

COMPARISON OF DIFFERENT STARTING FOLLITROPIN'S BETA DOSE (50 IU, 75 IU AND 100 IU DAILY) FOR OVULATION INDUCTION COMBINED WITH INTRAUTERINE INSEMINATION

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The most important issue in gonadotropins therapy is to determine the starting dose to ensure a mono-follicular development. We compared three different starting doses of follitropin beta in order to assess the lowest effective dose. From March 2005 to June 2006 we evaluated 92 ovarian stimulations for patients with unexplained infertility, anovulatory disorder or mild male factor. We prospectively divided patients into 50 IU, 75 IU and 100 IU groups based on patients' response to clomifen citrate treatment. We examined follicular growth day 9 by transvaginal ultrasound and if necessary we adjusted gonadotropin's dose. We performed 87 intrauterine inseminations (95 % of cycles with ovulation induction). 5 cycles were cancelled. We achieved 15 pregnancies, pregnancy rate 18 %. Pregnancy rate was 22 %, 10 % and 28 % in 50 IU, 75 IU and 100 IU follitropin's beta groups. We proved number of follicles $2 \pm 0,8$, $2,2 \pm 1,1$ and $2,5 \pm 1,8$ (ns), total dose of rFSH (IU) 483 ± 192 , 600 ± 151 and 830 ± 268 ($p < 0.001$), respectively. 50 IU follitropin beta daily is effective and economic dose for ovulation induction combined with intrauterine insemination. Daily doses 75 IU or 100 IU increase total consumption of rFSH without improving of pregnancy rate.