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Bilateral-Massive Pleural Effusion Occured due to Intake of Myoinositol- Folic Acid

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Introduction: Severe ovarian hyperstimulation syndrome (OHSS), which is as developed a complication of assisted reproductive techniques a syndrome characterized by the pass of fluid into the of cavity third from the intravascular area. Although it is frequent with assisted reproductive techniques, it is rarely can be seen as a result of over expression of ovaries in the normal cycle. This fluid pass can be seen as acid in the abdomen often, it causes of pleural effusion in severe cases. Bilateral massive pleural effusion OHSS with 10th week of gestation without assisted reproduction techniques is presented. The case patient is presented in order to attract the attention of chest diseases and thoracic surgeons physicians, developed bilateral-massive pleural effusion depending on OHSS and have gestation 10 weekly without the use of assisted reproductive techniques.

Case Presentation: A 27-year-old female patient was admitted to the emergency department with the complaint of dyspnea increasing for the last two days. TA:128/78 mm/Hg, 93pulse/min, fever 36.3°C, saturation 92%. Moderate general condition, coopere, and oriented and. With osculation wasn't heard respiratory sound in the left lower zone. The chest X-ray was observed the compatible with effusion in left sub-middle zone and blunt a costophrenic sinus the right side. Fluid was evacuated with the left pleurocan catheter After 3days, upon on the rightside of the lower-middle zone viwed compatible with effusion, fluid with pleurovac catheter was evacuated. In liquid analysis was observed that the fluid on both sides was similar to exudate. On the pelvic ultrasonography, while the right ovary 18x11cm was measured, and the left ovary 15x11cm. WBC:13000U/L,Hb:16.8g/dl, ALT:35U/L,AST:57U/L.The patient was thought in consisted a severe OHSS due to myoinositol and therefore bilateral - massive pleural effusion have developed. The patient had been given fresh frozen plasma and cabergoline for three days. Fetal developmnet of healthy continued the patient's, in the follow-up from the left 7200cc on the right 9700cc. Because the fluid drainage was less than 100cc, firstly right catheter was taken, left catheter was taken at after 4 days. She was discharged from hospital at the 14th week of gestation to continue as an outpatient follow-up.

Conclusion: It should be kept in mind that a severe OHSS clinic due to myo inositol may occur. In patients with a risk of developing OHSS, care should be taken in the management of pleural effusion after OHSS, and maternal health should be kept in the forefront by considering all alternative therapies

Keywords: Myo inositol intake, OHSS (severe ovarian hyperstimulation syndrome), pleural effusion