

defined as a clomid challenge test with day 3 and day 10 FSH values available. Patients were classified as having normal ovarian reserve if both their day 3 and day 10 FSH values were less than 10 mIU/ml. Patients were classified as having abnormal ovarian reserve testing if either of their values was equal to or exceeded 10 mIU/ml.

RESULTS: 35 patients with ovarian reserve testing had complete pregnancy outcomes information available. 22 patients had normal ovarian reserve testing and 13 patients had abnormal ovarian reserve testing. The average age of patients in the normal ovarian reserve testing group was 34.1 (range 28 to 40) versus 34.9 (range 32 to 39) for the abnormal ovarian reserve testing group. Significant past medical history was comparable between both groups (28.6 versus 33.3 %). No patients had previous pregnancy complications. The average day 3 FSH was 6.84 mIU/ml in the normal ovarian reserve group versus 9.33 mIU/ml in the abnormal group. The average day 10 FSH was 6.35 mIU/ml in the normal ovarian reserve group versus 12.46 in the abnormal ovarian reserve group. Estradiol levels were comparable between both groups (39.5 pg/ml and 38.6 pg/ml respectively). Pregnancy outcomes in the normal ovarian reserve group were as follows: 2 biochemical pregnancies (5.7%), 9 spontaneous abortions (25.7%), 1 ectopic pregnancy (2.9%), 1 second trimester loss (2.9%) and 22 live births (62.9%). Pregnancy outcomes in the decreased ovarian reserve group were 0 biochemical pregnancies, 5 spontaneous abortions (27.8%), 0 ectopic pregnancies or second trimester losses and 13 live births (72.2%) (P=NS). The number of twins and triplets was comparable between the two groups (8.6 versus 16.7%) and (2.9 versus 5.6 %) respectively (P=NS). The number of abnormal quadruple screen tests was comparable (2 versus 1) and so was the number of abnormal glucose tolerance tests (4 versus 2). There were 2 intrauterine growth restricted babies in the normal ovarian reserve group versus none in the abnormal ovarian reserve group as well as 2 versus 1 cases of oligohydramnios. In the normal ovarian reserve group versus the abnormal ovarian reserve group, there were 3 cases of preterm labor (13.6%) versus 4 (31%), 2 cases of hypertension (9.1%) versus 1 (8%), 1 case of diabetes (4.5%) versus 0 and 2 cases of other medical complications (9.1%) versus 0 (P=NS). 45.5% versus 46.2 % of patients delivered by cesarean section. The average birth weight was 2716 g in the normal ovarian reserve group versus 2452 g in the abnormal ovarian reserve group (P=NS).

CONCLUSION: Ovarian reserve does not appear to negatively impact pregnancy outcomes in this group of patients.

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P-10

Adding Estrogen to Progesterone in Luteal Phase Support in *In Vitro* Fertilization-Embryo Transfer (IVF-ET) Cycles Produces Pregnancies with Higher Quantitative Beta Human Chorionic Gonadotropins (β hCG). A. Alsanie, I. Kadoch, S. Phillips, L. Lapensee, R. Hemmings, F. Bissonnette. Universite de Montreal, Montreal, PQ, Canada; OVO Fertility Clinic, Montreal, PQ, Canada.

OBJECTIVE: To compare serum quantitative β hCG levels when utilizing progesterone and estrogen as compared to progesterone alone in IVF-ET cycles for luteal phase support.

DESIGN: Retrospective case control study.

MATERIALS AND METHODS: Thirty infertile patients underwent IVF-ET treated with GnRH agonist long protocol that became pregnant with singletons from January 2004 till March 2005. Fifteen patients received progesterone (Prometrium) 300mg vaginally twice daily and estrogen (Climara 100 mg) one patch per week starting on the evening of the ET compared to fifteen patients (controls) who received progesterone alone until a serum pregnancy test result was negative or embryonic heartbeat was sonographically confirmed.

RESULTS: Statistically significant higher values of quantitative β hCG were recorded in the patients who received progesterone and estrogen for luteal phase support P= 0.03 in comparison to the patients receiving progesterone alone even after controlling for age, diagnosis, day 3 FSH values, and quality of embryos transferred.

CONCLUSION: The results of this study suggest that higher quantitative β hCG levels are encountered in the treatment group. Higher implantation rates were observed in this group but with no statistical significance. Further prospective randomized controlled trials are necessary to support the hypothesis that estrogen increases implantation rates in IVF-ET cycles.

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P-11

Effectiveness of 4% Icodextrin in a Pivotal Adhesion Reduction Trial in the USA. E. M. Peers, C. B. Brown, Adept Adhesion Study Group. ML Laboratories PLC, Blaby, United Kingdom.

OBJECTIVE: To investigate the effectiveness of 4% icodextrin (Adept[®], ML Laboratories PLC, UK) or lactated Ringer's solution (LRS) when used as an intra-operative irrigant and post-operative instillate for the reduction of post-surgical adhesions.

DESIGN: A large, multicenter, randomized, double-blind clinical trial in gynecological laparoscopy conducted in the USA.

MATERIALS AND METHODS: Patients (≥ 18 years) scheduled for laparoscopic adhesiolysis received intra-operative irrigation (≥ 100 ml/30 min) and post-surgical instillation (1000 ml) of icodextrin (n=227) or LRS (n=222) during surgery. Extent, incidence and severity of adhesions were assessed prior to adhesiolysis and at a second-look laparoscopy 4-8 weeks later, with both procedures being video recorded for blinded assessment. Numbers of adhesion sites at first- and second-look were compared and analyzed using ANCOVA, and the number of patients with absence of *de novo* adhesions analyzed using ANOVA.

RESULTS: There were significantly (p=0.039) fewer sites with adhesions at second-look for icodextrin treated patients compared with the LRS group. Mean \pm sd number of sites with adhesions at first surgery was 10.2 ± 4.3 for icodextrin and 10.3 ± 4.5 for LRS. Second-look data were 7.6 ± 4.6 for icodextrin and 8.3 ± 5.0 for LRS. A total of 53% of icodextrin treated patients were free of *de novo* adhesions compared with 43% of LRS treated patients (p=0.029).

CONCLUSION: Following laparoscopic adhesiolysis, intra-operative irrigation and post-surgical instillation of 4% icodextrin significantly reduced adhesion formation compared to LRS.

Supported by: This study was supported by ML Laboratories PLC, UK

P-12

Clinical Pregnancy Rate (CPR) With Ovarian Stimulation Is Higher in the First Cycle Than With Subsequent Cycles in Clomiphene Citrate/IUI (CC/IUI) Cycles But Not in Gonadotropin/IUI Cycles (COH/IUI). B. R. Witt. Greenwich Fertility and IVF Center, Greenwich, CT.

OBJECTIVE: To determine the effectiveness of clomiphene citrate (CC) with intrauterine insemination (IUI) and gonadotropins (COH) with IUI in women of different age groups and to compare cycle CPR in the first vs. subsequent cycles.

DESIGN: Retrospective analysis of all IUI cycles performed between July 2003 and March 2005 in a solo infertility practice.

MATERIALS AND METHODS: Patient records were analyzed for demographics, type of stimulation, and clinical pregnancies (CP, presence of fetal heart activity). IUI cycles were analyzed based on type of stimulation and age groups (Group 1=age < 38, Group 2= age ≥ 38). Statistical analysis performed with SPSS software using Chi-Square analysis.

RESULTS: 84 patients underwent 144 CC-IUI cycles and 61 patients underwent 105 COH- IUI cycles. CPR in the first cycle (16/83=19%) of CC-IUI was significantly higher (p<0.02) than in subsequent cycles (3/62=5%). The greatest difference was among women under 38 years old

Cycle 1 vs Other Cycles by Age and Stimulation

