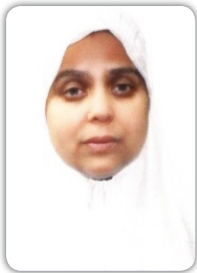


4<sup>th</sup> International Conference on

## Obstetrics and Gynecology

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Tanta University, Egypt

### Comparison of the predictive value of antral follicle count, anti-müllerian hormone and follicle-stimulating hormone in women following GnRH-antagonist protocol for intracytoplasmic sperm injection


**P**rediction of ovarian response is one of the prerequisites for women undergoing intracytoplasmic sperm injection (ICSI) treatment prior to the first controlled ovarian stimulation (COS) cycle. Predictive factors may be variable in patients pre-treated with oral contraceptives (OC) for scheduling purposes. To evaluate antral follicle count (AFC), anti-Müllerian hormone (AMH) and basal follicle stimulating hormone (FSH) for predicting ovarian responses in patients under controlled ovarian hyperstimulation randomized to receive either oral contraceptives (OC) or no treatment (non-OC) prior to their first controlled ovarian stimulation (COS) cycle. One hundred infertile women randomized to receive OC treatment or no treatment, prior to their first COS cycle; were stimulated with Gonadotropin Releasing Hormone (GnRH) antagonist protocol. During the early follicular phase (day2) of the two subsequent cycles (cycle A & cycle B) sonographic (AFC, ovarian volume) and endocrine data (AMH, basal FSH) were recorded. Transvaginal ultrasound was performed for all patients to monitor the ovarian response. Total number of oocytes retrieved, and number of generated embryos were recorded, and patients were categorized according to retrieved oocytes as poor (oocytes <5), normal (oocytes 5–12) or high responders (oocytes >12). AFC, AMH

and basal FSH were lower in users than in non-users of hormonal contraception. Poor responders showed a smaller number of oocytes retrieved and had lower AFC and AMH but higher basal FSH levels was recorded in both groups (OC and non-OC). The better predictive value of AMH or AFC, as a single test or in combination will prevent cycle cancellations due to too low or too high ovarian response. AMH in OC group was not affected by OC pre-treatment and is superior to other parameters, while AFC is superior to AMH and basal FSH in non-OC group.

#### Speaker Biography

Shahinaz H El-Shorbagy is currently working as the professor of Obstetrics and Gynecology at the Tanta University, Egypt. She obtained her Fellowship of Gynecology and Infertility from Birmingham University, UK. She is also a consultant of IVF and Infertility and the Medical Director of Ommoma IVF Centre, Egypt.

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