Dear Sir,

Bromocriptine mesylate (Parlodel®, San-doz) is a prolactin secretion inhibitor commonly used for suppression of puerperal lactation [1]. It is an ergoalkaloid derivate in which hydrogenation suppresses the usual α-adrenergic vasoconstrictive effect of these derivate. Furthermore, it is a vasodilating drug by activation of the D2 dopamine receptors [2] which has been even proposed in treatment of hypertension [3]. However, in certain conditions like acromegalia without hypopituitarism, Raynaud syndrome may occur in 36% of the patients taking bromocriptine [4] and numerous cases have been reported of ischemic neurological and cardiac complications linked to bromocriptine-favored vasospasm in predisposed patients [4-13]. The review of 1,813 women taking bromocriptine for lactation suppression by Watson et al. [14] has suggested that patients with previous pregnancy-induced hypertension were particularly at risk for bromocriptine-associated postpartum hypertension. We report here a case where a hypertensive crisis complicated with seizures and acute renal failure but without hyperuricemia, he-mostasis and liver disturbances, without brain CAT and RMI abnormality or renal histological changes, occurred 11 days after delivery of an uneventful pregnancy in a young primipara with only a sister history of preeclampsia as predisposing factor.

Valérie C. is a 31-year-old white woman, 1 gravida, 1 para, with familial preeclampsia history. She had an uneventful pregnancy and an uncomplicated full-term spontaneous vaginal delivery on December 7, 1992. Labor, delivery and immediate postpartum were normal. From day 1, she received 2.5 mg of bromocriptine twice a day for suppression of lactation. On day 5 of postpartum, she had a headache and a change in behavior but her blood pressure was
normal (130-80 mm Hg). Temperature was 37.8-38 °C and therefore after a cytobacteriologic examination of her urine, the patient was...
personal history of previous pregnancy-induced hypertension but also familial history of preeclampsia should be included as a contraindication of this drug in postpartum. All these women should be informed about the necessity to have their blood pressure rapidly measured in case of headaches. Bromocriptine treatment should be added to the etiological list of postpartum seizures which are so frequently reported of unknown origin (8 identifiable etiologies only out of 62 patients in the series of Lubarsky et al. [16] in which the responsibility of bromocriptine was not looked for).

References


Convulsions, Hypertension Crisis and Acute Renal Failure in Postpartum Nephron 1996;72:732-733