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Study on the outcome of transfer of frozen-thawed embryos in artificially prepared cycles with or without prior gonadotrophin releasing hormone agonist treatment.

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Introduction: This study was performed to compare the outcome of frozen-thawed embryo transfer (FER) with and without the prior pituitary down regulation using gonadotrophin releasing hormone agonist (GnRHa).

Material/Methods: At a tertiary care reproductive health centre in Sri Lanka 71 consecutive FER cycles were studied. The protocols used were either the pituitary suppression with GnRHa followed by hormone replacement (group A) or the hormone replacement ~~without prior pituitary suppression~~ (group B). Patients were tested for serum β hCG 14 days following the embryo transfer. If the pregnancy test was positive, an ultrasonography was performed to diagnose a clinical pregnancy. A positive pregnancy test was defined by the presence of significant levels of serum β hCG by day 14 and a clinical pregnancy by ultrasound evidence of a gestational sac. The results were analysed by the Statistical Package for Social

Sciences for windows (SPSS) version 15.0.

Results: The group A (n= 34) and group B (n=37) were similar in age at embryo transfer (34 ± 5.1 and 36 ± 4.5 years), number of embryos transferred per patient (2.5 ± 0.7 and 2.4 ± 0.7), the day of embryo transfer (3.3 ± 0.6 and 3.1 ± 0.4 days), endometrial thickness on day 11 of the cycle (10.1 ± 1.8 and 9.1 ± 2.1 mm) and the serum oestradiol levels on the day of embryo transfer (237.9 ± 103.2 and 249.9 ± 96 pg/ml). The pregnancy test was positive in 20.6% (n=7) women in group A and 29.7% (n=11) women in group B, which was not statistically significant (p= 0.376). The clinical pregnancy rates in group A and group B were 14.7% (n=5) and 27.0% (n=10) respectively, which was not statistically significant (p=0.204).

Conclusion: Transferring frozen-thawed embryos with or without pituitary down regulation using GnRHa yields similar results.