
P-63 A case of posterior reversible encephalopathy syndrome occurred after rapid correction of severe chronic anemia

Yuki Yamamoto ^a [Resident], Jun Ito ^a, Yukiko Kodama ^a,
Ayako Shioya ^b, Hiroyuki Kobayashi ^a

^a Department of General Medicine, Mito Kyodo General Hospital,

^b Department of Neurology, Mito Kyodo General Hospital

Introduction

Posterior reversible encephalopathy syndrome (PRES) is a clinico-radiological syndrome characterized by symptoms of headache, seizures and altered consciousness. Multiple factors such as hypertension, medications and others have been reported as causes of PRES, rapid correction of severe chronic anemia is one of the risks of PRES.

Case Presentation

A 51-year-old female was brought to our hospital with an episode of generalized convulsive seizure after headache and disturbance of consciousness. Her past history was significant with iron deficiency anemia for 7 years, and 2 months prior to admission, she was treated by iron and blood transfusion for advanced anemia with a Hb level of 3.6 g/dL. She developed status epilepticus. While the convulsions settled after infusion of anticonvulsant and her consciousness were immediately improved. The cerebrospinal fluid was normal. Brain MRI of T2/FLAIR, ADC maps showed multifocal hyperintensities in the bilateral occipital, cerebellum cortex, suggestive of PRES. She was discharged with no symptoms one week after. 6 weeks after the initial MRI, the MRI abnormalities were disappeared. We diagnosed as PRES occurred after rapid correction of severe chronic anemia.

Discussion

PRES is characterized by the image of vasogenic edema. Although the mechanisms are unknown, rapid correction of severe chronic anemia among adult women similar to this case has been reported. No case has not been reported with rapid correction of severe anemia. Thus, we need to take severe chronic anemia correction carefully.