Decompressive Craniectomy for Posterior Reversible Encephalopathy Syndrome

Posterior reversible encephalopathy syndrome (PRES) is a poorly understood, rare condition associated with obstetrical deliveries. Medical management is directed at treatment of the underlying cause while maintaining normal blood pressure and providing symptomatic relief. Patients with PRES have been successfully treated with close observation with optimal medical therapy leading to reversal of the condition. Although edema usually occurs in the occipital lobe in PRES, it can also localize in the cerebellum leading to a potential risk for obstructive hydrocephalus and cerebellar herniation. Neurosurgical intervention in life-threatening cases is directed at ventricular drainage or posterior fossa decompression. Although PRES has been largely considered a nonsurgical condition in the past, we present a case report demonstrating the need for a decompressive craniectomy for a patient who developed severe mass effect from cerebellar swelling eight days puerperium.