Surgical 3rd Nerve Palsy in Preeclampsia: Are we Searching Too Hard in the Haystack?

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ABSTRACT

Introduction: 3rd cranial nerve involvement in pregnancy is uncommon compared to other cranial nerves innervating the eye. Furthermore, a "surgical" presentation of 3rd nerve palsy is even more rare, especially in the context of a "medical" condition like preeclampsia. This distinction is imperative as it determines the algorithm to initiate investigation and deliver prompt treatment. **Objectives:** To describe a woman with severe preeclampsia and surgical 3rd cranial nerve palsy, in the absence of a space-occupying lesion. **Methods:** Retrospective case report and literature review. **Results:** A 25-year-old primigravida presented at 35+4 weeks gestation with dizziness and vomiting, in the absence of focal neurological signs. She was diagnosed as severe preeclampsia and required a caesarean section for foetal compromise, delivering a 1215 g baby girl. Despite adequate blood pressure control, she developed complete right ptosis associated with mydriasis on the second postoperative day. A normal CT brain was followed by CT Angiogram and venogram, where a diagnosis of right middle cerebral artery aneurysm was made. To facilitate pre-operative planning, a cerebral digital subtraction angiography was done which surprisingly contradicted the previous investigation. As a result, MRI of the brain and pituitary was requested to exclude pituitary apoplexy. As all other investigations, including autoimmune screening were normal, she was diagnosed as mononeuritis multiplex secondary to severe preeclampsia. The ocular symptoms persisted but she made a full recovery when reviewed postpartum. **Conclusion:** The traditional approach to a 3rd cranial nerve palsy includes classifying presenting symptoms into medical (pupil-sparing) or surgical (pupillary involvement) causes, with the latter requiring invasive intervention. Despite extensive investigation and imaging, it is apparent that preeclampsia can mimic a "surgical" condition and present with pupillary involvement.

Using Video-Based Feedback during Simulation Training to Teach ISBAR Concept and Team Management in Postpartum Haemorrhage Scenario

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ABSTRACT

Introduction: Simulation-based training had been used to teach emergency management such as Postpartum haemorrhage (PPH) and concept of ISBAR in communication and team management. Providing feedback is a key component in conducting simulation session. We have introduced a video playback technique to provide feedback in ISBAR and PPH scenario simulation. Objective: To evaluate the perception of students and opinion on Video-based feedback during simulation session, aiming for incorporating ISBAR concept during PPH management scenario. **Methods:** The students divided into groups of 6 or 7. The scenario was on a PPH involving a medium fidelity manikin. Their performance as a team was video-recorded using trainer's smartphone for 4 minutes. Then, the trainer conducted a feedback session by replaying the video, emphasizing on ISBAR aspect. After the feedback for 5 minutes, the students will performed again the same scenario. The online survey involved closed ended question with Likert scale and open questions for qualitative analysis, conducted post training. **Result:** 44 students participated and 41 of them responded to the online survey. 34 (83%) strongly agreed that the learning objectives were met. Majority of them agreed that the video-based feedback was beneficial for knowing their mistakes (71%), applying theoretical knowledge (68%), improving their intended skills (68%) and retaining information longer (68%). They were in agreement that the video feedback was better than the traditional lecture-style feedback (mean Likert score 4.5 of 5). Self-rating improved significantly post video-feedback (2.2/5 Likert before, to 3.6 Likert post). **Conclusion:** Video-based feedback is beneficial in Simulation training, especially involving in scenario based skills. It can replace traditional style of lecture feedback.