ systems.

Pregnancy is accompanied by physiological adaptations, making pregnant women more prone to developing pulmonary edema if there is either an increase in cardiac preload (fluids) or increased pulmonary capillary permeability (preeclampsia) or both making pregnant women particularly susceptible to pulmonary edema.

## Materials and Methods

A retrospective study at obstetric ICU department in National Maternity and Child Health Center (NMCHC) in Phnom Penh, Cambodia from 1 January, to 31 December 2023.

To determine the incidence of pulmonary edema among pre-eclampsia women

## Result

There was a total of 9737 deliveries in 2023
236 women preeclampsia with severe features were admission to ICU department.
28 had acute pulmonary edema.
24 case of the pulmonary edema were women under 35 years old.

## Incidence of Severe preeclampsia admission in ICU

	NMCHC (Phnom Penh Cambodia, 2023)	Srinagarind Hospital (Khon Kaen, Thailand 2016)
Number of deliveries	9737	11,199
Preeclampsia with severe features	236	213

# The incidence of pulmonary edema in Severe preeclampsia

	(Phnom Penh Cambodia,	Srinagarind Hospital (Khon Kaen, Thailand 2016)
Number of preeclampsia with severe features	236	213
Number of pulmonary edema	28	16

14



Age group	NMCHC (Phnom Penh Cambodia, 2023)	Srinagarind Hospital (Khon Kaen, Thailand 2016)
Under 35 years old	24	10
35 years or older	4	6

# Etiology of acute pulmonary edema in Severe pre eclampsia

Hypertensive crisis was the main cause of acute pulmonary edema in Severe preeclampsia (78%).
Fluid overload remains an important cause
Hypertensive crisis N:22
Fluid overload N:5
Acute Renal failure N:1

Etiology	NMCHC (Phnom Penh Cambodia, 2023)	Srinagarind Hospital (Khon Kaen, Thailand 2016)
hypertensive crisis	22	12
Fluid overload	5	4
Acute Renal failure	1	0

# Onset of pulmonary edema in Severe pre eclampsia

18

Acute PE occurred most commonly before delivery.
Antepartum N=24 (86%)
Postpartum N=4 (14%)

# Type of Delivery

The majority of the women underwent Caesarean sections section.

It is often impossible to wait for labor thus explaining the frequency of Caesarean sections.

► Cesarean section N=27(98%)

► Vaginal delivery N=1 (2%),

<b>Type of Delivery</b>	NMCHC (Phnom Penh Cambodia, 2023)	Srinagarind Hospital (Khon Kaen, Thailand 2016)
Caesarean sections	N=27(98%)	N=14(88%)
Vaginal Delivery	N=1 (2%)	N=2(12%)

## Maternal Mortality

There is no maternal death case in ICU cause by with acute pulmonary edema in Severe preeclampsia.

### Discussion

Overall incidence of Acute pulmonary edema in preeclampsia is 2.8 per 1,000 deliveries.

- ► The mean age of the women was 29 years old.
- ► The principal etiology is Hypertensive crisis (85%).
- Acute pulmonary edema occurred most commonly antepartum (86%).
- ► Most of deliveries were done by Caesarean section (98%)
- ► There is no Maternal death cause by pulmonary edema.

## Conclusion

23

Pulmonary edema is a common complication of preeclampsia.

Hypertensive crisis is the most commonly cause of pulmonary edema in pre-eclampsia.

Delivery is usually immediately induced to prevent maternal and fetal mortality.

- Antihypertensive treatment post partum is important.
- Fluid balance should carefully take place in every woman with preeclampsia.
- Multidisciplinary team increase the quality-of-care-related outcomes.

Furthermore, prospective studies are needed to understand the underlying mechanisms of Pulmonary edema in pregnancies and their proper management strategies.

### Reference

- 1. Say L, Chou D, Gemmill A, et al. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014;2(6):e323–e333. [PubMed] [Google Scholar]
- 2. Backes CH, Markham K, Moorehead P, Cordero L, Nankervis CA, Giannone PJ. Maternal preeclampsia and neonatal outcomes. J Pregnancy. 2011;2011:1–7. [PMC free article] [PubMed] [Google Scholar]
- 3. Visser W, Wallenburg HC. Maternal and perinatal outcome of temporizing management in 254 consecutive patients with severe preeclampsia remote from term. Eur J Obstet Gynecol Reprod Biol. 1995;63(2):147–154. [PubMed] [Google Scholar]
- 4. Ganzevoort W, Rep A, de Vries JIP, Bonsel GJ, Wolf H, PETRA-investigators Prediction of maternal complications and adverse infant outcome at admission for temporizing management of early-onset severe hypertensive disorders of pregnancy. Am J Obstet Gynecol. 2006;195(2):495–503. [PubMed] [Google Scholar]
- 5. Abalos E, Cuesta C, Grosso AL, Chou D, Say L. Global and regional estimates of preeclampsia and eclampsia: a systematic review. Eur J Obstet Gynecol Reprod Biol. 2013;170(1):1–7. [PubMed] [Google Scholar]

- 6. Sciscione AC, Ivester T, Largoza M, et al. Acute pulmonary edema in pregnancy. Obstet Gynecol 2003;101:511–5. [PubMed] [Google Scholar]
- 7. Amorim MM, Katz L, Ávila MB, et al. Admission profile in an obstetric intensive care unit in a maternity hospital in Brazil. [Perfil das admissões em uma unidade de terapia intensiva obstétrica de uma maternidade brasileira]. Rev Bras Saude Matern Infant 2006;6(suppl 1):s55–62. [Google Scholar]
- 8. Poole JH, Spreen DT. Acute pulmonary edema in pregnancy. J Perinat Neonatal Nurs 2005;19:316–31. [PubMed] [Google Scholar]
- 9. Altman D, Carroli G, Duley L, et al. Do women with pre-eclampsia, and their babies, benefit from magnesium sulphate? The Magpie Trial: a randomised placebo-controlled trial. Lancet 2002;359:1877–90. [PubMed] [Google Scholar]
- 10. Abalos E, Cuesta C, Carroli G, et al. Pre-eclampsia, eclampsia and adverse maternal and perinatal outcomes: a secondary analysis of the World Health Organization Multicountry Survey on Maternal and Newborn Health. BJOG. 2014;121Suppl1:14–24.

#### National Maternity and Child health Center, Phnom Penh Cambodia 27



សូមទីដំខាះនៃសារគ្នាសា