Letter to the Editor

OVARIAN HYPERSTIMULATION SYNDROME

Dear Sir,

I read the recent publication on ovarian hyperstimulation syndrome (OHSS) with great interest. Rajesh et al concluded that "gonadotropin doses at stimulation should start at 150 iu or less in women below 35 years of age, with a step-up of 37.5 iu, as necessary." There are some points to note about this research. First, as a retrospective study, it might not be possible to control the confounding factors as well as the quality of all laboratory analyses. Second, it is interesting to compare the results of this study with a recent publication that documented the use of bromocriptine. It is reported that "bromocriptine reduced the incidence and severity of clinically significant OHSS in high-risk patients without affecting the pregnancy rates."

Yours sincerely,

Viroj Wiwanitkit

Wiwanitkit House
Bangkhae
Bangkok 10330
Thailand
Email: wviroj@yahoo.com

REFERENCES


Dear Sir,

Many thanks for your comments(1) on our recent publication, “Ovarian hyperstimulation syndrome: an analysis of patient characteristics in the Asian population.”(2) We do agree that as a retrospective analysis, it is not possible to control confounding factors. We suggested this recommendation based on the presence of hyperstimulation with average doses between 168 to 204 iu. With regard to the use of bromocriptine, for the last one year, we have also started using cabergoline for the prevention of ovarian hyperstimulation syndrome. The patients in our current publication were recruited much earlier, between 2002 and 2007.

Yours sincerely,

Rajesh Hemashree
Department of Obstetrics and Gynaecology
Singapore General Hospital
Outram Road
Singapore 169608
Email: hemashreerajesh@yahoo.com

REFERENCES