**PP-101**

Severe ovarian hyperstimulation despite prophylactic albumin administration at the time of oocyte retrieval in a cycle of controlled ovarian hyperstimulation.


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Objective: To report the occurrence of two cases of severe ovarian hyperstimulation (OHSS) despite the administration of 30 gram intravenous albumin at the time of oocyte retrieval. Two previous reports involving 12 patients did not describe a single case of OHSS in patients receiving prophylactic intravenous albumin. We describe the experience at our institution where two patients were hospitalized with severe OHSS despite receiving prophylactic albumin therapy.

Design: Twelve consecutive patients undergoing a cycle of controlled ovarian hyperstimulation for IVF with marked oocyte retrieval 35,000 IU standard dose of hMG administered according to generally accepted protocols. We conducted 120 cycles of the controlled superovulation 148S evaluated in a prospective randomized fashion. The number of follicles was 6±1.87 no. was usually administered according to generally accepted protocols. Setting: The Division of Reproductive Endocrinology at the Mt. Sinai Medical Center, New York, N.Y.

Interventions: 30 gram intravenous albumin was administered over 30 minutes at the time of oocyte retrieval.

Main outcome measures: Outcome measures included the accumulation of intrafollicular fluid such as ascitis, pleural effusion, and generalized edema. The other outcome variables included degree of hemorrhocoagulation, renal insufficiency, and thromboembolic complications.

Results: Two patients developed severe OHSS, requiring hospitalization, despite administration of intravenous albumin. The peak estradiol of the two patients were 4995 and 7100 pg/ml. Both patients evidenced shortness of breath, pleural effusion, ovarian enlargement, ascitis, and hemorrhocoagulation. This is the first report to our knowledge, where administration of prophylactic albumin failed to prevent severe OHSS. It is important to report negative as well as positive outcomes to evaluate the use of albumin as a prophylactic agent. The true efficacy of this agent needs to be evaluated in a prospective randomized fashion.

**PP-102**

LOW DOSES OF HUMAN MENOPAUSAL GONADOTROPIN WITH CLOMPHOIRE CITRATE IN IVF PROTOCOL

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We conducted 120 cycles of the controlled superovulation (CSO) of 106 women selected for IVF program. The mean age of women was 30±6 years. The average duration of infertility was 2±9.9 years. 35% of women had a primary infertility and 65% had a secondary infertility. The total fecundity was the main reason of IVF treatment in 44±5%. CSO was with combination of clomiphene citrate (100 mg/d from the 2-3 day of cycle during 5 days) with hMG (Personal). Serono given from the 2-3 day of cycle every second day 2-3 ampules 1 ml. The mean number of ampules used per patient was 8 (3±5). The number of oocytes, fertilization, cleavage, implantation and pregnancy rates were evaluated. Our conclusion was that 30% of women got a pregnancy, 25% of this pregnancy was a multiple pregnancy.

**PP-103**

A COMPARISON OF RECOMBINANT HUMAN FSH (PUREGON) AND hMG IN IVF CYCLES


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The effect of intramuscular (IM) recombinant human FSH (Puregon) administration on follicular development and hormonal profiles in IVF cycles was investigated in comparison with IM hMG treatment in a randomized study, using a fixed dosing scheme. Thirteen IVF patients fulfilling strict selection criteria were included. Seven patients were treated with hMG and six patients with Puregon, in both groups in combination with GnRH-agonist (buserelin) treatment. 150 IU hMG or Puregon were injected once daily. During the stimulation phase, daily blood samples were taken to determine FSH, LH, oestradiol (E2) and progesterone concentrations, and vaginal ultrasonography was performed at least every other day. When the mean diameter of the largest follicle was 20 mm and the endometrial thickness was 9 mm, hCG was administered. The luteal phase was supplanted by progesterone.

Results:

- Median numbers of follicles, FSH and E2 levels at the day of hCG administration and numbers of retrieved oocytes are listed in the table.

<table>
<thead>
<tr>
<th>hMG</th>
<th>Puregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>N foll &gt;10 mm</td>
<td>12</td>
</tr>
<tr>
<td>N foll &gt;15 mm</td>
<td>12</td>
</tr>
<tr>
<td>FSH IU/L</td>
<td>6.8</td>
</tr>
<tr>
<td>E2 pmol/L</td>
<td>6100</td>
</tr>
<tr>
<td>N oocytes</td>
<td>7</td>
</tr>
</tbody>
</table>

Conclusion: Due to the small sample size, the differences were not statistically significant. However, the results suggest that Puregon is at least as potent as hMG.

**PP-104**

DOES INTENSIVE PROPHYLAXIS OF SEVERE OHSS AFFECT THE PREGNANCY RATE OF IN VITRO FERTILIZATION AND EMBRYO TRANSFER?

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Ovarian hyperstimulation syndrome (OHSS) is a severe iatrogenic complication of ovulation inductions in otherwise healthy young women. The aim of this study was to evaluate whether intensive prevention of this complication affected on the pregnancy rate of in vitro fertilization and embryo transfer (IVF-ET). In order to reduce the incidence of this complication, we introduced several prophylactic strategies since October 1992. These strategies included (a) individual adjustment of a daily dose of hCG to young patients, (b) one day earlier injection of hCG when a large number of growing follicles was observed, (c) cancellation of hCG administration in the patients with a remarkably large number of growing follicles, (d) use of pure FSH instead of hMG, in patients with polycystic ovarian syndrome. The results of IVF-ET before and after the introduction of these strategies were compared (864 cycles during the period from October 1988 to September 1992, Phase I, versus 649 cycles from October 1992 to July 1994, Phase II). Incidence of severe OHSS was remarkably decreased from Phase I to Phase II (3.4 versus 0.6%, p<0.001). Although the number of recovered oocytes in the Phase II was significantly lower than that in the Phase I (6.7±4.6 versus 7.6±5.3, p<0.001, mean ± SD), pregnancy rates did not differ between the two Phases (23.3 versus 24.0%). We concluded that intensive prophylaxis of OHSS did not affect pregnancy rate of IVF-ET.