PULSUS
WWW.PULSUSCONFERENCE.COM
35 YEARS IN ASSESING THE IMPACT OF HEALTHCARE RESEARCH

Shrem Guy, Androl Gynecol: Curr Res,
ISSN: 2327-4360 Volume 10

Global Experts Meet on

Gynecology and Obstetrics Care

February 21, 2022 | Webinar

Shrem Guy

Kaplan medical center, Israel

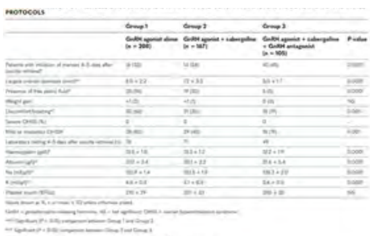
Use of cabergoline and post-collection GnRH antagonist administration for prevention of ovarian hyperstimulation syndrome

The Research question: Does the addition of a gonadotrophin-releasing hormone (GnRH) antagonist to cabergoline treatment during the luteal phase in fresh IVF cycles triggered with a GnRH agonist, and planned for freeze-all, reduce the rate of mild and moderate ovarian hyperstimulation syndrome (OHSS)?

Design: Retrospective cohort study of 480 IVF patients at risk for OHSS with GnRH agonist trigger from 2011 to 2018, stratified into three groups based on treatment received: GnRH agonist trigger alone (Group 1, n = 208), GnRH agonist trigger + cabergoline (Group 2, n = 167) or GnRH agonist trigger + cabergoline + GnRH antagonist (Group 3, n = 105). Data on patient demographics, incidence, severity and symptomatology of OHSS and laboratory findings were collected.

Results: Group 1 had more free peritoneal fluid than Group 2 (28% versus 19%, P = 0.04) or Group 3 (28% versus 5%, P = 0.001). Group 1 reported abdominal discomfort and bloating more than Group 2 (33% versus 21%, P = 0.01) or Group 3 (33% versus 18%, P = 0.006). Group 1 had more electrolyte abnormalities than Group 2, who had more than Group 3. No patients developed severe OHSS. Mild and moderate OHSS rate was higher in Group 1 (38%) than Group 2 (29%, P = 0.048) or Group 3 (18%, P = 0.006) and in Group 2 than Group 3 (P = 0.046).

Conclusion: Addition of cabergoline to GnRH agonist triggering in high-risk OHSS patients, and subsequent addition of GnRH antagonist for 5 days in the luteal phase, sequentially reduces the risk of mild and moderate OHSS and improves patient comfort compared with GnRH agonist trigger alone.



PROTOCOLS

	Group 1	Group 2	Group 3	
	GnRH agonist alone (n = 208)	GnRH agonist + cabergoline (n = 167)	GnRH agonist + cabergoline + GnRH antagonist (n = 105)	P-value
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Severe OHSS (%)	0	0	0	–
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

Biography

Shrem graduated from one of the finest medical schools in Israel. He completed his residency at the Hillel Yaffe medical center in Hadera, Israel. He served as an attending physician in the IVF unit in the Ob&Gyn department until moving to Montreal, QC, Canada for fellowship in the McGill University Health Center. There he combined clinical practice and research. When he returned to Israel, he joined the IVF unit of the Kaplan medical center, Rehovot. His research focuses on variety topics in reproductive medicine and infertility.

dr.shremguy@gmail.com

Received date: November 28, 2022 | Accepted date: November 30, 2022 | Publishing date: April 20, 2022