

Watch the following video: [https://youtu.be/CRhGx8A7Dqg?](https://youtu.be/CRhGx8A7Dqg?si=TLWwkHL28qt76JSg)

[si=TLWwkHL28qt76JSg](https://youtu.be/CRhGx8A7Dqg?si=TLWwkHL28qt76JSg) Answer the following questions:

1. What underlying placental abnormalities contribute to both preeclampsia and eclampsia?

Spiral arteries do not dilate, actual become fibrous (narrow) and leads to poorly perfused placenta.

2. What is the timing of preeclampsia in pregnancy?

After 20 weeks gestation and up to 6 weeks after delivery.

3. What are the risk factors that predispose individuals to preeclampsia and eclampsia?

First pregnancy, multiple gestations, advanced maternal age (>35), HTN, DM, obesity, and family Hx of preeclampsia.

4. What are the main clinical signs of severe preeclampsia—and how do they differ from eclampsia?

HTN (SBP \geq 140 mmHg, DBP \geq 90 mmHg), less blood reaching certain parts of body (oliguria due to poorly perfused kidneys), proteinuria (glomerular damage), blurred vision/flashing lights (poorly perfused retinas), elevation in liver enzymes, right upper quadrant pain, generalized edema (face, legs, hands), pulmonary edema, cerebral edema. Seizures occurring differs eclampsia from preeclampsia.

5. Why is delivery ultimately considered the only “cure” for preeclampsia and eclampsia, and what are the key considerations involved?

Gestational age of fetus and severity of disease are to be considered. Problems of preeclampsia stem from placenta, so once placenta is delivered, problems should subside on their own.