A-005

A dilemma in management following ovulation induction

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ABSTRACT

Introduction: Ovarian Hyperstimulation Syndrome (OHSS) is not an uncommon complication following ovulation induction with Clomiphene Citrate or other ovulation induction agents. This complication maybe rare however, the incidence is higher in Polycystic Ovarian Syndrome (PCOS). The incidence of OHSS varies between different types of fertility treatment with incidence being higher in Assisted Reproductive Technology (ART) cycle. Possibility of pregnancy of unknown location (PUL) / Ectopic is also a known complication. **Case Description:** A 30-year-old lady (primary infertility for 18 months) presents to hospital at day 21 menstrual cycle complaining of worsening supra pubic pain following ovulation induction with Clomiphene Citrate 50 mg OD for 5 days duration. Clinical examination done noted vital signs normal. However, per abdomen mild suprapubic tenderness, not distended, no mass palpable, no shoulder tip pain. Scan showed multiple ovarian follicles with bilateral enlarged ovaries with the largest follicle measures 4.5 x 4.6 cm, free fluid at Pouch of Douglas (POD) and a suspicious left adnexal mass. Hence, we were in a dilemma whether we were dealing solely with OHSS, or with concurrent pathology (haemorrhagic corpus luteum/ectopic). Urine Pregnancy was positive. βHcG monitored was increasing in trend in keeping with her clinical symptoms. First βHcG was 10,812 U/L, subsequent 48 hours βHcG was 17,790 U/L. Therefore, she was diagnosed with OHSS and to rule out pregnancy of unknown location. She then underwent diagnostic laparoscopy converted to open laparotomy. Intra operation revealed multiple enlarged follicles of left ovary and ruptured left tubal pregnancy with torn broad ligament. On right ovary noted ruptured corpus luteum. Otherwise uterus was normal. **Discussion:** It is always good to bear in mind, that following ovulation stimulation cycle there is high possibility of multiple complications of the stimulation cycle. Any form of intervention to the ovaries with OHSS should be avoided, unless there is evidence of torsion or bleeding. When treating a patient with diagnosis of pregnancy of unknown location who is asymptomatic and stable, the approach of medical management with Methotraxate (MTX) is an option and should be considered. As a conclusion, if surgical intervention is required, precaution should be taken to avoid manipulation of the enlarged OHSS ovaries.

A-006

Successful vaginal delivery of placenta previa major with intrauterine death at 30 weeks: A case study

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ABSTRACT

Introduction: This is a case study where a patient with major placenta previa (Type III posterior) with intrauterine death opted for a conservative management instead of surgical intervention. The intention was to aim for a vaginal delivery after a period of conservative management to reduce maternal morbidity. **Case Description:** The patient was a 26-year-old primigravida with a diagnosis of major placenta previa (Type III posterior) and intrauterine death (IUD) at 26 weeks gestation. A conservative management was decided. She was reviewed weekly with full blood count (FBC) and coagulation profile with serial ultrasonography (USG) and doppler to look for placenta vascularity. Throughout the follow-up patient was asymptomatic and blood investigations were within normal parameters. USG doppler revealed a decrease in vascularity over the placenta bed and placenta atrophy throughout the follow-up by the end of 4th week. Thus, patient was advised for medical induction with prostaglandin E1 as she has no symptoms of labour. Patient successfully delivered a grossly normal macerated stillbirth weighing 600 gm, with complete placenta weighing 200 gm, after 4th prostaglandin. The delivery was uncomplicated, and the estimated blood loss was 300 ml. **Discussion:** From this study, we can conclude that PP major with IUD, initially treated conservatively for a period of 4 weeks, followed by induction of labour, leads to successful vaginal delivery without complication.