Pregnancy outcome after intrauterine insemination in patients with ovulatory disorder

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Objective: Ovulatory disorder is a common problem that may affect about 15% of infertile patients. The aim of our study was to evaluate the effect of ovulatory dysfunction on the outcome of intrauterine insemination in patients receiving either clomiphine citrate (CC) or controlled ovarian hyperstimulation (COH).

Design: A retrospective study.

Materials and Methods: All patients who had undergone IUI after ovarian stimulation from 2001-2004. The patients were followed up and their outcomes recorded. A total of 343 cycles in 93 patients were included. Patients receiving CC (n=154 cycles) were given 100 mg/day from day 3 to day 7 of the cycle. Patients on controlled ovarian hyperstimulation (n= 189 cycles) were subjected to pure follicle stimulating hormone and/or human menopausal gonadotroins. Ovarian response was monitored by transvaginal ultrasonography. 10,000 IU of human chorionic gonadotropin (hCG) was given when dominant follicle reached maturity. A single IUI was performed 36 hours after human chorionic gonadotropin administration. No medication was given during the luteal phase. Pregnancy rate per cycle was determined as well as the miscarriage rate for each group. Statistical analysis was performed using X^2 and Students’ t -test. Multiple logistic regression analysis was performed to control for age, type and duration of infertility.

Results: The mean age was 30.2±4.3 years, mean duration of infertility 3.1±1.4 years, 79 % of the patients had primary infertility and 21% with secondary infertility. There were 119 pregnancies (34.8%) out of 343 cycles,. The overall miscarriage rate was 15.8 %. (54/343 cycles). The pregnancy rate for both groups was 29.9% (46/154cycles) and 38.8 % (73/189 cycles) respectively (p=0.047). Miscarriage rate was 13 % (20/154cycles) and 18.1 % (34/189 cycles) respectively (p<0.05). The hyperstimulation rate for the 2 groups was 1.9 % (3/154cycles) and 12.7% (24/189cycles) (p<0.001).

Conclusion: There is significant increase in the pregnancy rate of patients with ovulatory disorders who were subjected to COH and IUI compared to CC and IUI. These patients also show a significant increase in miscarriage rate as well as the incidence of hyperstimulation. Patients who are undergoing intrauterine insemination and having ovulatory disorder should be counseled not only regarding the increased chance of pregnancy but also the risk of miscarriage and hyperstimulation.

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