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Continuous abdominal paracentesis for managements of late-onset severe ovarian hyperstimulation syndrome: A case report

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OBJECTIVE: To report a case of severe late-onset ovarian hyperstimulation syndrome relieved after continuous abdominal paracentesis.

DESIGN: Case report

SETTING: Community teaching Hospital

PATIENT(S): A 36-year-old woman with primary infertility due to endometriosis

INTERVENTION(S): The patient underwent ovarian stimulation with Lupron, Recombinant FSH, and HCG. Due to severe late-onset ovarian hyperstimulation syndrome: severe ascites, pulmonary effusion, continuous abdominal paracentesis 5000ml/day for one day was performed after 2 days of abdominal paracentesis of 1000ml and 700ml respectively.

MAIN OUTCOME MEASURE(S): Relief of ovarian hyperstimulation syndrome

RESULTS: Ascitic fluid was drained efficiently and the patient's condition was improved.

CONCLUSION(S): Early continuous abdominal paracentesis with drainage of ascitic fluid is an efficacious procedure for management of severe ovarian hyperstimulation syndrome as soon as "euvolumenia" is maintained.