XIX Национален конгрес
по стерилитет и репродуктивно здраве
с международно участие

XIX National Congress
of Infertility and reproductive health
with international participation

15 - 18 март 2018
Боровец

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Borovets

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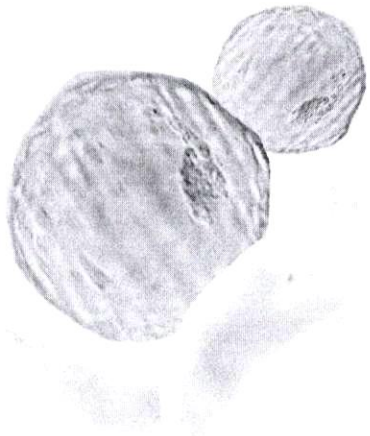
ABSTRACTS



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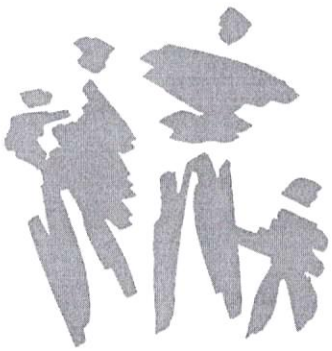

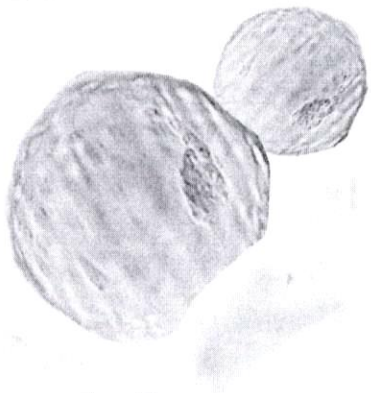

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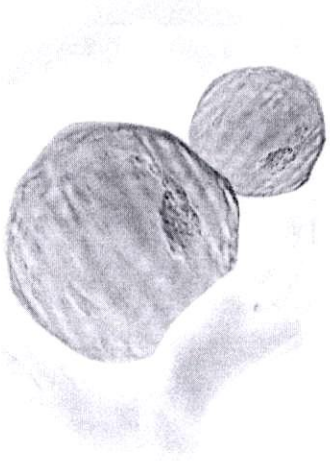

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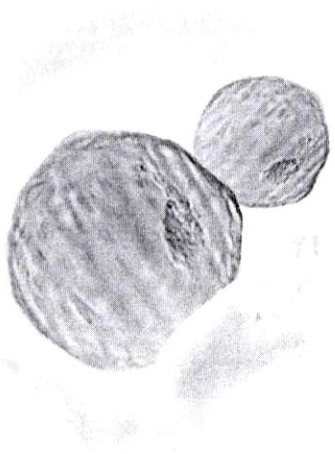
ОРГАНИЗАТОР НА КОНГРЕСА

БЪЛГАРСКА АСОЦИАЦИЯ ПО СТЕРИЛИТЕТ И РЕПРОДУКТИВНО ЗДРАВЕ



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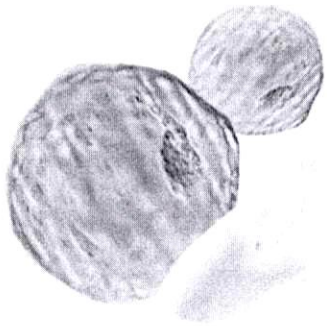

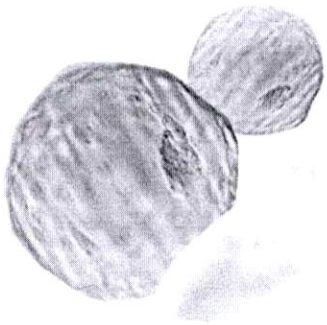

We gave directions to our patien to go to the Gynecology Clinic in Skopje ,where she was treated with Metotrexate No III.After 7 days she was written from Ginekological clinic ,in good condition, and with β-hCG= 5230. She made control β-hCG and ultrasound every two days .... β-hCG was falling down and the ultrasound was without ovarian mass and without outburst in Douglas cavity.

CONCLUSION

The diagnosis is made in asymptomatic pregnant women by obstetric ultrasonography. On pelvic examination a unilateral adnexal mass may be found. Typical symptoms are abdominal pain and, to a lesser degree, vaginal bleeding during pregnancy. Patients may present with hypovolemia or be in circulatory shock because of internal bleeding. An ovarian pregnancy can be mistaken for a tubal pregnancy or a hemorrhagic ovarian cyst or corpus luteum prior to surgery. Sometimes, only the presence of trophoblastic tissue during the histologic examination of material of a bleeding ovarian cyst shows that an ovarian pregnancy was the cause of the bleeding.

SEVERE OHSSY WITH ASCITES IN IVF TREATMENT: CASE REPORT

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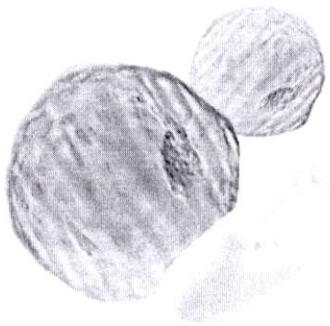
Ovarian hyperstimulation syndrome (OHSSy), especially severe OHSSy, is an iatrogenic and potentially life-threatening complication of assisted reproduction.



Ascites is one of the clinical manifestations of severe OHSSy, which can lead to dyspnea, oliguria, distended abdomen and discomfort. The focus of attention in such cases is placed firmly upon the health of the patient, but also on insisting on achieving a healthy pregnancy as of a secondary importance.

We describe a case of severe OHSSy in a 29-year-old patient following an IVF et ET treatment and a long protocol of gonadotropin stimulation. The patient was admitted in our hospital at the Intensive Care Unit on the sixth day after an embryonic transfer in a severe clinical condition with dyspnea, distended abdomen above the chest wall, vulvar edema and oliguria. By the use of Ultrasound method ascitic fluid was confirmed in the abdomen and both ovaries were visibly enlarged with the presence of multiple follicles. The patient admissional hypoproteinemia was improved with 18 units of human albumins and 6 units of plasma. There were noticable laboratory deviations which were in addition of hyperkalaemia, hyponatremia, and severe hypercoagulable condition, after which appropriate anticoagulation therapy was administered at highly initial doses. Paracentesis was done four times with the largest evacuation of three litres of ascitic fluid at a time. This was followed by a significant decrease in abdominal discomfort and improvement in the urine output.

This case resulted in intrauterine gestational sac and beta-HCG values in the serum that increased proportionally and led to a healthy pregnancy. In the meantime, the pregnancy was monitored at another facility. The pregnancy ended in the thirty-third gestation week with a caesarean section and alive birth, when once again the patient was hospitalized in our facility with eclampsia.

Keywords: OHSSy, IVF et ET, eclampsia.