A RARE CASE OF SPONTANEOUS OVARIAN HYPERSTIMULATION SYNDROME (OHSS) ASSOCIATED WITH MOLAR PREGNANCY IN A YOUNG PRIMIGRAVIDA

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Ovarian Hyperstimulation Syndrome (OHSS) is typically associated with ovulation induction in assisted reproductive treatments. Spontaneous OHSS, however, is rare and usually linked to markedly elevated endogenous -hCG levels, such as in gestational trophoblastic disease. We describe a young primigravida who developed moderate OHSS following evacuation of a molar pregnancy without prior fertility treatment.

A 21-year-old South Asian primigravida at 11+5 weeks of gestation presented with bleeding per vaginum and an abdomino-pelvic mass consistent with a 32-week uterus. She had no history of ovulation induction and previously regular cycles. Laboratory findings showed severe anemia (Hb 3.6 g/dL), and serum -hCG was significantly elevated (1,800,069 mIU/mL). Ultrasonography suggested a complete hydatidiform mole, and suction evacuation was performed with perioperative transfusions. Initial recovery was stable. On postoperative day 4, the patient developed vulval edema, abdominal distension, and respiratory discomfort. Imaging revealed ascites, bilateral pleural effusion, and enlarged multicystic ovaries, confirming moderate OHSS.

Conservative treatment was initiated, including strict fluid balance monitoring, abdominal girth charting, cabergoline, prophylactic LMWH, and 20% albumin infusion. Supportive care was provided for edema and respiratory symptoms. Serial -hCG levels declined steadily (59,639 mIU/mL on day 7; 16,339 mIU/mL on day 14). Histopathology confirmed partial hydatidiform mole. The patient improved progressively and was discharged on day 10, with complete resolution of OHSS within two weeks.

Spontaneous OHSS is rare but can occur when excessively high -hCG stimulates ovarian VEGF release, leading to increased vascular permeability and third-space fluid shift. This case highlights that symptoms may arise even after molar evacuation until -hCG levels fall. Conservative management is effective when instituted early. Clinicians should remain vigilant for OHSS in molar pregnancy with markedly elevated -hCG, even without fertility treatment. Early diagnosis and conservative management lead to favourable outcomes.

ISBN Number : 978-81-995582-9-8 Crossref