Menotropins/urofollitropin

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Antiphospholipid syndrome, ovarian hyperstimulation syndrome and thromboses: case report

A 35-year-old woman developed severe ovarian hyperstimulation syndrome and catastrophic antiphospholipid syndrome followed by thromboses after ovarian stimulation with menotropins and urofollitropin.

The woman, who had had positive titres of lupic anticoagulant (LA), prolonged Russell viper venom and partial thromboplastin times and had received prednisone and aspirin, started receiving a cycle of urofollitropin 1875 IU and menotropins 1275 IU following a negative LA test. A few days later, she reported abdominal distension. Physical examination revealed the presence of ascites and 500mL of transudative ascites was obtained. Three weeks after ovarian stimulation, she was hospitalised with moderate pericardial effusion. She had a positive LA test (1/73).

The woman received prednisone, opioids and indometacin and partially improved. Two weeks after discharge, she was readmitted with sudden global aphasia and right hemiparesia. A brain MRI revealed multiple acute ischaemic lesions involving her left parietal cortical and subcortical areas, left posterior lenticular nucleus, and right caudate nucleus. A few hours after admission, she experienced an acute anteroseptal myocardial infarction. She started receiving intensive anticoagulation therapy and was discharged with a complete neurological recovery. However, 2 weeks later, she experienced another anteroseptal myocardial infarction. An echocardiogram revealed left ventricular dilation with a decreased ejection fraction (47%) and hypokinesia for her apical and middle segments of her anteroseptal area. Coronary arteriography and a cardiac MRI confirmed left ventricular dilation with an increased telediastolic volume (125 mL/m^2) and global hypokinesia with a very low ejection fraction (25%). She had a thickened bicuspid aortic valve with degenerative changes, severe stenosis and mild insufficiency. She had also had a saccular aneurysm of her Valsalva sinus with left coronary artery extrinsic compression. She had a perforation of her Valsalva's sinus and a large pseudoaneurysm of her aortic opening. She underwent aneurysm repair and aortic valve replacement. A pathological investigation revealed extensive mixoid degeneration, dystrophic calcification and thrombotic endocarditis. One year later, an echocardiogram revealed hypokinesia of her anterior cardiac wall and a preserved ejection fraction (53%). Following 4 years of follow-up, she was asymptomatic with intensive anticoagulation.

Giner V, et al. Catastrophic antiphospholipid syndrome related to severe ovarian hyperstimulation. Clinical Rheumatology 26: 991-993, No. 6, Jun 2007 - Spain

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