A woman aged 31 years, G2P2, without any pathological past history, with good prenatal care, with a normal prenatal analysis, blood pressure during the follow-up was normal, admitted for elective caesarian section at 38 weeks of amenorrhea.

During realization of the spinal anesthesia the patient presented peak of the hypertensive (180/100 mm Hg) which normalized after a few minutes without treatment.

In post-partum, after 12 hours of the caesarian section the lady presented a severe headache with apyrexia then she developed three episodes of generalized tonico-clonic convulsions.

The 1st convulsion ceased 1 min after the measures of resuscitation and injection of diazepam IV.

The post-critical clinical examination found an afebrile patient and blood pressure at 140/90 mmHg and with Glasgow coma scale at 14 without any neurological deficit, there was no neck rigidity, diuresis was preserved.

The examination of urines by urinary strip was positive (+ + +).

The 2nd and 3th convulsive crisis stoped spontaneously within few seconds.

Laboratory findings of HELLP syndrome include raised liver enzymes (ASAT 525 IU/L and ALAT 214 IU/L), hemolysis (hemoglobinemia in 7 mg/dl) and low platelet count (44 000 platelet/mL).

Other investigations included the renal function tests, the inflammatory markers, the thyroid hormones were normal.

The viral serology was negative.

The patient was transferred to intensive care unit; she was treated immediately by magnesium sulfate associated to calcium channel blocker (nicardipine), antiepileptic (phenobarbital) and preventive dose of low molecular weight heparin.

The anemia and thrombopenia corrected by transfusion of packed red blood cells and platelet respectively.

The magnetic resonance imaging (MRI), realized one hour after the first episode of convulsion showed zones in hyposignal T1, hypersignal T2 and flair sequences, interesting the cerebral cortex, parietal and occipital sub-cortical and the white matter.

Intracranial venous sinuses were permeable.

The diagnosis of the PRES syndrome secondary to the severe preeclampsia immediate post-partum was retained (Figure 1).

The electroencephalogram (EEG) realized in the second day did not showed anomaly.

The evolution was marked by the normalization of blood pressure, the normalization of the neurological state and of the biological analysis.

The patient discharged in good condition on day 5, with beta-blocker and sodium valproate maintained during three months.

THE MRI of the controle made three months later showed complete resolution of cerebral edema Figure 2.