

Comparing the oocyte retrieval, maturation, fertilization, degeneration and total blastocyst utilization rate in urinary, urinary and recombinant and recombinant drug stimulated cycles for patients with advanced maternal age

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ABSTRACT

Introduction: Urinary follicle stimulating hormone (FSH) drugs have been shown to improve stimulation outcomes in older women with comparable Oocyte Retrieval Rate (ORR) and embryo formation to recombinant FSH drugs usage. We aim to determine the effectiveness of different stimulation protocols on laboratory parameters in women 35 years and older. **Methods:** In this retrospective study, 471 patients (total follicle number=5,068) with mean age of 38.4 and mean AMH of 17.39 pmol/l were recruited to study the ORR and Oocyte Maturation Rate (OMR). 10,284 and 6,836 Metaphase II oocytes (mean oocyte age of 38.8) recruited were tabulated for outcomes in Fertilization (FR) and Degeneration (DR) Rate and Total Blastocyst Utilization (TBUR) Rate, respectively. These 3 cohorts of oocytes were categorized into 3 groups – Urinary drugs only (UO), Urinary + Recombinant drugs (U+R) and Recombinant drugs only (RO) stimulated cycles. The z test was adopted to analyse statistical significance. **Results:** UO group is observed to have the lowest ORR among the 3 groups ($p<0.01$). OMR is similar across all groups ($p>0.05$). FR is significantly higher in the UO and RO groups (both at ~76%) when compared to U+R ($p<0.01$) while the RO group shows the lowest DR ($p<0.05$). UO has the highest TBUR (54%) when compared to other groups ($p<0.01$). **Conclusions:** The UO stimulation protocol show a higher proportion of utilizable blastocyst from a single fresh ICSI stimulated cycle in older women, with statistically higher FR and TBUR – albeit ORR and DR outcomes are poorer compared to the RO group.

Laparoscopic hysterectomy for deep infiltrating endometriosis: Tailoring radicality

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ABSTRACT

Introduction: Endometriosis affects 6% of patients in the reproductive age group and 40% of them feature deep infiltrating endometriosis (DIE), characterized by invasion of non-gynaecological organs surrounding the uterus. This causes severe dysmenorrhea, chronic debilitating pelvic pain and/or rectal tenesmus. The disease is increasingly seen in the younger age group and at times they opt for extirpative surgery to alleviate their pain. DIE surgery is challenging as its associated with pelvic adhesions and fibrosis. Laparoscopic route appears to be the best approach in the management of DIE. **Case Description:** We describe a case of a married young nulliparous lady with subfertility for 5 years who presented with adenomyosis and DIE. She underwent fertility enhancing surgery followed by 2 failed IVF cycles. She presented with recurrent adenomyosis 2 years post-surgery, suffering from debilitating chronic pelvic pain with a reduced quality of life. She opted for total laparoscopic hysterectomy with ovarian conservation. This video demonstrates that definitive surgery for DIE should include excision of all deep lesions which may involve non-gynaecological organs such as ureters, rectum or bladder. Laparoscopic nerve (inferior hypogastric) identification, recto-vaginal nodule excision and bowel shaving technique is shown. **Discussion:** Laparoscopy with improved optics allows us better visualization of recto-peritoneal structures and makes access to these structures easier. This allows for a radical approach in excision of these lesions. The same degree of radicality may not be achieved by laparotomy, making laparoscopy the preferred technique in the management of this disease process.