LETTERS-TO-THE-EDITOR

Ovarian Hyperstimulation Syndrome: Modern concepts in pathophysiology and management

Sir,

We read with interest the review by Aboulghar et al (1). In reference to the use of gonadotropin releasing hormone agonist (GnRHa) to trigger ovulation, the authors cite the reports of van der Meer et al (2), and Berris et al (3), to document failure of this approach in prevention of ovarian hyperstimulation syndrome (OHSS). The former (2) described three cases of mild to moderate OHSS that did not necessitate hospitalization, while the latter (3) reported a case of OHSS following the use of native GnRH (not GnRHa).

In general, we believe that signs and symptoms of mild to moderate OHSS (1) should be regarded as an integral part of controlled ovarian stimulation, particularly in in vitro fertilization patients. Therefore, we submit that these two reports should not be taken to indicate failure of this approach in prevention of OHSS. Moreover, we have used this approach in over 80 high risk patients (4), and observed not a single case of severe OHSS.

A clear limitation of this approach is its inapplicability in cycle pituitary desensitization with GnRH-a was used prior to ovarian stimulation with human menopausal gonadotrophin (1). We expect that the introduction of GnRH antagonist will circumvent this limitation.

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References

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Authors' Reply

Sir,

We thank Dr. Kol et al for their interest in our review article (1). We have quoted 2 articles by Imoedemhe et al (2) and Emperaire et al (3) which documented that triggering ovulation by GnRH-a has a protective effect against the development of ovarian hyperstimulation syndrome. This is probably due to the short half life of LH as compared to HCG. The development of recombinant LH might be proven to be a suitable substitute for HCG in triggering ovulation and may help in the prevention of OHSS. As mentioned in our article and in the letter of Kol et al, the major problem with the use of GnRH-a is that it can not be used in cycles where ovarian stimulation with HMG was performed after pituitary desensitization.

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