

In Poor Responders Usage Of Dual Trigger In Gonadotropin Releasing Hormone Antagonist Cycles For Final Oocyte Maturation Have No Effect On IVF Outcomes In Comparison With Standard Human Chorionic Gonadotropin Trigger

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Objective: To compare in vitro fertilization treatment outcomes after dual trigger with a combination of gonadotropin releasing hormone agonist and human chorionic gonadotropin (hCG) versus hCG alone in cycles with poor ovarian response to controlled ovarian hyperstimulation.

Design: Retrospective cohort

Setting: IVF center

Patients: Patients with ≤ 4 oocytes retrieved after controlled ovarian hyperstimulation who underwent IVF treatment with GnRH antagonist protocol.

Interventions: Standard hCG trigger (6500 IU recombinant hCG) versus dual trigger (0.2 mg triptorelin plus 6500 IU recombinant hCG)

Main Outcomes: Clinical pregnancy, fertilization, implantation and retrieved mature oocyte rate.

Results: A total of 281 patients with 176 completed cycles with embryo transfer were enrolled (standard hCG trigger group n: 214, dual trigger group n: 67). The demographic properties of each group was identical. There were no significant difference between standard hCG trigger and dual trigger group in terms of clinical pregnancy (13% vs 19%) fertilization (%68.2 vs %70.6), implantation (%15.7 vs %18.3) and retrieved mature oocyte rates (%77.7 vs % 77.8).

Conclusion: In poor responders usage of dual trigger in gonadotropin releasing hormone antagonist cycles for final oocyte maturation have no effect on IVF outcomes in comparison with standard hCG trigger.