

## EVALUATION OF GRANULOCYTE COLONY STIMULATING FACTORS EFFECT ON TREATMENT RESISTANT THIN ENDOMETRIUM IN IVF PATIENTS

Chaudhary, Anjali<sup>1</sup>; GOEL, SANDEEP<sup>1</sup>; TAYAL, ANKITA<sup>1</sup>; VARMA, UMESH<sup>1</sup>

<sup>1</sup>AAROGYA HOSPITAL

### Abstract Body

Objective: Resistant Endometrium affects pregnancy outcome. ET below 7 mm on USG is sub-optimal for transfer with reduced pregnancy chances. Decrease in ET leads to cycle cancellations or vitrification of embryos or having blastocyte transfer despite inadequate endometrium or need for gestational carrier. The study was done to show the result of GCSF on treatment resistant thin endometrium and its effects on pregnancy Method: Prospective study of 35 patients from June 2018-Dec 2018. Most patients were recurrent IVF failures with age > 35 yrs & reduced AMH & ET < 7 mm. Antagonist cycle was used. ET was monitored with TVS. GCSF was used in patients who remain unresponsive even after using estrogen, low dose aspirin, sildenafil. On the day of trigger (If ET < 7mm) then 300ug (1ml) GCSF was used as intrauterine perfusion. ET was again assessed during OPU. If more response was needed then 2nd infusion was planned 24 hrs before ET with a gap of 72 hrs between 1st and 2nd infusion. The patient population were women of age (35.5 + 6.6 yrs) with prior IVF failure (2+2.1) and diminished ovarian reserves (AMH ↓) with ET < 7mm on day of trigger. GCSF treatment was followed. At the time of first infusion, ET was (6.4 + 0.1). By the time embryo transfer, it had increased to (9.3 + 2.1). With significant increase (2.9 + 2.0mm) in patient having two infusions (72 hrs apart). However increase in endometrial thickness leading to pregnancy (P= 0.034) and those not resulting in pregnancy (0.001) remained the same. Although ET in response to GCSF is documented by USG. But the success rate of pregnancy observed needs bigger study group to establish the relationship of GCSF and improved pregnancy outcome.