18th World Congress in Fetal Medicine

Multidisciplinary approach in treatment of sterility

Sasic M
Special hospital Belgrade, Belgrade, Serbia

Objective

In the case study of a woman who is being treated for sterility for 5 years, the importance of a multisectoral approach to treatment is shown in this abstract.

Methods

Multidisciplinary approach to treatment and achievement of the ultimate goal of delivering, in this case 2 babies, required the inclusion of a set of specific and subspecialties in the field of medicine: surgery, obstetrics, gynecology, hematology, endocrinology, psychology.

Results

Patient S. B. V (1977) was born and lives in Belgrade. At the age of 35 years she came to the physician for the treatment of sterility after 5 years in a marriage. She was subjected in 2012 in OP: Laparascopic neosalpingostomy in bilateral ovaries and in supervised control ultrasound/4D in March, 2013. The found changes and set diagnosis was -Nomi Uterine Fibroids cavum uteri, Uterine Polyps obs. Few days later she had an operation performed for Hysteroscopic Myomectomy. From May 2013, she received treatment on fertile days -folliculometry with a short protocol of Clomid stimulation. In November 2013 she started with preparation for IVF. In April 2014, on supervised control ultrasound she had the diagnosis: Endometrial cysts in ovaries lat. sin. obs. Endometriosis. Hydrosalpinx in bilateral ovaries. Pro OP Laparoscopy. Next month, in May 2014, she had an operation performed -Laparoscopic salpingectomy in bilateral ovaries. Removed of ovarian cysts lat sin. HP Cy Endometriosis. In December 2014 she started with IVF program. In May 2015, St. postIVF- there was no fertilization. In February 2016 preparation for II IVF in Special Hospital Belgrade. In March 2016, on supervised ultrasound control the set diagnosis was -Endometrial Polyps. In May 2016, she had another operation performed: Hysteroscopia, Polypectomia, HP polypus endometrium. Hematological and endocrinological tests were performed. The results found were prothrombin 20210 / heterozygote mutation and elevated ACA IgG mutation -PAI-1 4G / 4G. Proven Thrombophilia. Th: Fraxiparin 0.4c / 24h ET. In November 2016, the patient started on IVF / ICSI / ET SBB. Protocol: Fostimon, Merional, Pregnyl. Pregesterone. Fraxiparin0.4. In December 2016, Beta-HCG positive, there was an inoculation. First ultrasound: pregnant women. Echo of the Heart with HB (+). In February 2017, Prenatal test (Double test): Tr21 / 18 low risk, but with advancing age risk increased. In March 2017, NIFTY test and Gemell-normal female karyotype II Gemell-normal masculine karyotype received. During pregnancy, she had regular hospitalization at Hospital with therapy: Progesterone, im. and vaginal. Fraxiparin o, 4 sc. / 24h. Folan 5. Regular lab, regular blood test results, D dimer, Urinoculture and Urine, With 4D. OGTT, TA, TT. In VII month of pregnancy, AST and ALT jump. Dg: Hepatic Steatosis. Portal vein thrombosis. Regulated D dimer / Fraxiparin.

Conclusion

On July 13, 2017 Spontaneous pregnancy: live healthy female 2760 gr and live healthy male child 2650gr. The patient has diagnosed primary sterility after previous IVF / ICSI / ET. The pregnancy was complicated by thrombophillia, hepatic steatosis, portal vein thrombosis. She had also andregone laparascopy and myomectomy, salpingectomy, endometriosis and hysteroscopy. Sometimes science is powerless before nature and knowledge.