

Ovarian Hyperstimulation Syndrome Following Suction & Evacuation in Complete Hydatidiform Molar Pregnancy

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OBJECTIVE

To increase awareness about woman developing ovarian hyperstimulation syndrome (OHSS) following suction and evacuation in molar pregnancy. We present a severe case of OHSS, emphasizing the importance of early diagnosis, close monitoring, and supportive care to prevent complications

INCIDENCE

Spontaneous OHSS is **extremely rare** (<1 in 100,000) natural pregnancies, typically linked to high endogenous hCG, PCOS, hypothyroidism, molar pregnancy, or multiple gestations [1–3].

CASE DESCRIPTION

PATIENT PROFILE

- 18-year-old primigravida
- Approximately 14-16 weeks of amenorrhea (LMP unknown)

INITIAL CLINICAL PRESENTATION

- Spotting per vaginum since 3 days
- Serum β -hCG: 36,229 mIU/mL
- Chest X-ray and ECG: Normal limits
- Ultrasound: Suggestive of molar pregnancy; bilateral complex septate cystic adnexal lesions (B/L ~13*10cms)
- Patient underwent Suction and Evacuation and tissue sample was saved and sent for histopathological reporting.

POST PROCEDURE COURSE

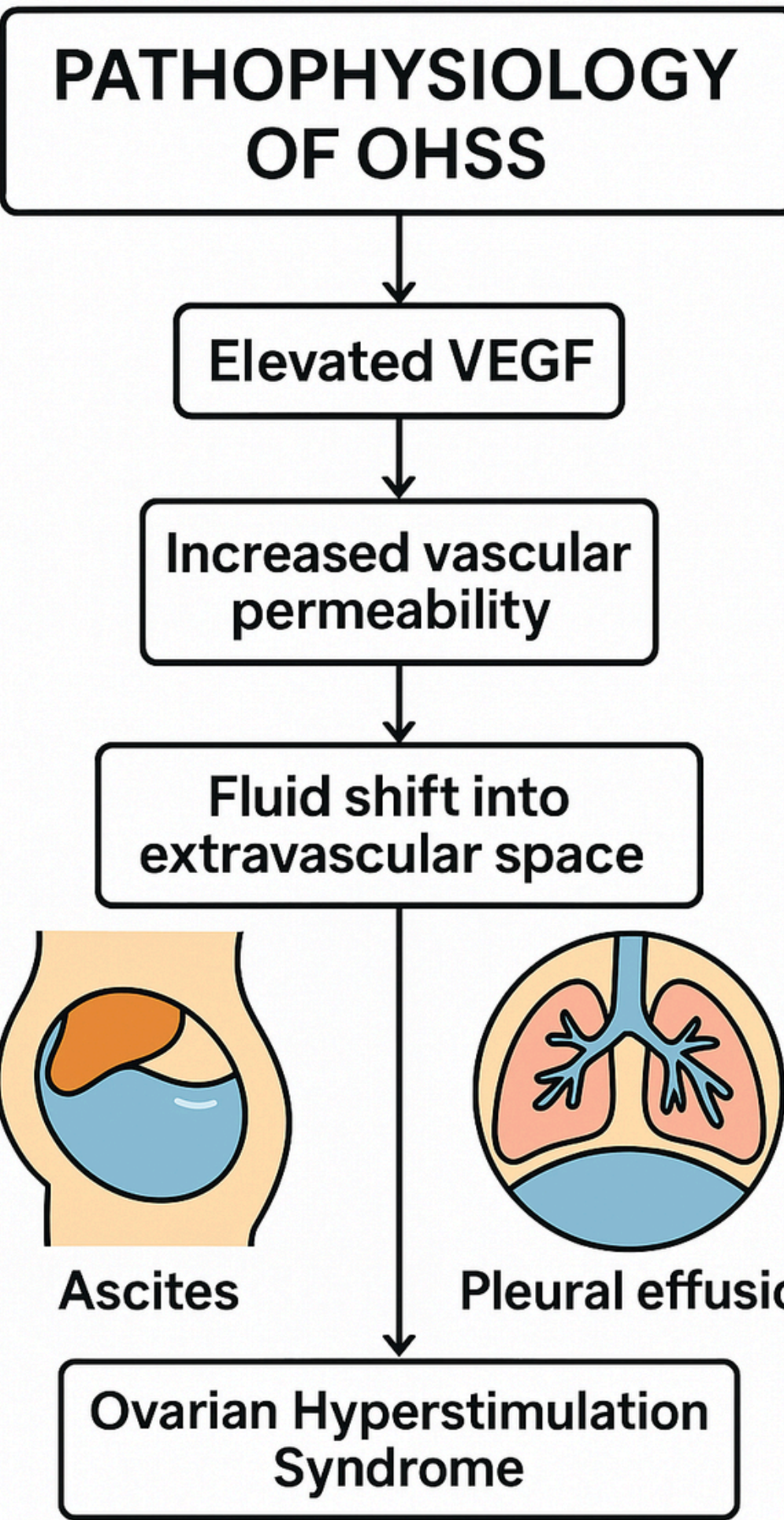
- POST-OP DAY 3:** Developed nausea, vomiting, and abdominal distension.
- Ultrasound: Bilaterally enlarged theca lutein cysts, ascites and pleural effusion.
 - X-ray: **abdomen & pelvis:** showing Gross Ascites | **chest X-ray:** minimal pleural effusion
 - Emergency Paracentesis done bedside when pt developed abdominal distension.
- POST-OP DAY 5:** Progressed to severe dyspnea and oliguria
- β -hCG showing a declining trend
 - **Histopathology: Complete hydatidiform mole**
 - **CT report :** Enlarged bilateral ovarian cysts - Left: 19.2 × 10.6 × 10.4 cm & Right: 17.6 × 13.1 × 10.9 cm
 - Gross ascites and moderate pleural effusion

POST-OP DAY 12: Extensive Pleural Effusion

MANAGEMENT

- Pt shifted to medical ICU on post-op day 3 (admitted for 22 days)
- I.V. crystalloids and Inj Albumin given to correct circulatory volume followed by diuretics [4-6,8-9]
- Anticoagulant therapy : Inj LMWH given
- 3rd generation Antibiotics
- Serial Abdominal Paracentesis done of ascitic fluid
- Pleurocentesis with Intercostal drainage of pleural effusion
- Dopamine agonist given: Tab Cabergoline 0.5 mg vaginally for 8 days [7]

CONCLUSION



- OHSS is an uncommon yet potentially life-threatening complication after molar evacuation.
- Triggered by elevated β -hCG, VEGF-mediated capillary permeability leads to fluid shifts and third-space accumulation.

- Severe OHSS may occur even as β -hCG levels decline, indicating ongoing risk beyond peak levels. [10-11]
- Clinical Features: Rapidly enlarging theca lutein cysts, ascites, and pleural effusion are hallmark findings.[10, 12]
- Most cases resolve with conservative care; supportive treatment includes fluid balance, respiratory support, and renal monitoring.[11,13]
- Vigilance is essential, even without ART exposure, especially in young women with complete molar pregnancies.[13]

REFERENCES

