

Oocyte retrieval causing massive exsanguinating hematuria – a case report

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Introduction :

OHSS is a rare entity and presents with multivariate presentations. Occuring during routine ART for infertility.

Case scenario :

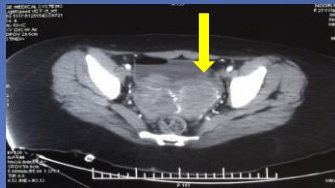
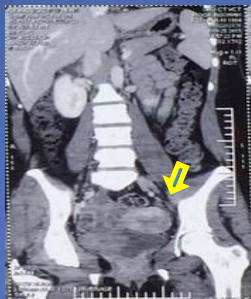
21 year female , married 3 years, with primary infertility , was planned for ART by ICSI. She underwent ovarian stimulation by hCG injection. Oocyte retrieval was successful and uneventful.

Discussion :

Patient was discharged uneventfully . Day 4 – patient presented to ER with frank , gross hematuria and abdominal pain.

Wash given and evaluated. Fall in hb 4g% noted. CT Urogram → normal KUB with inflammed ovaries and pelvic congestion.

Reccurent clot retention → Cystoscopy and bladder.



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OVARIES

Pathophysiology - vascular hyperpermeability & resulting shift of fluids into the 3rd space ↓

Pelvic congestion ↓

Susceptible to infection ↓

Hematuria

Conclusion :

Mild OHSS –

Gr 1 - Abdominal distention and discomfort

Gr 2 - Grade 1 disease + nausea, vomiting or diarrhea, as well as ovarian enlargement of 5-12 cm

Moderate OHSS - Gr 3 – f/o mild OHSS + USG evidence of ascites

Severe OHSS
Gr 4 – f/s/o moderate OHSS + e/o ascites +/- hydrothorax /dyspnoea

Gr 5 - All of the above + change in the blood volume –hemoconcentration - coagulation abnormalities, and diminished renal perfusion and function

Take home points :

Iatrogenic

Self resolving

Delayed presentation

Supportive management