HYSTEROSCOPY IN UNEXPLAINED IVF FAILURE

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INTRODUCTION: Recurrent implantation failure (RIF) may be due to unrecognized uterine pathology. The objective of this study was to assess the prevalence of intrauterine abnormalities in women with recurrent IVF failure by screening office hysteroscopy, and to evaluate impacts of treatment of hysteroscopic findings on the success rate of IVF.

MATERIALS AND METHODS: The hysteroscopy finding and subsequent IVF were evaluated in 118 infertile women with a history of recurrent IVF failures admitted to Repromed Center between September 2012 and June 2013. Hysteroscopy (diagnostic or operative, as appropriate) was performed to evaluate the endometrial cavity in patients with recurrent unexplained IVF failure, normal hysterosalpingography (HSG) and excluding severe male factor of infertility, thrombophilia and genetic problems.

RESULTS: Office hysteroscopy was normal in 56 (47.5%). An abnormality was noted at hysteroscopy in 62 (52.5%), including endometrial polyps 22 (18.6%), endometrial hyperplasia 16 (13.6%), uterine cavity hypoplasia 2 (1.7%), endometrial adhesions 9 (7.6%), endocervical adhesions 2 (1.7%), endometritis 6 (5.1%), uterine septa 2 (1.7%) and submucous myomas 3 (2.5%). After hysteroscopy subsequent IVF-ET attempt resulted in high pregnancy rate 43.5%.

CONCLUSION: The incidence of unrecognized pathologies is high in patients with implantation failure. Routine hysteroscopy should be performed in failed IVF cycles.