



Successful pregnancy following ovulation induction post adult pelvic irradiation and ovarian transposition for myxopapillary ependymoma.

DR RUBINA ALI CHOUGLE

CONSULTANT OBSTETRICS/GYNAECOLOGY & REPRODUCTIVE MEDICINE

AL SEEF HOSPITAL, KUWAIT

INTRODUCTION

- Advances in both oncology and reproductive medicine have allowed us to deliver care to patients that involves both better survival and improved quality of life post cancer treatment.
- The data regarding adult women exposed to radiation is limited to case reports.
- All of these reports are of spontaneous pregnancy
- There are no reports of successful pregnancy with fertility treatment.

CASE REPORT

A 28 years old patient with a history of spinal myxopapillary ependymoma (Figure 1) presented to fertility clinic in 2018. She had undergone initial resection in Kuwait in 2010 and had a recurrence in lumbar spine in 2013.

The patient then had a second resection in US. There was residual disease identified on MRI and a positive margin in pathology report.

The patient underwent ovarian transposition and then radiotherapy (54Gy in 30 Fractions) in Cleveland clinic at the age of 23.

The patient was given ethinyl estradiol the daily treatment. She was followed until 2016, when she was clinically well with stable neurological symptoms except constipation and the need for self-catheterization.

CLINICAL PRESENTATION & FERTILITY TREATMENT

Clinical Presentation

At the time of presentation trying to conceive for 6 months.

She had been on oral contraceptive pill for four months prior.

Patient had regular menstrual cycle, her clinical examination showed a normal uterus and endometrium.

Investigations

On Ultrasound the ovaries could not be visualized.

The ovaries were located in the flanks and were identified by the clips seen on x-ray.

Patient had a normal FSH but her progesterone was anovulatory.

Her husband's semen analysis was normal and the patient was advised ovulation induction.

Fertility Treatment

In the first cycle the patient was given low dose (50MG) of clomiphene citrate for five days but she failed to conceive.

The ovaries could not be seen on ultrasound.

The following cycle the patient was given a combination of clomiphene and recombinant FSH, and was monitored by serial estradiol levels.

Patient was advised to time intercourse with LH surge. Fortunately, she conceived in the same cycle.

Ultrasound confirmed a viable single intrauterine pregnancy, the patient was followed closely (Figure 2).

The main concern was pain due to recurrent UTI.

The fetal growth was satisfactory and regular cervical length was done.

Patient had one episode of early pregnancy bleeding.

At 20 weeks' patient developed gestational diabetes and was managed with dietary modification, the patient had another episodes of bleeding at 29 weeks.

CLINICAL PRESENTATION & FERTILITY TREATMENT

The pregnancy progressed until 39 weeks with satisfactory fetal growth.

The patient was advised elective lower segment caesarean section.

LSCS due to unfavorable examination. The surgery was uneventful with no adhesions. The ovaries could not be identified, tubes were normal. Live female baby weighing 3kg was delivered by an elective Caesarean section with normal APGAR score.

Patient made unremarkable recovery.

Patient wished to conceive again 2 years after her last pregnancy.

She was given several cycles of ovulation induction and IUI. She was found to have one tube blocked.

She conceived again but unfortunately, this pregnancy ended in a miscarriage.

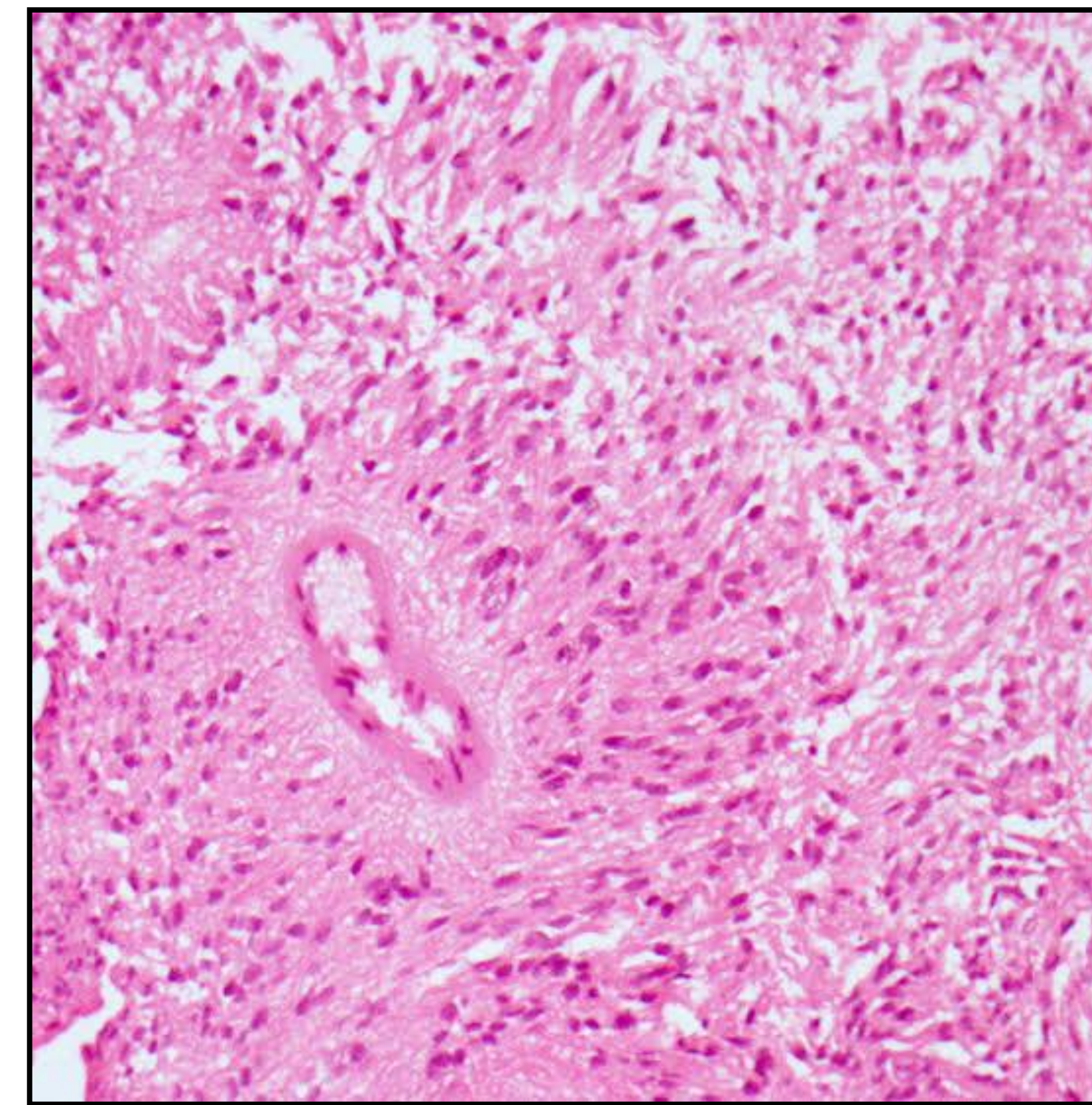


Figure 1: Ependymoma H & E



Figure 2: USG at 12 weeks gestation

DISCUSSION

- Successful pregnancy post radiation to the pelvis are rare due to uterine scarring and many women need surrogate.
- Transposition of ovaries preserves the chance for future fertility.
- With increasing women surviving cancer there is a need to collect data on the impact of total or partial uterine radiation.

Contact: Dr Rubina Ali Chougale, Consultant Obstetrics/Gynaecology & Reproductive Medicine

Email:rali@alseef-hospital.com