human reproduction

LETTERS TO THE EDITOR

The pregnancy outcome of retrieved excess eggs collected during selective follicular reduction from patients with three or more preovulatory follicles undergoing controlled ovarian stimulation and IUI

Sir,

We read the prospective study by Stoop *et al*. with great interest, as our main purpose is to reduce the risk of multiple pregnancy rates while maintaining high clinical pregnancy rates. We have had a similar clinical experience to further support the authors conclusions (Stoop *et al*., 2010).

As published in a recent meta-analysis, multifollicular growth with three or four follicles is not associated with an increased gain in the pregnancy rate compared with monofollicular growth, but resulted in increased risk of multiple pregnancy rate (Van Rumste *et al*., 2008). This pilot study by Stoop *et al*. with 34 cycles investigated whether multiple pregnancies could be minimized by a microscopically confirmed aspiration of oocytes from supernumerary follicles immediately before intrauterine insemination. They further evaluated the benefit of concomitant excess oocyte vitrification for future use.

We have used low-dose hMG and 7.5 mg letrozole for controlled ovarian stimulation (COS) as well as selective follicle reduction (SFR) when the number of preovulatory follicles was three or more to minimize multiple pregnancy rates over the last 2 years. All couples treated had been trying to conceive for at least 12 months and all had undergone a fertility work-up consisting of a medical history, pelvic ultrasound, semen analysis and tubal patency confirmed by laparoscopy and/or hysterosalpingography. Unexplained infertility was defined as subfertility without any demonstrable cause.

Patients with severe male factor infertility, Stages 3–4 endometriosis, tubal factor infertility, >40 years old and diminished ovarian reserve were excluded. All patients had a history of failed clomiphene or letrozole.

Twenty-seven patients with three or more preovulatory follicles elected to undergo SFR. The mean age of the patients was 31.1 ± 4.3 (range 24–39). Fifty-five percent of these cases had the diagnosis of PCOS. We have observed no cases with premature LH surge. Fourteen of these patients returned for an egg warming and ICSI procedure. Three of these patients had no egg survival after warming. Four of the remaining 11 patients had no fertilization after ICSI. Four of the seven remaining patients had embryo development to the blastocyst stage and an embryo transfer. All four patients conceived (two delivered, one ongoing, one spontaneous abortion at 7 weeks).

To our knowledge, this is the first report on the pregnancy outcome of oocytes retrieved prior to IUI. We agree that offering this procedure allows for better pregnancy rates while lowering the multiple pregnancy rates. We further suggest the utilization of COS protocol with low-dose hMG and 7.5 mg letrozole both in decreasing the cost of treatment and decreasing the incidence of premature LH surge.

References

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Reply: the pregnancy outcome of retrieved excess eggs collected during selective follicular reduction from patients with three or more preovulatory follicles undergoing controlled ovarian stimulation and IUI

Dear Sir,

I have read the comments of the authors of this letter with great interest.

I very much appreciate the authors' excellent outcome achieved with the procedures as described in the paper. Their data strengthen our conviction that excess oocyte aspiration and oocyte cryopreservation can offer additional pregnancy chances while reducing the risk for multiple pregnancies in IUI.

Yours sincerely.

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