

Table 1. Clinical Data and Outcome of Donor Oocyte Program

Case	Age(yr)	Day of ET	No. of embryos	Estrogen	Pregnancy
1	40	19	3	Premarin	None
		18	2	TE2 ^a	Singleton
2	40	13	4	Premarin	Clinical, aborted
		17	4	TE2	Biochemical
		12	4	TE2	Singleton
3	45	13	4	TE2	Triples reduced to singleton
4	33	14	4	TE2	Twins
5	41	15	6	TE2	Twins
6	39	18	2	E.V. ^b	None
		17	4	E.V.	None
		18	1	Premarin	None
7	37	21	4	TE2	None
		18	3	TE2	Biochemical
8	32	8	2	Premarin	None
		16	1	Premarin	
		21	4	TE2	Biochemical
9	30	9	1	Premarin	None
		16	2	E.V.	Biochemical
		16	2	E.V.	Biochemical
		9	5	TE2	Biochemical
10	27	18	1	E.V.	None
		20	1	E.V.	None
		18	2	Premarin	None
		16	2	TE2	None

and the 6th week after ET, respectively. However, no obvious timing difference was found in this elevation between singleton and multiple pregnancies.

DISCUSSION

Premature ovarian failure affects an estimated 1%-

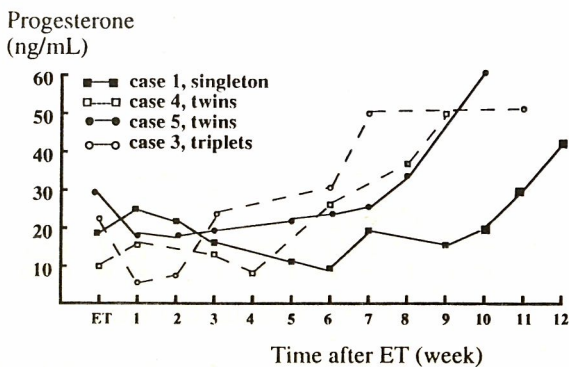


Fig. 5. Serum progesterone (P4) levels with duration of gestation after embryo transfer.

3% of the general population.² These affected women are amenorrhic clinically. They are hypergonadotropic and hypoestrogenic as if post-menopausal; thus they were once regarded as sterile.

Exogenous steroid replacement therapy was found effective in inducing cyclic menstrual changes. Sequential estrogen replacement to mimic the natural 28-day cycle was found effective in creating a receptive endometrium culminating in a successful pregnancy as reported by Lutjen et al.¹ Later, a simplified regime of exogenous estrogen replacement was found to be equally effective by Serhal and Craft.⁷

Droesch et al.⁸ further pointed out that transdermal estrogen produced a more physiologic E2/E1 ratio compared to orally administered estrogens (1.59 vs. 0.13, *p* < 0.05). Other benefits of transdermal estrogen include fewer effects on induction of liver proteins and ease of administration. In the present study, TE2 produced a pregnancy rate of 82% per transfer and a clinical pregnancy rate of 45% per transfer. These results are far superior to those obtained with oral estrogens,