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## Recurrent posterior reversible encephalopathy syndrome in a hypertensive patient with underlying sepsis

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Posterior reversible encephalopathy syndrome (PRES) is a clinical syndrome characterized by cluster of symptoms including headache, confusion, seizure, visual impairment and other focal neurological signs. PRES recurrence, as in our patient, is most commonly associated with a rapid rise in blood pressure and affects patients that may be predisposed to cerebral dysregulation. However, despite recurrence of shifts in blood pressure and other predisposing factors, recurrence rates are very low. Only few cases of recurrent PRES have been reported in the literature. The purpose of this study is to present the case of recurrent PRES with underlying sepsis and hypertension and to describe the possible underlying mechanism precipitating it. A 57 years old female, who had recent episode of sepsis with E. coli and Staphylococci was found to have generalized tonic clonic seizures followed by loss of consciousness, which on further workup correlated with diagnosis of posterior reversible encephalopathy. We believe the etiology of PRES in our patient was related to uncontrolled blood pressure as well as to the underlying sepsis which could possibly have been the triggering event causing an endothelial cell dysfunction resulting in PRES. Recurrence of PRES due to various etiologies, though uncommon, does occur. It is frequently associated with a rapid rise in blood pressure and affects patients that may be predisposed to cerebral dysregulation. Hypertension is believed to have a preconditioning effect on the vascular territory that can facilitate vasogenic edema. The key to diagnosis in PRES is mainly the clinical suspicion and imaging modalities. Both patient and physician should be familiar with this underdiagnosed, clinically frightening syndrome to avoid persistent deficits.

### Biography

Nakul Katyal is a Medical graduate from India, presently working as a Research Volunteer at University of Missouri, Columbia, USA under the able guidance of assistant professor Dr. Christopher Newey and Dr. Raghav Govindarajan.

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