Earlier Detection and Withdrawal of Correlated Agents Could Enhance Reversibility of PRES

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ABSTRACT

PRES is a complication of critical illness that has led to mortality in up to 15% of cases. mABs can be associated w/ PRES and earlier detection via MRI can benefit outcomes.

INTRODUCTION

Caring for a Stage IV clear cell carcinoma pt

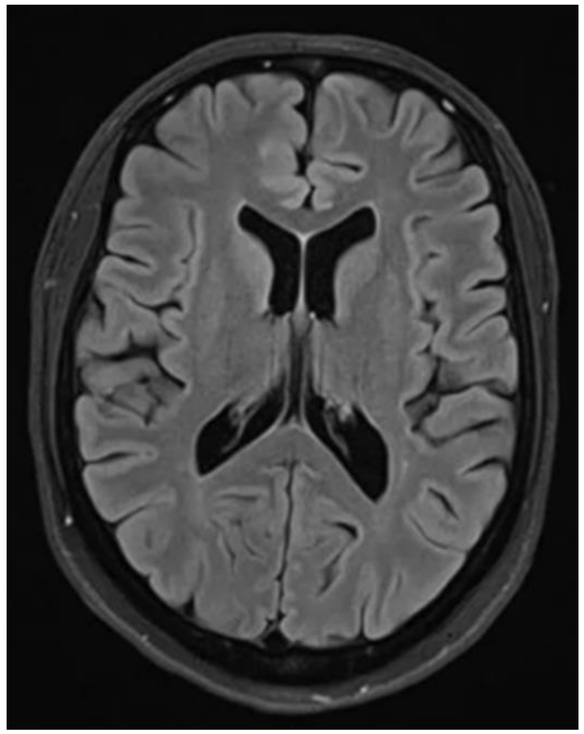
PMHx - TAH-BSO, chemo and Good Pasture's

BibEMS s/p syncope in shower prior to 3rd round of chemo

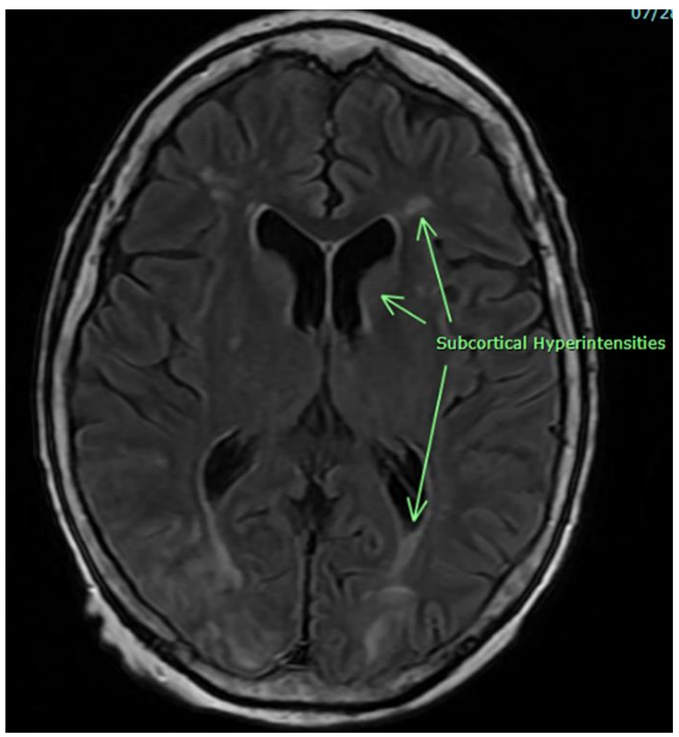
Transferrred to MICU w/ AHRF 2/2 acute encephalopathy

MRI - bl parietal-occipital hyperintensities

NORMAL MRI BRAIN



SIGNS OF PRES



CONCLUSION & NEXT STEPS

***Cyclosporine moa*:** decreased nitric oxide production --> dose-dependent HTN --> blood-brain barrier damage

Effect of Pt's meds: Levatanib and bevacizumab had anti-angiogenic effects, which caused endothelial dysregulation and resultant hyperperfusion

Take-home message: MRIs on similar patients could be done sooner, prompting tx of HTN and mab removal

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