

30. OVARIAN HYPER STIMULATION IN ASSISTED REPRODUCTION (SRI LANKAN EXPERIENCE)

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With the development of new techniques of assisted reproduction in the treatment of infertility ovarian hyperstimulation syndrome is a potentially serious complication which is encountered more frequently. This is a new problem seen in Sri Lanka with the introduction of assisted reproduction. We report four cases of ovarian hyperstimulation syndrome during assisted reproduction at one of the centres in Sri Lanka.

Case No 1:

25 year old Mrs. A.B. with a history of B/L Salpingectomy for TB salpingitis and 1st sub fertility for 3y duration underwent ovulation hyperstimulation for IVF with the long protocol. She developed severe ovarian hyperstimulation syndrome and was managed medically with careful monitoring.

Case No 2:

Mrs. T.M. 31 year old P_2C_0 presented with a history of 11^7 sub fertility for 2 years duration. After 6 failed IUI attempts she underwent controlled ovarian hyperstimulation for IVF with the long protocol. She developed severe ovarian hyperstimulation syndrome. She was pregnant after embryo transfer which made the condition worse.

Case No 3:

Mrs. L.I. 25 years old [P_2C_2] underwent ovulation induction as an egg donor with the long protocol. She developed moderate ovarian hyperstimulation syndrome during the post oocyte recovery period. With inward treatment she recovered completely. Her egg recipient is currently pregnant.

Case No 4:

29 years old Mrs. A.W. had ovarian stimulation with gonadotrophins as she was anovulatory with poor response to clomiphene citrate and ovarian drilling. She was pregnant after intra uterine insemination and presented with massive ovarian enlargement and ascites. She was managed conservatively and she had a miscarriage at 6 weeks.

Conclusion:

Ovarian hyperstimulation syndrome is a potentially serious complication of ovarian stimulation. This is becoming more frequent with the advanced fertility treatment. Awareness about this condition is important whenever treatment is given for ovarian stimulation. Early detection, careful monitoring and adequate supportive therapy results in good outcome.