The two groups were comparable in terms of body mass index but non PCOS patients were mildly older than PCOS (33.1±3.55 vs. 31.0±2.78 years, p=0.04) with higher baseline FSH (6.5±1.6 vs. 5.6±0.87 UI/l, p=0.03). PCOS group demonstrated higher baseline AMH (4.3±1.8 vs. 1.5±1.29 nmol/l, p<0.001).

Biochemical and clinical pregnancy rates per cycle were comparable in PCOS and non PCOS groups (47.6% versus 48%; p=1.0 and 47.6% vs. 44%; p=1.0) respectively. There was no statistical difference between the two groups in terms of E2, progesterone, endometrial thickness on the day of HCG, FSH doses required for stimulation, number of retrieved oocytes, number of mature oocytes, resulting embryos and frozen embryos.

The number of follicles between 10 and 14 mm on the day of conversion and the number of follicles more than 14 mm on the day of HCG were statistically higher in PCO group compared to non PCOS group (7.4±4.1 vs. 4.1±3.1, p=0.003) and (10.4±5.7 vs. 7.9±2.4, p=0.03) respectively. There was no statistical difference between the two groups in terms of E2, progesterone, endometrial thickness on the day of HCG, FSH doses required for stimulation, number of retrieved oocytes, number of mature oocytes, resulting embryos and frozen embryos.

Results

CONCLUSIONS

Conversion of high responder gonadotropins/letrozole/IUI patients to IVF seems to be a good alternative to cycle cancellation in both PCOS and non PCOS patients with comparable pregnancy rates. Further studies with larger sample are recommended in the future.

REFERENCES