

POSTPARTUM PSYCHOSIS FOLLOWING ECLAMPSIA: EARLY FOLLOW-UP OF A CASE

Alperen Kanıvar, Ayse Erguner Aral, Esin Erdogan

Department of Psychiatry, İzmir City Hospital, İzmir, Türkiye

OBJECTIVE: The postpartum period predisposes women to various psychiatric disorders. Postpartum psychiatric conditions such as postpartum blues, postpartum depression, and postpartum psychosis (PP) can emerge during this period. PP, though rare in the general population (0.89-2.6 per 1000 births), is a psychiatric emergency requiring prompt evaluation and intervention due to its severe outcomes. This paper discusses a case of PP, analyzed with informed consent and in light of the literature.

CASE: A 32-year-old woman, 38 weeks pregnant, was referred for psychiatric evaluation on the second postpartum day. The patient exhibited symptoms including withdrawal, refusal to care for her baby, nonsensical speech, and visual hallucinations starting on the first postpartum day. Her history revealed epilepsy treated with 800 mg/day carbamazepine during pregnancy, hypertensive progression, and emergency cesarean delivery due to eclampsia. On psychiatric examination, she presented with distressed affect, irritable mood, visual, auditory, and tactile hallucinations, persecutory delusions, circumstantial

speech, and aggression for the past week. Routine laboratory tests and EEG results were normal. The patient was admitted to the psychiatric ward with a preliminary diagnosis of PP. Treatment with 10 mg/day olanzapine was initiated. By the 14th day, her hallucinations subsided, but persecutory delusions persisted. At the 40-day follow-up, she showed no positive psychotic symptoms.

DISCUSSION: PP typically manifests within the first two weeks postpartum. In this case, symptoms began on the second postpartum day. Cesarean delivery is a known risk factor for PP, and emergency cesarean due to eclampsia was a contributing factor in this case. Eclampsia has been reported as a significant risk factor for PP development(7). Literature highlights olanzapine, quetiapine, and risperidone as primary treatments for PP(8). Consistent with this, 10 mg/day olanzapine effectively alleviated psychotic symptoms in our patient.

Keywords: Postpartum psychosis, postpartum period, eclampsia