

**Chorionic gonadotropin/menotropins/  
triptorelin**

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**Internal jugular vein thrombosis secondary to  
ovarian hyperstimulation syndrome: case report**

A 28-year-old woman developed internal jugular vein thrombosis secondary to ovarian hyperstimulation syndrome following her second cycle of *in vitro* fertilisation therapy.

The woman was prepared for follicle aspiration using a gonadotrophin-releasing hormone agonist triptorelin ['Decapeptyl'; *stated dosage unclear*] and menotropins ['Metrodin'; *dosage not stated*]. Follicle stimulation was performed 34 hours after the administration of chorionic gonadotropin ['Chorigon'] 10 000 µg. Ten days after the transferral of embryos, she was hospitalised because of ovarian enlargement, ascites and pleural effusion. Tests showed haemoconcentration, severe hypoalbuminaemia and increasing β-chorionic gonadotropin levels. She was treated with IV fluids and abdominal paracenteses. Her condition improved and she was discharged after 5 days.

After a further 10 days, the woman was hospitalised because of pain and bilateral fullness in her neck and left axilla. A Doppler examination showed occlusion of her right and left internal jugular veins. A test for activated protein C resistance was positive and DNA testing revealed a factor V Leiden mutation. She was treated with IV unfractionated heparin and her symptoms improved. After 3 days, treatment was changed to SC enoxaparin sodium and she continued to feel well. At 37 weeks' gestation, the woman delivered healthy twin boys. At follow-up after 3 months, repeat Doppler examination of her jugular veins showed recanalisation and normal flow.

**Author comment:** *This woman was found to have an hereditary abnormality, the factor V Leiden mutation, this may have contributed to the unusual venous thrombosis that occurred.*