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Original Report

Clinical Effects of a Microdose GnRH Agonist Flare Regimen Administered to Poor Responders Undergoing ART Cycles

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Abstract:

The microdose GnRH agonist (GnRH-a) flare protocol may have a particular value for previously poor responders in whom it has been observed to stimulate dramatic increases in serum FSH. The Purpose of this study was to determine the effects of microdose GnRH-a in poor responders. This is a clinical trial with before and after design. This study was done in Research and Clinical Center for Infertility (Shahid Sadoughi University, Yazd, Iran) and Madar Hospital, Yazd, Iran. In this study, 61 poor responders volunteered for in vitro fertilization (IVF) or intracytoplacmic sperm injection (ICSI). The volunteers were divided into two age groups (group A, 20 - 34; group B, 35 - 40) and received low dose oral contraceptive pills for 21 days, then 40µg of subcutaneous buserelin 2 times/day from day 3 of the cycle and human menopausal gonadotropin (hMG) 3 ampoules/day from day 5. Main Outcome measures were number of follicles, oocytes and embryos, and pregnancy rate (PR). These measures were then compared with those of the previous cycle. There were significant differences in all parameters ($P < 0.05$). Pregnancy occurred in 3 women (5%). There was no significant difference in number of follicles, oocytes and embryo between two age groups ($P > 0.05$). Use of microdose GnRH-a plus HMG for controlled ovarian hyperstimulation in IVF or ICSI cycles can lead to formation of more follicles, oocyte and embryo in poor responders.

Keywords:

Microdose GnRH-a ، IVF/ ICSI ، poor responders

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