

A NOVEL AND UNIFYING APPROACH TO PREDICT ENDOMETRIAL RECEPTIVITY: SIGNIFICANCE OF HORMONAL RATIOS TO OOCYTE NUMBER IN IN-VITRO FERTILISATION

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Introduction

Elevation of Pg > 0.9 ng/mL on the day of hCG

- Used to define premature luteinisation in long agonist protocols
- But has been described with comparable LH values;
- Influence on implantation rate controversial;
- . Negative (Schoolcraft '91, Mio '92, Fanchin '93)
- . Positive or no effect (Silverberg '91, méta-anal Venetis 2007, Givens '94, Hofmann '96, Abuzeid '96, Lindheim '99, Lindheim '99)
- Pg/E2 > 1 ratio also proposed
- Antagonist protocol in normal responders premature ovulation resulting in fewer oocytes;
- Long agonist protocol in poor responders lower implantation rate related to poor oocyte quality;
- No study ever correlated these hormonal values with the number of mature oocytes

Objective

To define a hormonal ratio that could help determine the endometrial receptivity in any type of cycle, regardless of ovarian response, etiology of infertility or stimulation protocol.

— Materials and methods

- Pg/E2 per mature oocyte calculated;
- pregnancy rate and implantation rate;



Demographic data

	Pregnant	Not pregnant	р	Pre
Number of cycles	70	120		
Age	32.84 ± 3.8	36.09 ±4.35	1.0 ¹	
Mean E2 day of hCG	9948 ± 5449	9141 ± 6212	0.35 ¹	
Mean Pg day of hCG	3.08 ± 1.49	3.57 ± 2.48	0.09 ¹	
FIV (standard)	22(31.4%)	29(24.2%)	0.63 ²	
ICSI	36(51.4%)	74(61.7%)	0.63 ²	
FIV/ICSI(50/50)	12(17.1%)	17(14.1%)	0.63 ²	40
# oocytes MII	11.29 ±5.43	8.51 ±5.47	0.0009 ¹	30
Fertilisation rate/oocyte	58.5%	60.8%	0.33 ²	20

2: Chi square 1: student t test

Cause of infertility



Results by Pg value and Pg/E2 ratio —



Results -Pg/E2 ratio per MII oocyte



Conclusion

- In this study, absolute Pg value was not a good predictor of pregnancy - Pg > 0.9ng/mL had higher pregnancy rates.
- Defining arbitrary Pg/E2 ratio of 1 also was not predictive of outcome.
- However, Pg/E2 ratio per MII and Pg per MII were predictive of pregnancy with statistically significant results.
- Advantage of these ratios is that they are applicable in all types of cycles including poor or high responders.
- Study is ongoing to increase the sample size and add significance.
- In future, these calculations could assist in decision whether to perform embryo transfer in current cycle or to freeze embryos and replace them in a cycle where the endometrium would be more receptive, thereby increasing the success rate.

References

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