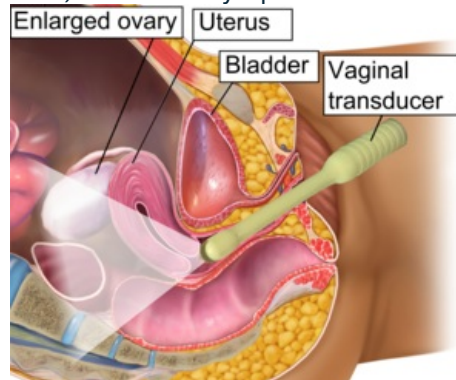


Ovarian hyperstimulation syndrome

Ovarian hyperstimulation syndrome (OHSS) is a set of symptoms that occurs as a complication of *iatrogenic*

stimulation of oocyte maturation^{[1][2]}.



Symptoms

Symptoms of ovarian hyperstimulation syndrome are effusions, especially ascites, pleural effusion and pericardial effusion. Furthermore, *hemoconcentration*, *hypalbuminemia* and the pain of enlarged ovaries.

The symptoms '*do not include fever*'.

The basic condition for the diagnosis is not only a set of these symptoms, but an anamnestic data on ""recent stimulation"" of follicle maturation and stimulation of ovulation by peak LH or hCG must be obtained.

Pathophysiology

The detailed pathogenesis is not completely known, but fluid transfer is thought to be caused by increased production of **VEGF** ('*vascular endothelial growth factor*') produced by the corpora lutea that are formed after ovulation.

Diagnostics

It is determined on the basis of anamnesis (state after stimulation), clinical symptoms, possibly laboratory.

Hemoconcentration in KO in the highest degree of OHSS. Liver tests and leukocytes may be elevated. USG will show varying degrees of enlarged ovaries and free fluid.

Differential diagnosis

- Peritonitis,
- appendicitis,
- another NPB.

Information on the number of stimulated follicles will help in differential diagnosis. The Assisted Reproduction Center monitors this information carefully, the woman is very likely to know it and it is also possible to find it out by phone.

Complications

High risk of thrombosis.

Treatment

Symptomatic treatment (fraxiparin, analgesics) with waiting. The condition resolves spontaneously in 2-3 weeks.

In more severe cases, hospitalization. Ascites can be punctuated, but after a few days it will be replenished, albumin substitution is then necessary (more daring workplaces transfer punctuated ascites IV). In extreme situations, termination of pregnancy can be considered, however, since this is a complication of treatment for the impossibility of spontaneous pregnancy, this is a last resort. In the case of abdominal surgery, spare the ovaries despite their pathological macroscopic appearance.



Prevention

The most frequently used method is the ``freeze-all *procedure, where maturing follicles are punctured before ovulation and IVF is performed.*

Links

Related Articles

- Assisted reproduction
- Ovarian cycle
- Ovarian cysts

External links

- Template:Acute

References

1. ŘEŽABEK, Karel. *Sterility, infertility, assisted reproduction* [lecture for subject Gynecology and obstetrics pre-state internship, specialization General medicine, 1. medical faculty Charles University in Prague]. Prague. 1/30/2014. Avaliable from <<https://el.lf1.cuni.cz/gprezabek1b>>.
2. ROB, Luke – MARTAN, Alois – CITTERBART, Karel. *Gynecology*. 2. edition. Prague : Galen, 2008. 390 pp. ISBN 978-80-7262-501-7.