



P90. HYSTEROSCOPY IN PATIENTS WITH NORMAL TRANSVAGINAL ULTRASOUND PRIOR TO IVF : A RANDOMIZED CONTROLLED TRIAL.

Sanz Perez C (ES) [1], Armijo O (ES) [2], Lobo S (ES) [3], Iniesta S (ES) [4], Silva P (ES) [5], Sánchez M (ES) [6], Fernández S (ES) [7], Hernández A (ES) [8], Bartha J

Background: Implantation failure represents a major cause of stress to both clinician and patient undergoing ICSI cycle. Even minor uterine cavity abnormalities, such as endometrial polyps, small submucous myomas, adhesions, and septa are considered to have a negative impact on the chance to conceive through

Hypothesis: The hypothesis of the study is that outpatient hysteroscopy improves the results of In Vitro Fertilization cycle. The main objective is to evaluate the percentage of biochemical, clinical, on-going pregnancy and livebirths of IVF treatment in patients with no abnormality detected in transvaginal ultrasound examination, who underwent hysteroscopy compared with patients treated with direct cycle treatment.

Material and methods: This is a prospective randomized open-label trial. Women scheduled for their first or second IVF/ICSI cycle and with no abnormality detected in transvaginal ultrasound examination, were randomized to two groups. In the first group (group I) 31 patients underwent hysteroscopy examination before IVF cycle while in the second group (group II) 37 patients underwent direct cycle without previous hysteroscopy.

Results: Abnormal hysteroscopic findings were observed in 19,4% of patients of group I. Group I showed higher biochemical pregnancy rate (58,1% vs 54,1%), higher clinical pregnancy rates (54,8% vs 48,6%) , higher ongoing pregnancy rates (48,4% vs 35,1%) and higher livebirth rates (48,4% vs 35,1%) that group II although the difference is not statistically significant ($p > 0,05$). Spontaneous miscarriage rate was 11,8% in group I and 27,8% in group II. Hysteroscopy tolerance was good in 93,3% of patients.

Conclusions: Office hysteroscopy prior to In Vitro Fertilization/ Intracytoplasmic Sperm Injection cycle to evaluate uterine cavity in patients with normal transvaginal ultrasound could improve biochemical pregnancy, clinical pregnancy, ongoing pregnancy and livebirths rates although the difference with patients without hysteroscopy was not statistically significant.

[1] La Paz Hospital, [2] La Paz Hospital, [3] La Paz Hospital, [4] La Paz Hospital, [5] La Paz Hospital, [6] La Paz Hospital, [7] La Paz Hospital, [8] La Paz Hospital

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