

652: Could couples with mild male factor infertility and at least 3 failed previous IVF attempts benefit from laparoscopic investigation

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Objective

To assess the value of laparoscopy for couples diagnosed with mild male factor infertility and at least three previous failed In-Vitro Fertilization (IVF) attempts.

Design

Prospective cohort study.

Materials and Methods

A total of 169 couples participated in the study. One-hundred and one couples underwent laparoscopic investigation and correction of previously unidentified endometriosis or pelvic adhesions. The main outcome measures were live Birth/Ongoing Pregnancy rate, clinical pregnancy rate and positive hCG rate.

Results

One-hundred and sixty-nine women were presented with the option of laparoscopic investigation. One-hundred and one of them opted for, whereas 68 opted against laparoscopy performance. All patients proceeded with a single ICSI cycle. Following laparoscopic investigation, 43 patients were diagnosed with endometriosis, 22 with adhesions, while for 36 laparoscopic investigation provided no further diagnosis. No statistically significant differences were observed regarding the baseline hormonal levels and other characteristics between the two groups and the three subgroups. When compared to the no-laparoscopy group, women subjected to laparoscopy presented with a higher clinical pregnancy and ongoing pregnancy/live birth rate. Following endometriosis correction, a marginally non statistically significant trend was observed regarding a decrease in poor-quality blastocysts ($p=0.056$). A statistically significant higher clinical pregnancy ($p=0.03$) and ongoing pregnancy/live birth rate was observed in the endometriosis

Conclusions

Laparoscopic identification and correction of undiagnosed endometriosis in couples initially diagnosed with male infertility and at least 3 failed previous IVF attempts, appears to be a promising approach efficiently addressing infertility for these patients while avoiding IVF overuse.

Support

None

Disclosure

None