From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 19/08/2025 08:36 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!
The next CGR will be held on Aug 19, 2025, in the CPD Hall, AIIMS Rishikesh, from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:
https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m3310ebdcb08499b6b0399c9161610f43

Tuesday, Aug 19, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2517 344 5470
Meeting password: 190825

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

CLINICAL GRAND ROUNDS

Department of Obstetrics and Gynaecology 19-08-2025

Name:	Age/Sex:	Residence:
Mr R	36 Y/F	• Uttar Pradesh • Saharanpur

UHID: 20240110395

Case Presenter:	Consultant in charge-
Dr. Simardeep Kaur Junior Resident, Department of Obstetrics and Gynecology, AIIMS Rishikesh.	Dr. Latika Chawla Additional Professor Department of Obstetrics and Gynecology, AIIMS Rishikesh.

Chief complaints-

- **CASE 1**
- **Brief History:**

  Mr R aged 36 years presented to Gynecology OPD with complaints of congestive dysmenorrhea and chronic pelvic pain x 1 year. She was diagnosed with uterine adenomyoma and right endometriotic cyst for which she underwent robotic adenomyomectomy and endometritic cystectomy on 15/10/24. She received 1 dose of Inj. Leuprolide 3.75 mg SC in post op period and was discharged in stable condition. On 28^{th} day post surgery, patient presented in AIIMS emergency with complaints of progressively increasing abdominal distension associated with progressively increasing pain abdomen x 2 -3 days. During the course of hospital stay on day 7 of admission, patient also developed breast heaviness and on and off headache.

Examination-

General Examination

- Patient was conscious and oriented to time , place and person
- Patient was moderately built and nourished
- Vitals :
  - Temp -afebrile.
  - PR- 100 bpm
  - BP- 122/76 mmHg
  - Afebrile
  - RR- 20
  - SpO2- 99% RA
- No Pallor, icterus, clubbing, cyanosis, generalised lymphadenopathy, edema.
- Thyroid examination – NAD
- Breast examination - Bilateral non tender, No lump, nodule palpated in any quadrant. NAC – normal. No discharge

Gynecology Examination

P/A: Generalized distension of abdomen, mild tenderness

No obvious mass could be appreciated separately

No shifting dullness or fluid thrill

- L/E: External genitalia normal
- P/S: Cervix, vagina healthy
- P/V: Uterus size could not be estimated, bilateral fornices full, minimal tenderness +
- PR: Rectal mucosa free, fullness in POD, no nodularity

Systemic examination

- Respiratory: Bilateral air entry present, NVBS, no added sounds.
- CVS: S1 S2 heard, no murmurs heard.
- Musculoskeletal: No skeletal deformity, no gait abnormality.
- CNS: NAD

Clinical Diagnosis –

36 year old female, Post operative day 28 of robotic adenomyomectomy & right endometriotic cystectomy with abdominal distension and pain abdomen

Investigations-

Hormonal Profile (22/11/24)

Estradiol – 5121 pg/mL, Prolactin – 117 ng/mL, FSH – 41.36 mIU/mL

CE-MRI Pelvis (25/11/24) s/o D/D: 1. Hyperstimulated ovary, 2. Ovarian neoplasm

CE- MRI Brain (25/11/24) s/o Pitutary macroadenoma

Final Diagnosis

GnRH agonist triggered ovarian hyper-stimulation in a patient with pituitary macroadenoma (likely FSH secreting)

Treatment Procedure

Endonasal endoscopic resection of tumor on 6/12/2024

SUMMARY-

Mrs. R, a 36-year-old woman, presented to the Gynecology OPD with complaints of congestive dysmenorrhea and chronic pelvic pain. She was diagnosed with a uterine adenomyoma and a right endometriotic cyst, for which she underwent robotic adenomyomectomy and endometriotic cystectomy on 15/10/2024. In the post-operative period, she received a single subcutaneous dose of Leuprolide 3.75 mg and was discharged in stable condition. On 28th day following surgery, she presented to AIIMS emergency department with progressively increasing abdominal distension and pain over the past 2–3 days. During her hospital stay, by day 7 of admission, she also developed breast heaviness and intermittent headaches. Hormonal evaluation was suggestive of ovarian hyperstimulation syndrome (OHSS), and contrast-enhanced MRI of the brain revealed a pituitary macroadenoma. She was diagnosed with Ovarian Hyperstimulation Syndrome secondary to FSH producing Pituitary Macroadenoma triggered by GnRH agonist. She subsequently underwent endonasal endoscopic resection of the tumor on 6/12/2024. Postoperatively, the patient experienced symptomatic relief, normalization of her hormonal profile, and a return of both ovaries to normal size.