An unusual presentation of Ovarian Hyper Stimulation Syndrome

Yasmin Sana 1, Suruchi Mohan 2, Gulsanga Afridi 3 and Tarique A H Salman 4

1: Princess Royal University Hospital, Kings college NHS Foundation trust, 2, 3 and 4: Sidra Medicine, Doha, Qatar.

Introduction
Ovarian hyper-stimulation syndrome (OHSS) complicates approximately 23% of all assisted reproductions. About 10% of severe OHSS can present with pleural effusion though this is usually associated with ascites. Here we present an unusual case of OHSS with isolated pleural effusion and no ascites.

Case: Presentation of patient
A 44 year old woman in her third pregnancy presented on the 10th day after embryo transfer (two embryos) with the complaints of abdominal discomfort and difficulty breathing. She had previous two twin pregnancies both following IVF and had OHSS in her last pregnancy. On examination, no ascites was present and reduced sound at the right lung base were noted.

Case: Investigations
Ultrasound revealed bilaterally enlarged hyper-stimulated ovaries with no evidence of ascites but with unilateral right sided pleural effusion which was also confirmed on chest X ray.

Conclusion
The learning point from this case is that not all OHSS cases have difficulty breathing due to ascites, chest findings should also be sought and excluded to prevent missing isolated pleural effusion.

Case: treatment
Conservative supportive therapy given for severe OHSS and pleural effusion drained for symptomatic relief.

Case: Progress
Patient responded well to therapy and was discharged after five days. The pregnancy continued and is progressing uneventfully.