

Genital swelling and Ovarian Hyperstimulation Syndrome in an extremely preterm infant



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INTRODUCTION

Ovarian hyperstimulation syndrome:

- Infrequent disorder in preterm infants under 30 weeks of pregnancy
- Few cases described in the literature.
- The immaturity and lack of feed-back of the gonadal axis or mutations in the FSH receptor genes may explain its physiopathology.

CASE SUMMARY

A 26-week newborn with extremely low weight (460g) born by emergency C-section due to severe maternal preeclampsia with loss of fetal wellbeing. She had an Apgar Score of 4-6.

She was admitted to the NICU until 3 months old where she presented pathologies due to her immaturity.

At 2 months of age genital swelling began to appear, including clitoris, minor and major labia, reaching upper part of inferior extremities and hypogastrium.



INVESTIGATIONS

- An ultrasound was performed to rule out vascular and lymphatic pathology.
- Kidney, liver function, electrolytes and proteins were normal.
- Hormonal investigations shown elevated serum estradiol levels (232pg/mL), normal right ovary and a simple cyst (18mm) in the left ovary.



We decided to maintain an expectant attitude. When she was discharged the edema was limited to genital area. She had a monthly follow-up observing a progressive disappearance of the edema.

CONCLUSIONS

- Edema is the pathognomonic sign of Ovarian hyperstimulation Syndrome
- Ovarian cysts are observed in most of the cases described in the literature.
- It is convenient to identify this disorder by clinical signs to avoid performing both useless investigations and misdiagnosis.
- It is also important to know that it does not need treatment.

