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Cortical blindness in a perimortem caesarean section survivor

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ABSTRACT

Introduction: Perimortem caesarean section is performed during maternal cardiac arrest objectively to help in maternal resuscitation. In this case report, we discuss a complication that occur in a mother who survived this eventful perimortem caesarean section. **Case Description:** We describe a case of a 33-year-old lady, gravida 6 para 4 + 1 at 29 weeks of gestation with antenatal issue of pre-eclampsia being treated with Oral Labetalol 200 mg TDS. She has had 2 caesarean sections in the past and is noticeably obese. She presented with severe respiratory distress as a result of acute pulmonary oedema which was secondary to severe pre-eclampsia, requiring intubation and assisted ventilation. She suffered cardiac arrest hence CPR and resuscitative hysterotomy was performed. She required critical care and assisted ventilation for 13 days in the ICU. She woke up with visual loss of both eyes with preserved perception of light but no other neurological deficit. CT Brain revealed no significant abnormality. She was diagnosed with cortical blindness and her condition remained the same at 3 months postpartum. **Discussion:** Cortical blindness is a visual impairment with normal pupillary response and normal ocular fundus. It is a rare complication in postpartum period in which can be due to pre-eclampsia and eclampsia which account for 15% of cases, postpartum haemorrhage or hypercoagulable state associated with pregnancy. However, in most cases it is usually transient and treating underlying cause will usually resolve the cortical blindness.

A-004

Ovarian sex cord stromal tumour presenting as severe oligomenorrhoea and secondary subfertility

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ABSTRACT

Introduction: Ovarian sex cord stromal tumour is a rare cause of oligomenorrhoea and subfertility. **Case Description:** We describe a case of a 42-year-old lady, Para 1, who had her last childbirth 10 years ago and was keen to have another child. She gave a history of severe oligomenorrhoea for past three years but there were otherwise no signs of hyperandrogenism. She has been having recurring left iliac fossa pain which did not resolve with conservative treatment. Clinical examination revealed no remarkable abnormalities. Pelvic ultrasound showed a bulky and slightly hyperechogenic left ovary. Diagnostic laparoscopy and biopsy showed elements of an androgenizing left ovarian tumour which was later confirmed to be a left ovarian Sertoli Leydig cell tumour and surgically removed. The right ovary was normal. She resumed regular menstruation post-operation and was able to achieve spontaneous conception and gave birth to a healthy baby in 2019 by Caesarean section. **Discussion:** It is important to bear in mind rare diagnoses. It does make a significant difference to our patients.