



REPRODUCTIVE OUTCOMES AFTER SUPPLEMENTATION WITH SEIDIVID: A PROSPECTIVE ANALYTICAL TRIAL

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Context: Oxidative stress has been postulated as a possible cause of poor ART (assisted reproductive technique) outcome causing impaired oocyte maturation and consequently higher rate of failure of IVF/ICSI cycles. It has been suggested that supplementation with oral antioxidants could improve outcomes in patients who will undergo ART.

Objective: The aim of the present study is to evaluate the effect of supplementary treatment with Seidivid composed by Myo-inositol (2g), Melatonin 8(0,975), folic acid (FA) (200g) and Selenium (27,5g) versus FA in fertility outcomes in women undergoing IVF.

Methods: The study is a prospective analytical trial that involved 105 women undergoing IVF between January and December 2015 in our academic center. Patients were arbitrarily divided into two groups; group A: 41 patients (age 36.43.5; previous cycles 0.61.0; AFC 11.74.8; AMH 1.81.9; BMI 23.53.5) who received Seidivid daily for the previous 2 months before the ART; group B: 64 patients (age 36.14.7; previous cycles 0.70.5; AFC 11.17.5; AMH 1.51.5; BMI 22.83.8) received FA alone for the same period of time.

Result(s): Both groups were homogeneous regarding age and baseline characteristics. There were no significant difference between the two groups concerning the dose (23541200 vs 25231090, p=ns) and days of stimulation (9.62.1 vs 10.11.9, p=ns). The number of patients achieving follicular punctures was similar in both groups (39 vs 50). The mean of oocytes retrieved (9.76.7 vs 9.55.2, p=ns) mature metaphase II (MII) oocytes (7.75.7 vs 7.64.1, p=ns), inseminated oocytes (8.05.6 vs 8.13.9, p=ns) and fertilized oocytes (6.84.2 vs 6.43.2, p=ns) were similar in the two groups. The cancellation rate was significantly lower in the group of patients pre-treated with Seidivid than in the control group (4.8% vs 21.9%, p<0.05). No significant differences were found in the fertilization rate (71% vs 66.4%), the number of transferred embryos (1.60.4 vs 1.50.5, p=ns), the quality of transferred embryos (7.32.5 vs 7.82.4, p=ns), the number of frozen embryos (2.21.1 vs 2.71.5, p=ns) nor the pregnancy rate (11 vs 14).

Conclusions: This study suggests that treatment with Seidivid compared to only FA was not significant differently in this patients cohort. An association of Seidivid with a lower cycle cancellation rate was observed; however, there was no association with the clinical pregnancy rate. These findings should be interpreted with caution, due to the small sample.

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