

Severe Ovarian Hyperstimulation Syndrome Complicated by Tubo-Ovarian Abscess and Bilateral Hydroureteronephrosis Following IVF: A Case Report

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Abstract

Ovarian hyperstimulation syndrome (OHSS) is a potentially life-threatening complication of IVF. We report a 33-year-old woman who developed a large tubo-ovarian abscess and bilateral hydroureteronephrosis following IVF, requiring urgent drainage and multidisciplinary management.

Background

Severe OHSS can rarely be complicated by tubo-ovarian abscess (TOA), posing significant risk. This case represents an atypical but critical complication of OHSS requiring multidisciplinary management.

Interventions

CT-guided drainage was performed, aspirating 250 mL of purulent fluid. Managed with IV antibiotics (piperacillin-tazobactam), no surgical intervention needed.

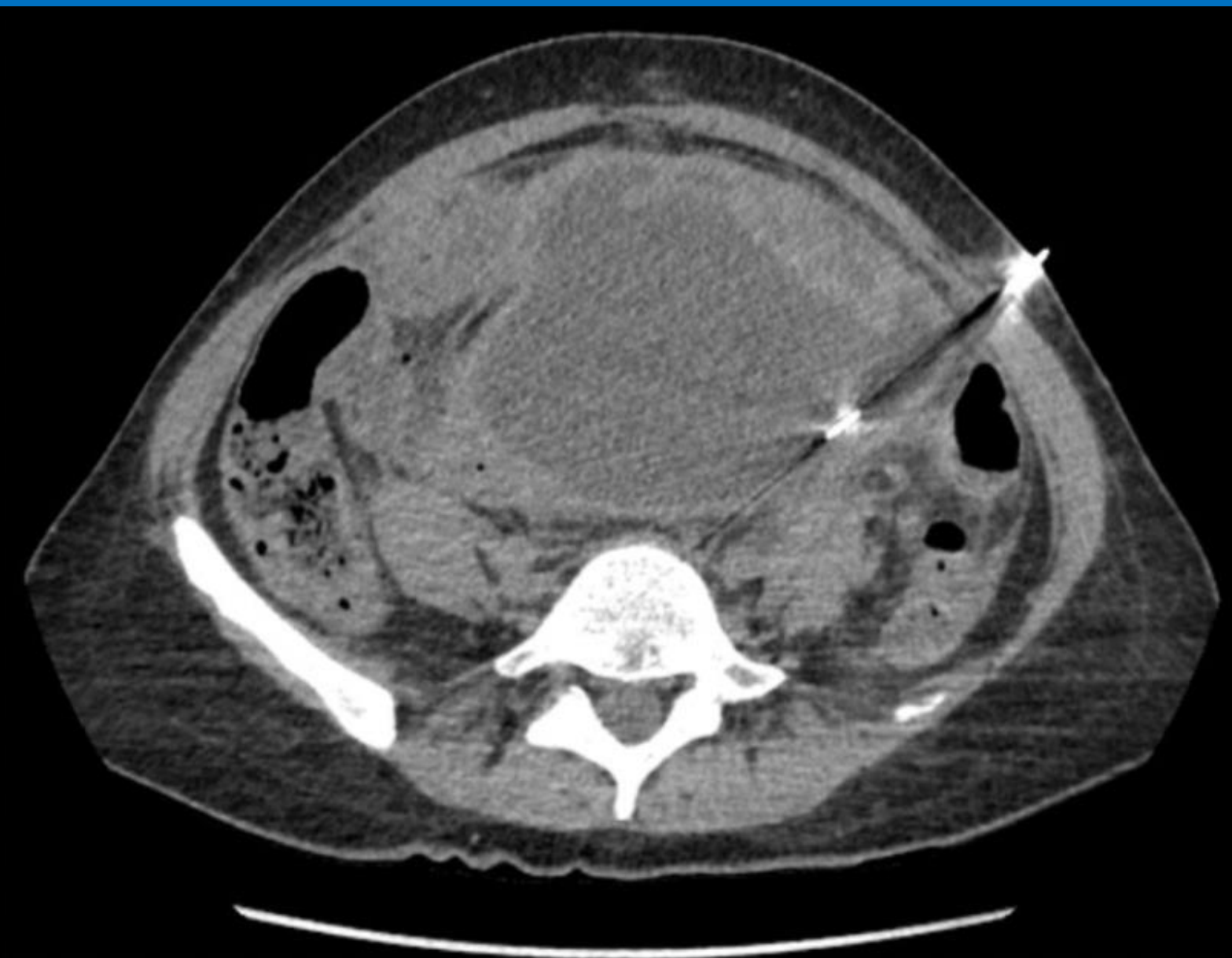


Figure 3: CT guided drainage

Keywords:

OHSS, tubo-ovarian abscess, IVF complications, hydroureteronephrosis, CT-guided drainage.

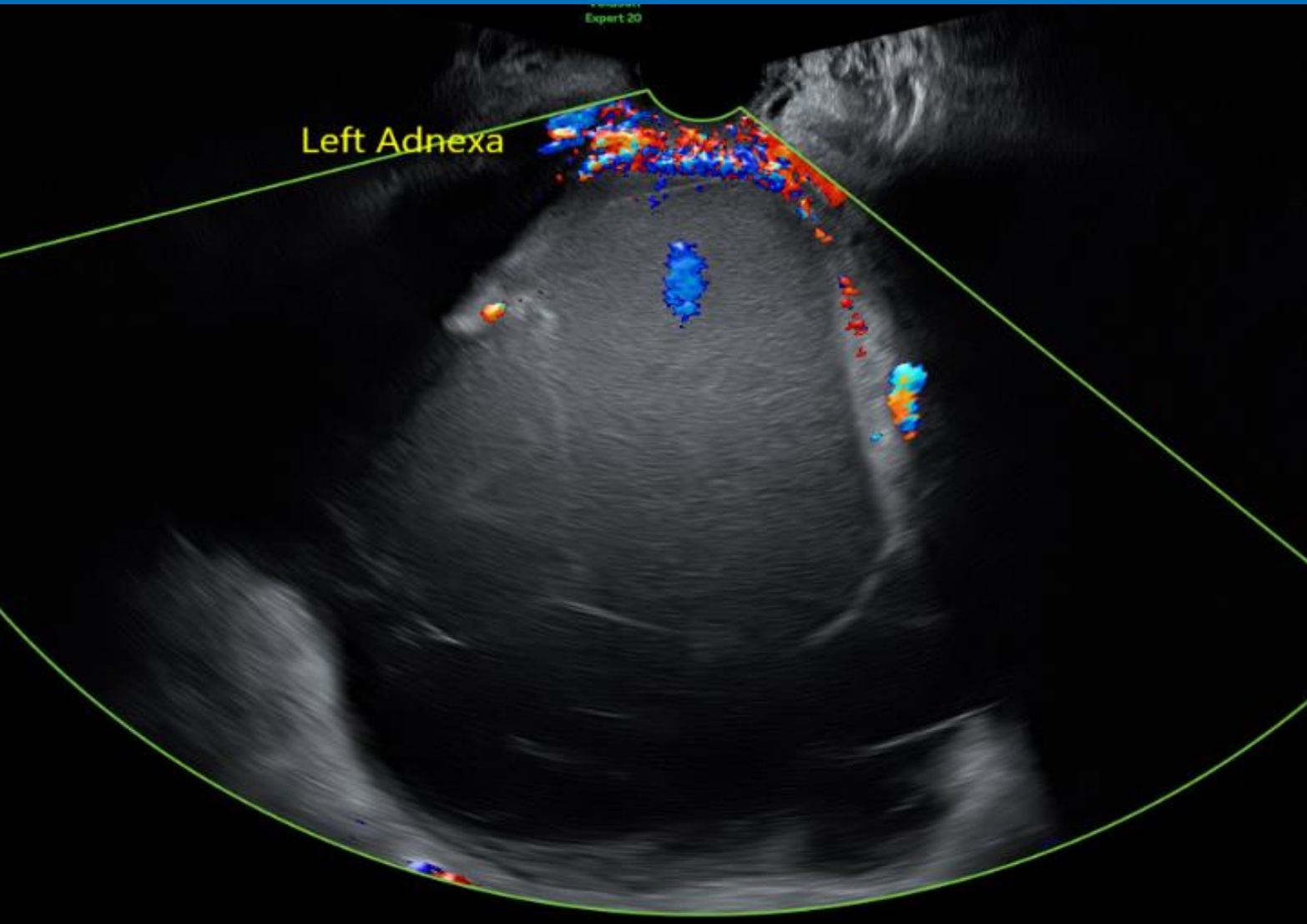


Figure 1: Transvaginal ultrasound of tubo-ovarian abscess

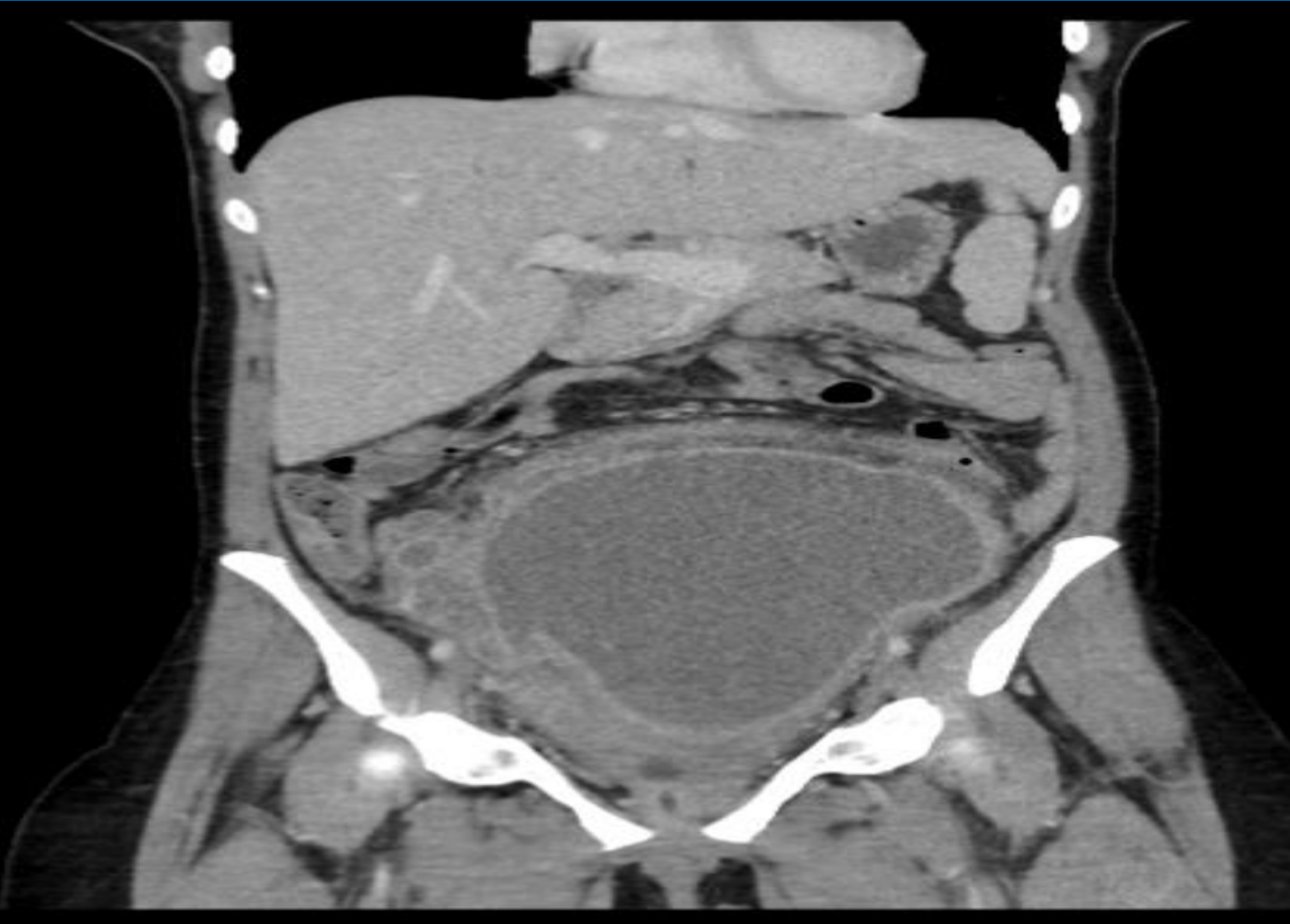


Figure 2: CT abdomen and pelvis of tubo-ovarian abscess

References:

1. Rizk B, Aboulghar M. Classification, pathophysiology and management of OHSS. Hum Reprod. 1999.
2. RCOG Green-top Guideline No. 5 – Management of Early Pregnancy Loss.

Case Presentation

Patient presented 5 days post-egg collection with abdominal pain, fever, and vaginal bleeding. Imaging revealed a large TOA causing bilateral hydroureteronephrosis.

Discussion

Prompt imaging and drainage are key in managing OHSS complicated by infection. This case highlights the importance of multidisciplinary care.

Outcome

Full recovery with resolution of hydroureteronephrosis. Follow-up showed no recurrence.

Learning Points

- Early detection and multidisciplinary management are critical.
- Imaging guides minimally invasive treatment.
- OHSS can have severe infectious and obstructive complications.