Ovarian hyperstimulation syndrome (OHSS) is a serious and potentially fatal complication, affecting 1-14% of women undergoing cycles of assisted reproduction. This study was performed in patients undergoing ART at the reproduction clinic between January 2011 and December 2012, to study the influence of the cabergoline use in treatment of patients with ovarian hyperstimulation syndrome (OHSS). We use the data of 72 women at risk for OHSS, such as prevention started daily oral administration of 0.5 mg of cabergoline from the day of hCG. The control group of 72 patients was selected taking into account the similarity in the case of patients by age, number and quality embryos, infertility and also stage embryo transfer. Results were subjected to statistical analysis of ANOVA followed by Bonferroni’s post test, results were considered significant at \( P \leq 0.05 \).

The results showed were: Estradiol on hCG day (5,413 ± 1114 and 1,636 ± 659), gabergoline daily (11.75 ± 3.2 and 11.75 ± 1.6), FSH total doses (IU) (2,293 ± 909.41 and 1,665 ± 930.20), HMG/ LH total doses (IU) 587.6 ± 781 ± 820, oocytes number (8.305 ± 3.303 and 6.800 ± 3.844), implantation rate (10.18 ± 16.51 and 12.49 ± 19.99), embryos number 6.20 ± 2.55 and 3.03 ± 1.86, good embryos total number (2.40 ± 1.66 and 1.27 ± 1.09), fertilization rate (76.15 ± 18,42 and 57.36 ± 25.56) and clinical pregnancy (16.66 ± 27,02 and 14,70 ± 24.36).

The results showed that there are significant differences in: estradiol dosage, GnRH agonist and GnRH antagonist dosage, FSH, HMG/LH, number oocytes, implantation rate, number of total good quality embryos fertilization rate, clinical pregnancy, live birth rate per cycle, twin pregnancy, in total number embryos, and number of total good quality embryos. Thus, study suggests that retrieval of more oocytes was associated with lower quality embryos, therefore, the study showed that patients treated with cabergoline showed a pregnancy rate similar to control group.