Postpartum OHSS presented as loss of consciousness and severe intraabdominal bleeding

N. Tug

Ovarian hyperstimulation syndrome (OHSS) classically occurs with ovulation induction but spontaneous cases may also be seen. To the best of our knowledge, there are two cases of postpartum OHSS in the English literature one of which was an IVF pregnancy whose enlarged ovaries did not regressed until two months postpartum and underwent laparatomy due to suspicion of malignancy; and the other case was diagnosed at the time of cesarean section as the ovaries were enlarged. Both were treated with wedge resection and/or enucleation of cysts and intravenous albumin as appropriate. The presented case in this paper is a case of OHSS which was developed 48 hours after induced vaginal delivery of a spontaneous 21 weeks in utero mort de fetus followed by dilatation and curettage with the diagnosis of rest placenta. The patient was then taken into the emergency clinic with a clinical picture of loss of consciousness and shock. The patient was referred to our clinic at 3rd postpartum day. She was a 29 years old unconscious primiparous lean female with hypotension, tachycardia, oliguria. She had a mild vaginal bleeding and the laboratory analyses included severe anemia, marked leukocytosis, hypoalbuminemia, mildly elevated liver function enzymes and deteriorated aPTT, d-dimer and fibrinogen levels. Sonography revealed severely enlarged ovaries with multiple cysts and severe amount free fluid. After filling the intravascular compartment appropriately, her clinic was not improved and a laparatomy was performed. The abdomen was filled with a huge amount of defibrinated blood and both ovaries were severely distented and bleeding. The multiple cysts contained serous fluid and some were stained with blood. All of the follicles were drained and bleeding of the ovaries was controlled with suturing as much as possible and a soft drain was placed to the Douglas pouch. The patient was then supplemented appropriately with blood elements and her clinic rapidly improved postoperatively until discharge from intensive care unit at 7th and from the hospital at her 10th day postoperatively. At her visit at 4th week of the operation, all clinical, laboratory and sonographic findings were normal.