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ANALYSIS OF PROGNOSTIC FACTORS FOR SUCCESSFUL OUTCOME IN PATIENTS UNDERGOING INTRAUTERINE INSEMINATION

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Abstract:

Intrauterine insemination (IUI) has been widely used for the treatment of infertility. Several prognostic factors for IUI outcome have been proposed, including the endometrial thickness and follicle numbers, etiology and duration of infertility and morphology, type and motility of sperms. A total of 463 IUI cycles in which clomiphene citrate and/or human menopausal gonadotrophin (HMG) were used for ovarian stimulation analyzed retrospectively to identify prognostic factors regarding treatment outcome. The overall pregnancy rate was 13% per cycle. Logistic regression analyses were done on 14 sets of data, including age, Duration of infertility, Type of infertility, The etiology of infertility, Sperm count, Sperm motility before and after processing, The method of ovarian stimulation, Endometrial thickness, Type of catheter, Use of tenaculum, Season of IUI performing, The number of dominant follicle and cycle number. Logistic regression analysis revealed two predictive variables as regards pregnancy: number of the dominant follicles ($P = 0.003$) and the thickness of endometrium ($P = 0.001$). The odds ratios for number of the dominant follicles and thickness of endometrium were 1.41 and 1.78 respectively. The results indicate that controlled ovarian hyperstimulation (COH) and IUI achieves the best results with increased number of preovulatory follicles and endometrial thickness.

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