

CONSENSUS ON INFERTILITY TREATMENT RELATED TO POLYCYSTIC OVARY SYNDROME

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ESHRE/ASRM, 2007



T.C.
KONYA
ÜNİVERSİTESİ

LIFESTYLE MODIFICATIONS

- Diet
- Exercise
- Pharmacologic Treatment

(blocks intestinal absorption of fat, an appetite suppressant)

SUMMARY POINTS

- Lifestyle modifications (the first-line)
- Obesity (anovulation, pregnancy loss, late-pregnancy complications)
- The best diet and exercise (caloric restriction and increased physical activity)
- 5% decrease of body weight (meaningful)

CLOMIPHENE CITRATE

- Clomiphene citrate- OI (first choice)
- 50 mg/day (5 days) max dose 150 mg/day.
- Progesterone is not mandatory

CC- COMBINATION THERAPY

- There is now clear evidence that the addition of metformin or dexamethasone to CC as primary therapy for induction of ovulation has no beneficial effect.

ALTERNATIVE THERAPIES

- Anti-estrogens (Tamoxifen, as effective as CC, FDA absent)
- Aromatase inhibitors (Letrozole, FDA abs)
Further studies (aromatase inhibitors)

INSULIN-SENSITIZING AGENTS

- Metformin restricted (glucose intolerance)
- Metformin alone is less effective than CC
- No advantage to adding metformin to CC

GONADOTROPINS

- Low-dose FSH protocols are effective
- The recommended starting dose (37.5–50.0 IU/day)
- Intense monitoring is required (OHHS, MP)
- Not exceed six ovulatory cycles

LAPAROSCOPIC OVARIAN SURGERY-1

- LOS can achieve unifollicular ovulation with no risk of OHSS
- Intensive monitoring is not required after LOS
- LOS is an alternative to gonadotropins (CC resistant)

LAPAROSCOPIC OVARIAN SURGERY-2

- LOS performed by trained personnel (adhesion, destruction ovarian tissue)
- Laparoscopic ovarian surgery should not be offered for nonfertility indications.

IN VITRO FERTILIZATION-1

- The optimal stimulation protocol is still under debate.
- FSH stimulation with use of GnRH agonists versus antagonists (Further studies)

IN VITRO FERTILIZATION-2

- Transferring fewer embryos
- cycle cancellation (due to absent or limited ovarian response or increased OHSS)



OVU. INDUCTION AND HOMOLOGOUS ARTIFICIAL INSEMINATION

- IUI is indicated (PCOS and associated male factor)
- Double IUI-single IUI (No difference).



Original Article

Comparison of Single Versus Double Intrauterine Insemination

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Accepted 29 August 2007. Available online 15 October 2008.

Abstract

OBJECTIVE: To compare the outcomes of single versus double intrauterine insemination.

MATERIALS AND METHODS: This prospective randomized study was carried out in 100 infertile patients. One intrauterine insemination was applied 36 hours after human chorionic gonadotropin (hCG) injection to 50 patients in the first group. To 50 patients in the second group, two intrauterine inseminations were applied, of which the first was applied 24 hours after and the second 48 hours after the hCG injection.

RESULTS: In the first group, pregnancies were detected in eight patients (pregnancy rate per patient was 16%, pregnancy rate per cycle was 10.6%). In the second group, pregnancies were detected in five patients (pregnancy rate per patient was 10%, pregnancy rate per cycle was 6.4%). There was no statistically significant difference between the two groups ($p > 0.05$).

CONCLUSION: Single intrauterine insemination can be considered to be more reasonable than double intrauterine insemination treatment, taking into consideration the economic cost and the psychologic trauma to the patients. However, further studies with larger sample sizes are needed in order to reveal any actual differences between the two methods.

OVERALL CONCLUSIONS-1

- CC (First Line Treatment)
- Gonadotropins or LOS (CC resist.- SLT)
- IVF (Third Line Treatment)

OVERALL CONCLUSIONS-2

- Metformin use restricted (glucose intolerance).
- Aromatase inhibitors for routine ovulation induction (Need to further studies).



THANKS FOR YOUR PATIENCE...