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Impact of routine hysteroscopy prior to intrauterine insemination on pregnancy rates (PR) in infertile couples at Al-Amal hospital, Misurata, Libya

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Objectives: HS is an accurate tool for management of intrauterine pathology (IUP) as it detects multiple and subtle uterine lesions, and enabling treatment at the same setting. Intrauterine insemination (IUI) is an effective treatment of low complications rate, to be offered before starting more ART invasive options. As IUP can negatively affect implantation, this study investigated the routine use of hysteroscopy (HS) prior IUI in management of infertile women with the main outcome measure studied was conception / PR.

Materials & Methods: Referred 180 patients (with primary and secondary infertility, 129 & 51 women respectively), ages: 23-38 years, similar BMI and candidate for (COH) with clomid & gonadotropin in conjunction with IUI cycles were included in a prospective controlled study for two years (April 2015 to March 2017). All underwent day 3 hormonal evaluation, divided equally & randomly into 2 groups (gps): (A) underwent diagnostic HS to rule out IUP and (if found) operated by means of a 5.5 mm Olympus continuous flow HS before IUI which has to be performed the following cycle if normal or 3 cycles after operation, (B) as a control (IUI without HS). Semen samples collected after 5 days of sexual abstinence & prepared by swim up technique. IUI performed with a volume of 0.5ml. Luteal support in all patients by oral dydrogesterone for 2 weeks. Clinical PR : +ve pregnancy test and GS visualized by TVS 4 weeks after IUI, and compared between the two gps. Any complications were recorded. Statistical analysis performed using SPSS packages for Windows. P-value significant if (< 0.05).

Results: Total patients lost in follow up: 27(15%): 19(21.1%) from control gp leaving 71(78.88%), and 8(8.88%) from study gp, leaving 82(91.1%). HS revealed no IUP in 53(58.88%) from study gp, while 37(41.11%) were with abnormalities: 14(15.55%) mild adhesions, 8(8.88%) small endometrial polyps, 6(6.66%) small submucosal myomas, 4(4.44%) uterine septum, 3(3.33%) endocervical lesions, 2(2.22%) chronic non-specific endometritis, (more abnormalities in women aged ≥ 30 years and those with secondary infertility). Relation between pregnancy and type of pathology not significant ($P > 0.623$). No statistical difference in characteristics between both gps regarding age, cause, type or duration of infertility. Overall clinical PR in both gps after IUI was statistically significant ($P < 0.05$): 38 out of 82(46.34%) in study gp, and 18 from 71(25.35%) in the control. All pregnancies in study gp occurred within first 2 IUI cycles. Pregnancies in control gp were as follows: (11%) 1st cycle, (34.4%) 2nd cycle, (42.5%) 3rd cycle and (12%) 4th cycle. No significant reactions or surgical complications were recorded.

Conclusions: HS before IUI is an effective and safe procedure in management of any IUP, it improves significantly the chances of conception in infertile women before proceeding to more sophisticated and expensive treatment options.

Biography

Aisha Mohamed Elbareg is working as an Associate Clinical Professor and Consultant Obstetrician & Gynecologist with Sub-Specialty in Endoscopic Surgery & Reproductive Medicine at Misurata University/Al-Amal Hospital for Obstetrics & Gynecology, Infertility Treatments and Genetic Research. Obtained her first Medical degree in 1994 from Al-Arab Medical University, Libya, also a Master degree of Medical Sciences in ART from Nottingham University, UK (2001), and a PhD from Manchester University, UK (2007), in addition to the Arab Board of Obstetrics & Gynecology (2005). She had attended several advanced Courses: in ((IVF/ICSI), Leuven University Fertility Centre, Belgium), (Prolapse Surgery and Non Descent Vaginal Hysterectomy, Nepalgunj University/Nepal), (Gynecological Endoscopic Surgery, Alexandria Endoscopic Association, Alexandria-Egypt). Published more than 24 papers, and attended more than 90 Scientific meetings, workshops, national and International Congresses since primary graduation, being an invited Speaker among some of them, also as an editorial board member, reviewer, and member: of the Scientific Committees of some Local & International Journals and Conferences such as the 44th, 45th, and 46th: (2015), (2016) and (2017) AAGL Minimally Invasive Gynecology Global Congress, U.S.A, and Professional Societies like the (European Society of Gynecology).

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