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P57. THE EFFECT OF THE STAGE OF LAPAROSCOPICALLY TREATED ENDOMETRIOSIS ON THE OUTCOME OF IN VITRO FERTILIZATION

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Context:
Endometriosis and Ovulation Induction Protocols

Objective:
The purpose of this study was to evaluate the in vitro fertilization (IVF) outcome of women who had previously undergone laparoscopy because of endometriosis.

Methods:
The study retrospectively compared the first IVF cycles of 116 women with stage I-II endometriosis and 104 women with stage III-IV endometriosis.

Patients:
Patients who had laparoscopic treatment of endometriosis prior to in vitro fertilization between May 2005 and May 2015.

Interventions:
The patients had received either the gonadotropin releasing hormone (GnRH)-agonist long protocol or the GnRH-antagonist IVF protocol.

Main Outcome:
Clinical pregnancy rate was the main outcome of the study.

Measures:
The groups were compared in terms of number of antral follicles, retrieved oocytes, metaphase II oocytes, available embryos, transferred embryos, implantation rate and clinical pregnancy rate.

Results:
All women with stage I-II endometriosis had significantly higher numbers of antral follicles (p= 0.004),

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retrieved oocytes (p= 0.041), metaphase II oocytes (p= 0.026), and available embryos (p= 0.007) during IVF when compared with the women with stage III-IV endometriosis. Patients with stage I-II endometriosis who were under the gonadotropin releasing hormone (GnRH)-agonist protocol had significantly higher numbers of available embryos (p= 0.036) and transferred embryos (p= 0.005) than did those with stage I-II endometriosis who were under the GnRH-antagonist protocol. Patients with stage III-IV endometriosis under the GnRH-agonist protocol had significantly higher numbers of follicles >17 mm (p= 0.005), retrieved oocytes (p= 0.019), metaphase II oocytes (p= 0.041) and transferred embryos (p= 0.042) than did those with stage III-IV endometriosis under the GnRH-antagonist protocol. There was no significant difference in terms of pregnancy rates in the GnRH-agonist and GnRH-antagonist groups for all stages of endometriosis.

Conclusion:

Patients with stage I-II endometriosis who were under the GnRH-agonist protocol had significantly higher numbers of embryos, and patients with stage III-IV endometriosis under the GnRH-agonist protocol had significantly higher numbers of follicles, oocytes, and embryos. In conclusion, even though there was no significant difference in terms of pregnancy rates for all stages of endometriosis, the superiority of the GnRH agonist over the use of GnRH antagonists was apparent.