EVALUATION OF THREE DIFFERENT STRATEGIES (INTRAVENOUS HYDROXYL ETHYL STARCH, INTRAVENOUS ALBUMIN 20%, AND ORAL CABERGOLINE) FOR PREVENTION OF OVARIAN HYPERSTIMULATION SYNDROME IN PATIENTS UNDERGOING OVULATION INDUCTION

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Introduction: The purpose of this study was to compare three different strategies, IV Hydroxyethylstarch (HES), IV human albumin (HA) and oral Cabergoline (Cb) in the prevention of Ovarian Hyperstimulation Syndrome (OHSS). Materials and Methods: In this prospective randomized clinical trial, 91 women at high risk of developing OHSS were allocated in three groups, group one received 2 vial (2 x 50 ml) IV human albumins, in group two, 1000 ml of 6% HES was administered IV, both groups 30 minutes after oocyte retrieval within 4 hours. Group three, 31 infertile patients received oral Cabergoline 0.5 mg daily for 7 days after oocyte retrieval. Patients were visited 14±1 days after IVF and if βhCG level 10, transvaginal ultrasonography was performed two weeks later to confirm intrauterine pregnancy. Patients were followed up weekly for 3 months for signs of OHSS and were also informed about the signs of OHSS and asked to contact immediately if any symptoms of were detected.

Results: None of the participants in group HES developed severe OHSS and only 3 patients (10%) developed mild to moderate OHSS. The incident of severe OHSS was significantly higher in albumin group compared to Cabergoline and HES group (p=0.033 and p<0.001 respectively). Also the probability of developing severe OHSS was higher in Cabergoline group than group HES (p=0.031).

Conclusion: The findings from this study suggest that administration of 1000 ml of Hydroxyethylstarch 6% has a higher prophylactic effect compared to administration of IV human albumin and oral Cabergoline.

Key words: Ovarian hyperstimulation syndrome, Human albumin, Cabergoline, Hydroxyethylstarch.