Letters to the Editor

Dear Sir,

We appreciate the comments of Al-Ramahi et al. Pig-tail catheters and other types of catheters have been used for continuous drainage of ascites as a result of critical and severe ovarian hyperstimulation syndrome (OHSS) for many years by our group and many other groups worldwide. This treatment modality was proposed by many internists when patients with critical OHSS were admitted to intensive care settings. Pigtail catheters have been used for drainage of pleural effusion, pericardial effusion, abdominal abscesses, fluid collection in acute pancreatitis and in many other clinical situations, as we cited in our paper and as pointed out by Al-Ramahi’s letter. However, the use of continuous drainage in the management of severe OHSS was limited, perhaps for fear of infection. Al-Ramahi et al., in their case reports, sent a daily ascitic fluid sample for culture to rule out intraperitoneal infections.

The work of Al-Ramahi et al. (1997) was acknowledged and referred to in our paper. In the discussion section of our paper (Abuzeid et al., 2003) we mentioned that no studies regarding the use of transabdominal pigtail catheter in the management of ascites in severe OHSS had been reported. By this we meant that our report was the first large study that illustrated the safety and efficacy of the pigtail catheter in the management of severe OHSS. Not only did we show that it is safe and effective, but also we demonstrated that its use shortens the length of hospital stay and enables us to manage half of our patients on an outpatient basis. In Dr Al-Ramahi’s case reports, patients remained hospitalized for 10–12 days after insertion of a closed system Dawson–Mueller catheter for drainage of ascites.

Once again, we appreciate the comments of Al-Ramahi et al.

References


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