

## Abstract Preview - Step 3/4

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**Title: UPDATE IN CONTROLLED OVARIAN HYPERSTIMULATION**

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**Text:** Ovarian response during controlled ovarian hyperstimulation (COH) is the most important factor for evaluating the pregnancy outcome in assisted reproductive technique (ART). Age and ovarian reserve are both major predictive factors for IVF outcome which could not be changed by medical intervention. However, to choice the best stimulation protocol in IVF cycle is the most important thing that physician could do for the patients. There are several kinds of medicine (gonadotrophin-releasing hormone (GnRH) agonist and/or antagonist; FSH, HMG) and difficult protocols (Long, Short, Ultra-long, Ultra-shot, Stop Lupron, minimal stimulation and nature cycle) could be selected. The stimulation protocol should be adjusted according to individual response for ovarian stimulation and underline condition of patients. Ovarian stimulation applied to higher responders should be carefully controlled to prevent ovarian hyperstimulation syndrome (OHSS). The use of mild stimulation protocols with small doses of gonadotrophin, GnRH antagonist, withholding human chorionic gonadotrophin (HCG) and coasting are effective technique but it does not completely prevent OHSS. Cryopreservation of all embryos will reduce late-onset OHSS but not early-onset OHSS. On the contrary, decreasing the dosage or during of GnRH agonist suppression and increasing the dosage of gonadotropins are basic principle for ovarian stimulation in women with lower responders. Flare up or early ceasing of GnRH agonist and GnRH antagonist are widely used in stimulation protocol for women with lower responders. Furthermore, the stimulation protocols should be adjusted according to underline condition in patients. Our experience showed an excellent pregnancy outcome could be achieved when ultra-long GnRH agonist suppression, with half dose of long action GnRH agonist, applied to women with endometriosis related problems.

Keywords: COH, ART, OHSS, HCG, GnRH

Conference: 3rd Congress of the Asia Pacific Initiative on Reproduction (ASPIRE) · Abstract: A-199-0000-00397 · Status: Submitted

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