

## Ovarian Hyperstimulation Syndrome with Clomiphene Citrate Therapy – A Case Report

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Unexplained infertility is usually treated with clomiphene as the cumulative pregnancy rate is reported to be as high as 50% with such therapy. Ovarian enlargement is infrequent with a 5-day course. Anovulatory women with polycystic ovaries are at maximum risk for ovarian hyperstimulation syndrome (OHSS).

### Case Report

Mrs. R. 25 years married for 2 years was anxious to conceive and was investigated for primary infertility. The male and female factors were normal. The couple were advised to follow fertile period for 3 months which did not result in conception. As the couple were anxious, for social reasons, it was decided to start on empirical clomiphene therapy.

Follicular monitoring of unstimulated cycle showed the size of dominant follicle (DF) 27 x 18 mm on 14<sup>th</sup> day which did not rupture till 21<sup>st</sup> day of the cycle in spite of administration of 10,000 IU of HCG on day 16 (DF 35 x 25 mm). She was started on clomiphene citrate therapy of standard protocol in the next cycle. During the 2<sup>nd</sup> cycle (October 1999) she was started with a dose of 100 mg clomiphene. She complained of pain in abdomen and vomiting of one week duration on 10<sup>th</sup> day of the cycle. TVS showed bilateral large multiple follicles of different sizes with thin walls. Pain was not relieved with analgesics. Pain progressively increased on day 12, She developed abdominal distension. A tender mass of 8 x 6 cm was palpable in lower abdomen. On per vaginal examination, uterus was normal size and there was severe tenderness in fornices with bilateral masses. TAS (Fig. 1) showed large bilateral ovarian cysts of >10x10 cm with extremely thin walls and ascites. Transabdominal USG guided aspiration of largest cyst

was done under local anaesthesia; 300 ml of serous fluid was aspirated. Her serum electrolytes were normal. She was hospitalized for 24 hours and was treated with IV fluids and analgesics. There was symptomatic relief after aspiration but pain in abdomen, though of decreased severity, persisted for a month TVS (November 1999) showed left ovary measuring 45x63 mm and right ovary 32 x 36 mm. She was reassured and was advised against any method of ovulation induction. She conceived spontaneously in May 2000, i.e. 6 months after the development of OHSS and has a normal intrauterine pregnancy of 20 weeks.



Fig. 1: TAS. Parts of bilateral ovaries with thin walls are seen along with free fluid (Bladder was empty). Cross-section of uterus with endometrial echo is seen inferiorly.