Clinical Study on Severe Preeclampsia and Eclampsia

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This study was undertaken for epidemiological and clinical evaluation on women with severe preeclampsia or eclampsia who were admitted to St. Benedict hospital from January, 1980 to June, 1983, by evaluating 214 cases of severe preeclamptic patients and 19 cases of eclamptic patients among 7452 delivers.

The detailed results of the reviews were as follow with the brief literatures.
1. The incidences of severe preeclampsia and eclampsia to total deliveres were 2.9% and 0.25% respectively.
2. The frequency of maternal age from 21 to 25 which was the most prevalent childbirth group was 43.9% in severe preeclampsia group, and 84.2% in eclampsia group.
3. In severe preeclampsia patients, primigravidas were affected in 68.3%, and eclampsia patients were all primigravidas.
4. The most prevalent gestational period at delivery was 37~40 weeks gestation in 58.4% of severe preeclampsia group and 42.1% of eclampsia group.
5. Majority of the patients with severe preeclampsia or eclampsia had taken no antenatal care (58.4% in severe preeclampsia, 84.2% in eclampsia)
6. In severe preeclampsia, 37.4% of the patients were in systolic blood pressure 160~199mmHg, the diastolic blood pressure 110~129mmHg at admission. In eclampsia, 47.3% of the patients were in the systolic blood pressure 160~199mmHg, the diastolic blood pressure 130mmHg or more at admission.
7. 30.5% of the patients with severe preeclampsia or eclampsia had in degree of proteinuria on admission, but 3.4% at discharge.
8. In 45.5% of the patients with severe preeclampsia or eclampsia revealed hemoglobin level 10.0~11.9gm%, the frequency of the patients with hemoglobin level
below 9.9gm% was 26.2%. Average platelet count was 259,000/mm³. The most prevalent hemocrit level was 30.0~35.9% group.

9. The average values of Na, K, Cl, Ca, BUN, Creatinine, and protein were within normal range.

10. The most common blood type was A⁺ in severe preeclampsia and B⁺ in eclampsia.

11. On fundoscopic findings of retina, the frequency of the patients with normal or K-W grade I was 73.2%.

12. 82.4% of the patients with severe preeclampsia or eclampsia were delivered vaginally, and 17.6% of the patients were performed cesarean section. The most frequent indication for cesarean section was C.P.D.

13. 79.0% of the patients received local infiltration, in cases of cesarean section, the majority of the patients had general anesthesia.

14. In cases of vaginal delivery, 38.5% of the patients had 500ml or more blood loss after delivery. In cases of cesarean section, 24.4% of the patient had 1,000ml or more blood loss after delivery.

15. The great part of the patients with severe preeclampsia or eclampsia (68.3%) delivered within 48 hours hospitalization.

16. A large majority of the newborns (77.2%) measured 2,500gm or more in birth weight, and the frequency of the patients with 600~799gm in placental weight was 53.2%.

17. The maternal mortality rate of severe preeclampsia and eclampsia managed in St. Benedict hospital was 0 per 100,000 live births.

18. The stillbirth rate was 28.5 per 1000 births, and neonatal mortality rate was 8.4 per 1000 livebirths. The overall perinatal mortality rate was 36.6 per 1,000 births.

19. Average duration of hospitalization in severe preeclampsia, delivered vaginally was 5.4 days, and delivered by cesarean section was 11.0 days. In eclampsia, delivered vaginally was 8.2 days, and delivered by cesarean section was 10.4 days.

20. In severe preeclampsia and eclampsia group, there were many associated diseases which were composed of spontaneous rupture of membrane (37 cases), twins (13 cases), congestive heart failure (3 cases), puerperal fever (3 cases), placenta abrupto (2 cases), breech presentation (2 cases), pneumonia or bronchis (2 cases), and one case of placenta previa, hydroamniosis, and placent accreta.

I. 서 론

산과영역에 있어서 모성사망의 3대 원인으로 출혈성 질환, 간질성질환, 임신증후군합을 들 수 있다. 그중 간질성 및 출혈성질환은 환생계의 개발과 수혈의 용이성으로 흔히인한 큰 치료결과를 초래하였으나 임신 증후군합은 아직도 발생률이 높을 뿐 아니라 높은 산상사망률을 초래하여, 지금까지 많은 학자에 의하여 계속적으로 연구되어 왔으나 발생원인 및 본래에 대한 여전히 여러가지 추정이 이론이 있으나 아직도 학설이 불확실하여 이에 대한 치료도 탄력적 오법의 한계를 빚어가지 못하고 있는 실정이다. 저자들은 최근 임상 간증증(이하, 간증증이라 약칭) 및 자궁증처치의 임상적 자료를 분석 고찰하여 차후 임신증후군합 환자의 예방 및 치료의 지침을 세우기 위하여 문헌적 고찰과

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