9th Yazd International Congress and Student Award on Reproductive Medicine with 4th Congress of Reproductive Genetics

Poster Presentations

P-53

Comparison of GnRH-agonist+ vaginal progesterone and vaginal progesterone effects on luteal phase support in frozen–thawed embryo transfer cycles: An RCT

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Background: As it seems that the progesterone alone isn't enough treatment for luteal phase support (LPS) specially in frozen embryo transfer (FET) cycles, so gonadotropin releasing hormone agonist (GnRH-a) was suggested as a adjuvant therapy with combination to progesterone for LPS.
Objective: This study aimed to evaluate the effects of the administration of a multiple doses of GnRH-a to routine LPS in FET cycles.
Materials and Methods: In this clinical trial study, 240 infertile women who were candidate for in vitro fertilization cycle were enrolled and divided into two groups (n = 120/each). Group 1 received 800 mg vaginal progesterone daily and group 2 received 0.1 mg dipherline in days 0, 3, and 6 of FET for LPS. Implantation rate, clinical pregnancy rate, ongoing pregnancy rate, and spontaneous abortion were checked and measured.
Results: Results showed that there was no significant difference between the mean age of women and also duration of infertility (p = 0.70, p = 0.60). There was no significant in term of implantation rate and rate of spontaneous abortion (p = 0.19, p = 0.31) respectively. In term of clinical pregnancy rate, significant difference were seen between groups (n = 37, 30.8% in group 1 and n = 57, 47.5% in group 2, p = 0.008). As a term of ongoing pregnancy rate (till 3 months after FET), significant difference between two groups were seen (p = 0.05).
Conclusion: The GnRH-a+cyclogest as opposed to cyclogest for LPS after FET cycles may be the superior choice.
Key words: *FET, ART, LPS, Cyclogest.*