

Sclerotherapy of Ovarian Endometrioma Effect on Anti-Mullerian Hormone and Ovarian Reserve: A Case Report

Afaf A. Felemban, Ghadeer L. Aljahdali, Haya Aljurfani, Jawaher A. Alsahabi, Raad Madkhali, Abdulrahman Alqahtani

Department of IVF, King Abdulaziz Medical City, Riyadh, SA; College of Medicine, King Saud Bin Abdulaziz University for Health Sciences, Riyadh, SA; Department of Obstetrics and Gynecology, King Abdulaziz Medical City, Riyadh, SA; Radiology Department, King Abdulaziz Medical City, National Guard of Health Affairs, Riyadh, Saudi Arabia.

Background

Infertility is one of the major agonies to couples and it is increasing worldwide. Couples struggling with infertility for a long period find it hard and challenging especially if it is associated with physical pain such as pelvic pain in endometriosis. Endometriosis and endometrioma affects ovarian function and the increasing pressure over the ovaries lead to diminished ovarian reserve even in young age.

Case Presentation

A 30-year-old lady complaining of secondary infertility for 7 years and chronic pain. She had multiple trials of IVF/ICSI cycles that ended with recurrent failure of implantation. A positive history of endometriosis and had two laparoscopic cystectomies. We have made an endometrial sampling which showed (+) Chronic Endometritis. Despite the low AMH, we given her an IVF trial with 150 Merional and 300 Gonal F, no oocytes found. Ethanol sclerotherapy was suggested as a treatment option; thus she underwent the procedure with instant pain relief afterwards. Two months later, she was enrolled to another IVF/ICSI trial after the drastic increase in AMH and ovarian reserve.

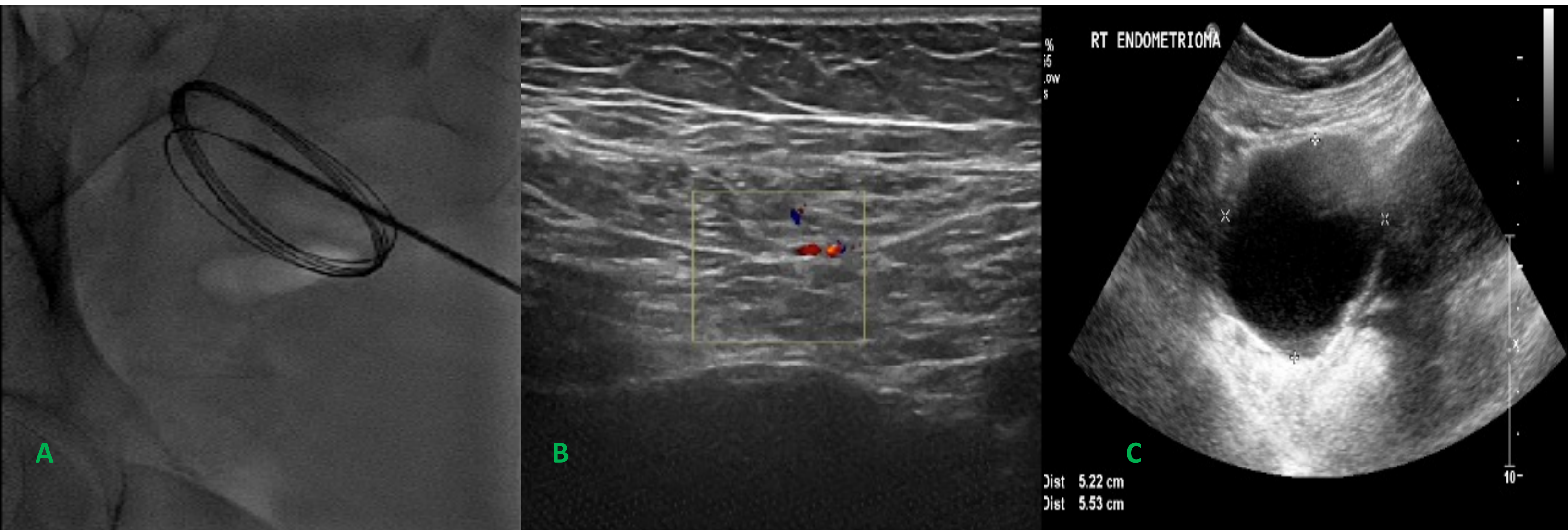
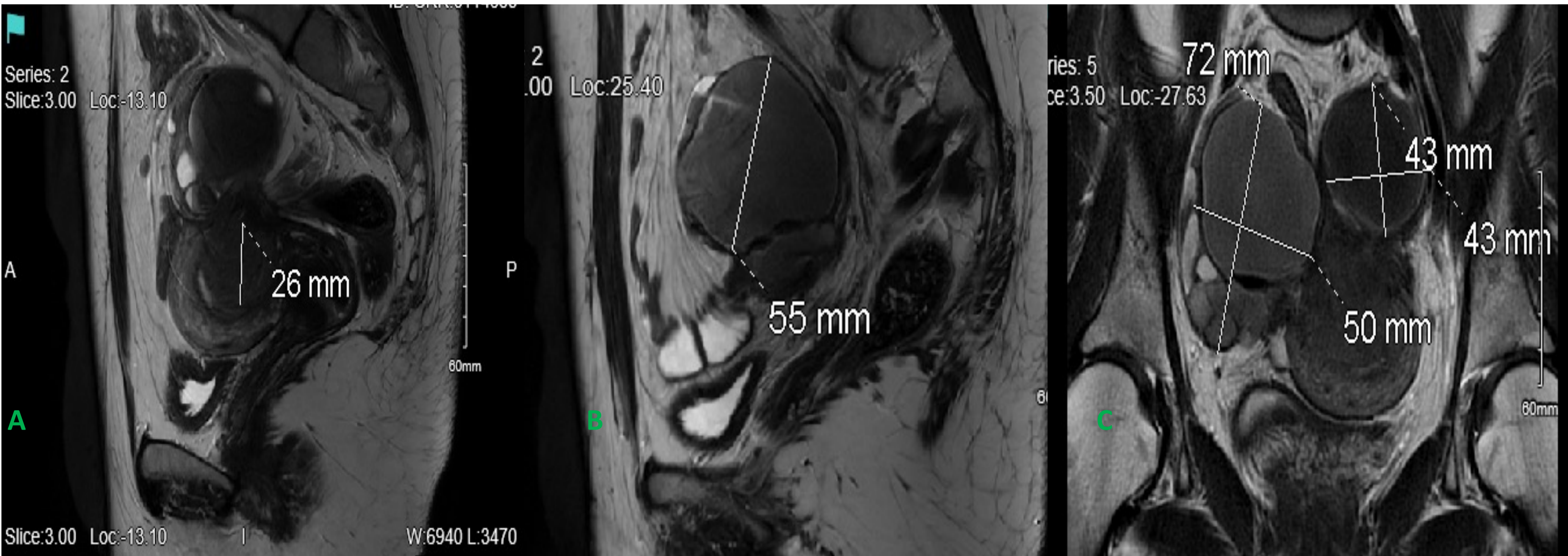
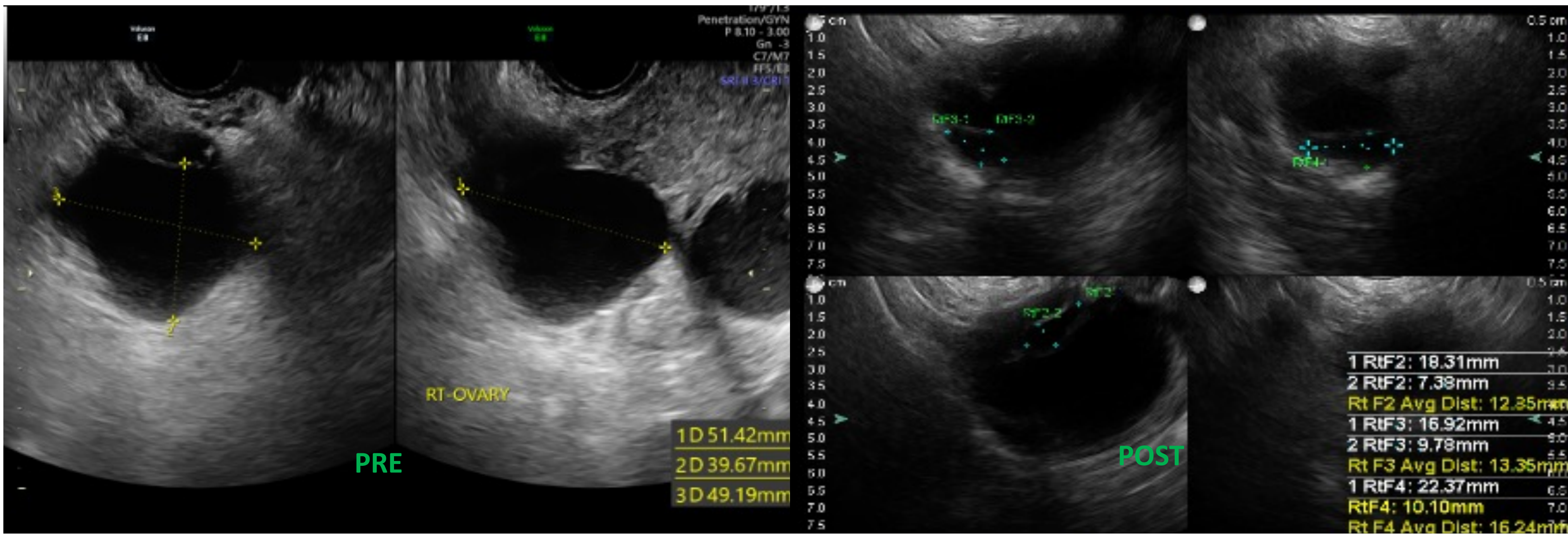


Table 1: Laboratory Investigations Pre- and Post-Sclerotherapy

Item	Pre-Sclerotherapy		Post-Sclerotherapy	
Anti-Mullerian Hormone	1.41		11.62	
Estradiol	<88		248	
Antral Follicular Count	RT Ovary	LT Ovary	RT Ovary	LT Ovary
	2 <10 mm	4 <10 mm	3 >16mm	2 <10mm

Discussion

Sclerotherapy is therapeutically comparable to surgery, however there is an increase in recurrence rate. It is considered superior in terms of fertility preservation unlike surgery. The AMH and serum Estradiol instantly increase post sclerotherapy. Studies have stated spontaneous pregnancy after sclerotherapy.

Conclusion

Sclerotherapy showed promising results in patient suffering from chronic pain and secondary infertility due to ovarian endometrioma. This case opens the door for more curious questions and a hope for challenging cases of infertility secondary to endometrioma.

