



The Medical **Bulletin**

Quiz Corner

Let us have a case analysis.

A young lady of 22-yrs in her third trimester has had Hypertension-of 180/110 mmHg and Proteinuria.

Patient was put on Magnesium Sulphate and Beta blocker-Labetalol.

She had good control of BP.-130/80 mm Hg.

After a few days, she had nausea, vomiting and subsequently she was sleepy and fatigued. Then her BP dropped to 100/72mmHg.Elicitation of her Deep Tendon Reflexes--> decreased.

Serum Creatinine - 2.2mg/dL

Mg--6.2mEq/dL

—Queries—

- 1.Why did she develop Hypermagnesemia?
- 2.How can we recognise Mg intoxication ?
- 3.How can we treat this patient?

ANSWER.

- 1.Why did she develop Hypermagnesemia?

In view of PET-

Explanation: It is due to putting the patient on Magnesium Sulphate->

Exogenous load--->Hypermagnesmia

High Creatinine and Albuminuria-->

Impending Renal failure

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