

COMPARISON OF HUMAN CHORIONIC GONADOTROPIN (PREGNYL 10 000 IU I.M.) VS. GONADOTROPIN- RELEASING HORMONE AGONIST (TRIPTORELIN 0,2 MG S.C.) FOR FINAL OOCYTES MATURATION IN THE SAME EGG DONORS – CLINICAL AND EMBRYOLOGICAL CHARACTERISTICS

R. Streda^{1,2,3,4}, D. Koryntova², T. Mardesic^{1&2}, V. Sobotka^{1&2}, J. Sobotkova^{3&4}

¹ *Sanatorium Pronatal, Prague*

² *Pronatal Plus, Prague*

³ *University Hospital Pardubice, Obstetrics and Gynecology Clinic, Pardubice*

⁴ *Faculty of Health Studies, University of Pardubice, Pardubice, Czech Republic*

Objective: To compare clinical and embryological characteristics in donor cycles triggered for final oocytes maturation with Pregnyl 10 000 IU i.m. vs. triptorelin 0, 2 mg s.c. in the same patients in two sequential stimulation cycles.

Method: We prospectively analysed 80 stimulation cycles in 40 egg donors treated with GnRH antagonist protocol with recombinant FSH. We identified patients with more than 15 follicles. When at least 3 follicles reached 17 mm we administrated Pregnyl 10 000 IU i.m. for final oocytes maturation and triptorelin 0, 2 mg s.c in the subsequent treatment cycle.

Results: Data was analysed by paired t-test¹ and Mc Nemar test². We retrieved 15,2 ± 7,1 vs. 14,3 ± 5,6 (ns) 1 oocytes, 11,8 ± 5,4 vs. 11,5 ± 4,3 (ns) 1 MII oocytes, MII proportion of oocytes (%) was 78 vs. 80 (ns) 1, No. of fertilized oocytes 10,6 ± 4,9 vs. 10,5 ± 4,0 (ns) 1, fertilization rate (%) 90 vs. 91 (ns) 1 in Pregnyl's vs. triptorelin's group, resp. We proved duration of stimulation (days) 12,2 ± 0,9 vs. 12,7 ± 1,0 (ns) 1, dose of gonadotropins (IU) 1807 ± 305 vs. 1924 ± 368 (ns) 1, daily dose of gonadotropins (IU) 233 ± 51 vs. 231 ± 39 (ns) 1, pregnancy rate (%) 60 vs. 65 (ns) 2 resp.

Conclusions: There are no significant differences in clinical and embryological characteristics comparing both protocols. Pregnancy rate is quite comparable as well. Administration of triptorelin 0, 2 mg s.c. is a safe and effective approach to achieve mature oocytes.