The effect of laterality of endometrioma in IVF/ICSI cycles

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Problem Statement

Endometriosis, the most common gynecological disorder, is a challenging disease observed in 20%-40% of subfertile women. Endometriomas affect 17-44% of women with endometriosis (1,2). Because endometrioma has detrimental effects on fertility. many of these women need Assisted Reproductive Technology (ART) to conceive (3). In this study, we aimed to investigate the effects of endometrioma presence and laterality over In Vitro Fertilization (IVF) and Intracytoplasmic Sperm Injection (ICSI) outcomes.

Methods

The study was designed retrospectively. A total of 159 women enrolled in IVF / ICSI cycles between March 2015-March 2018, were included. Patients were divided into two groups as Endometrioma group (n:73) and control group (n:86). In Endometrioma group, subgroup analysis was performed according to laterality. Demographic characters, clinical and laboratory parameters were recorded. SPSS was used for analysis.

Results

With respect to laterality, there were no statistically significant differences in terms of Antimullerian Hormone (AMH) levels, oocyte and embryo quality, the numbers of embryos achieved, pregnancy rates between two groups When compared according to previous history of surgery (26 patients), AFC and AMH levels were found to be lower in patients who underwent surgery, while there was no significant difference regarding oocyte numbers, embryo quality and pregnancy rates (Table 1).

		Endometrioma			
		None	Unilateral (n=43)	Bilateral (n=30)	Р
		(n=86)			
		Median (Min/Max)	Median (Min/Max)	Median (Min/Max)	
Age		30,5 (23 / 42)	31 (24 / 41)	31 (24 / 38)	0,866
BMI		25,5 (16 / 35)	24 (18 / 36)	24 (17 / 31)	0,582
FSH		6 (2 / 18) ^{BC}	7 (4 / 17)	8 (3 / 20)	<0,00
Peak E2		1813 (778 / 3840)	1490 (186 / 6377)	1587,5 (10 / 4554)	0,116
АМН		-	1,4 (0,01 / 15,06)	1,23 (0,01 / 5,5)	0,775
Ca125		-	28 (6 / 165)	47 (12 / 290)	0,001
		n (%)	n (%)	n (%)	
Antral Fo	llicle Count				
	1-4	0 (0,0)	7 (16,3)	6 (20 <i>,</i> 0)	<0,00
	5-9	13 (15,1)	20 (46,5) ^A	17 (56,7) ^A	
	>10	73 (84,9) ^{вс}	16 (37,2)	7 (23,3)	
COH Prot					
	Antagonist	81 (94,2) ^{вс}	35 (81,4)	23 (76,7)	0,008
	protocol	- ()			
	Long protocol	5 (5,8)	4 (9,3)	4 (13,3)	
	Microdose	0 (0,0)	4 (9,3)	3 (10,0) ^A	
	protocol		(- / - /	3 (10,0)	
Previous	Surgery				
	No	86 (100,0)	32 (74,4) ^c	15 (50,0)	<0,00
	Yes	0 (0,0)	11 (25,6)	15 (50,0) ^B	
Cyst size					
	<4 cm		33 (76,7) ^c	15 (50,0)	0,025
Drognand	>4 cm		10 (23,3)	15 (50,0) ^в	
Pregnand	.v Negative	56 (65,1)	25 (58,1)	18 (60,0)	0,707
	Positive	30 (34,9)	18 (41,9)	12 (40,0)	0,707
	FOSITIVE	Median (Min/Max)		Median (Min/Max)	
Number	of dominant	8 (3 / 18) ^{BC}	6 (1 / 12)	6 (0 / 13)	<0,00
	of total oocyte	10 (1 / 24) ^{BC}	7 (0 / 22)	7 (0 / 16)	<0,00
	of MII Oocyte	7 (1 / 17) ^B	5 (0 / 19)	6 (0 / 14)	0,008
Number	of fertilizated	3 (1 / 11)	3 (0 / 9)	3 (0 / 13)	0,347
Total GN	D dose	1562,5 (925 / 2962) ^{BC}	2100 (825 / 4350)	2212,5 (1200 / 3450)	<0,00
Endomet	rial thickness	10 (6 / 16)	10 (4 / 14)	9 (3 / 21)	0,258
		n (%)	n (%)	n (%)	
Embryo (Grading				
	No embryo	0 (0,0)	6 (14,0)	6 (20,0) ^A	0,004
	Grade 1	23 (26,7)	10 (23,3)	10 (33,3)	-
	Grade 2	44 (51,2) ^C	17 (39,5)	10 (33,3)	
	Grade 3	3 (3,5)	1 (2,3)	0 (0,0)	
	Blastocyst	5 (5,5) 16 (18,6)			
	BIASIOCVST	16(18.6)	9 (20,9)	4 (13,3)	

Table 1. The effect of laterality of endometriomas on IVF/ICSIcyles examined in the study

There were no significant differences between groups with respect to age, BMI, stimulation protocols. In endometrioma group, although basal FSH levels was higher than control group, it was within normal limits, while estradiol levels was lower (p < 0.001, p 0.042, respectively). Antral Follicle count (AFC), dominant follicle number, total oocyte count, MII oocyte numbers were found to be significantly lower, whereas numbers of embryos achieved, clinical pregnancy rates were found to be similar. In endometrioma group, there were 4 patients with no dominant folicle development and 8 total fertilization failures were observed

Sources

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Conclusion

This study shows that presence of endometrioma negatively effects on fertility parameters like FSH levels, AFC and MII oocyte numbers, albeit no significant effect over embryo quality and pregnancy rates whereas laterality of endometrioma doesn't have any influence over any fertility parameters and pregnancy rates.