

LOW RESPONSE TO OVARIAN STIMULATION IN IVF CYCLES: COMPLETE THE CYCLE OR CONVERT TO INSEMINATION CYCLE?

M. de Andres Cara, J.E. Rios Castillo, E. Velasco Sanchez, B. Povedano Canizarez, A. Ortiz Minuesa, J. Lorente Gonzalez

Reproduction Unit. U. H. Reina Sofia, Cordoba, Spain

Introduction: The approach to the poor responder patient is complex. Among the few alternatives to deal with a IVF-ICSI cycle with low ovary response are to cancel the cycle, continue with it until hCG day, or to provide a treatment with lower costs and risks such as intrauterine insemination (IUI), if nor tubal nor severe male factor are present.

Objective: To compare the clinical pregnancy rate between low response IVF-ICSI completed cycles and low response IVF-ICSI cycles converted to IUI.

Materials & Methods: Retrospective study of low response IVF-ICSI cycles between January-2009 and December-2010, defining low response as the presence of three or less mature follicles (>17 mm) on hCG day.

A total of 59 low response cases were collected. 39 of them completed the IVF-ICSI cycle (IVF group) and 20 were reconverted to IUI (IUI group)

Results: In the IVF group 5 clinical pregnancies were achieved (clinical pregnancy rate of 12.8%), it is worthy to highlight that in this group a 64% of cycles, transfer wasn't carried out because no oocytes were collected (12 cases) or fecundation wasn't achieved (13 cases).

In the IUI group 4 women achieved the clinical pregnancies (20%). There were no statistics differences between groups (OR= 0.59; CI95%: 0.11 – 3.08).

Conclusion: In low responders, to transform an IVF-ICSI cycle to an IUI one, when IUI is possible, is an acceptable choice. Prospective studies are needed to establish which option is better according to the number of mature follicles and to the patient's age.