

Hyperreactio Luteinalis post-molar pregnancy: A diagnostic dilemma and clinical insight.

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Objective:

- This case of hypereactio luteinalis (HL) following evacuation of molar pregnancy highlights an uncommon but important clinical scenario of bilateral ovarian enlargement following evacuation due to elevated human chorionic gonadotropin (HCG) levels.
- This condition posed diagnostic and management challenges. Prompt recognition of HL enabled conservative management , avoiding unnecessary surgical intervention.
- This case- report emphasizes the need for awareness among clinicians regarding HL following evacuation of molar pregnancy, its natural course , management and outcomes.

Case- report :

- A 27 year old **primigravida** of **Asian ethnicity** and normal body mass index (BMI) presented at 10 weeks' gestation with intermittent per vaginal bleeding and mild abdominal pain.
- Examination revealed a 14- week sized uterus and ultrasound suggested molar pregnancy.
- Surgical evacuation was done and histology confirmed **complete hydatidiform mole**.
- Twelve days later, she presented with worsening abdominal discomfort and a suprapubic mass.
- Ultrasound revealed a large multicystic mass 15*10*7.5 cm in the pelvis. Computerised tomography (CT) scan confirmed complex pelvic masses but no visceral injury.
- Diagnosis of hyperreactio luteinalis was made as there was bilateral ovarian enlargement and symptoms of abdominal discomfort and tenderness but no significant systemic signs like ascites, pleural effusion or elevated hematocrit.
- She was managed conservatively and her ovarian cysts and symptoms were improved within 3 weeks and HCG normalised after 8 weeks.

Discussion :

- HL can mimic ovarian malignancy or ovarian hyperstimulation syndrome (OHSS), posing diagnostic challenges. Accurate diagnosis prevents unnecessary surgical interventions.
- HL is associated with high HCG levels as in molar pregnancy while OHSS is iatrogenic due to ovarian stimulation with fertility drugs.
- HL is due to hyperstimulation of luteinized theca cells by elevated endogenous HCG levels. HL is generally asymptomatic and may have mild abdominal discomfort and imaging findings of enlarged ovaries with cysts.
- However, OHSS presents with severe abdominal pain , ascites , pleural effusion which may cause significant morbidity.
- Management of HL is usually conservative and is typically self-limiting and resolves postpartum once the HCG starts declining. OHSS can be life- threatening and managed with strict fluid balance, thromboprophylaxis and paracentesis in severe cases if required.

Conclusions:

- This case underscores the importance of early recognition and conservative management of hyperreactio luteinalis in molar pregnancy, thus avoiding unnecessary interventions.
- Further research is needed to focus on refining management strategies and exploring predictive markers and thus enhancing clinician awareness.

