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GnRH-a预处理在冻融胚胎移植中的价值 分享到

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Title: Value of gonadotrophin releasing hormone agonist in frozen-thawed embryo transfer

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摘要: 目的 探讨促性腺激素释放激素激动剂(gonadotrophin releasing hormone agonist, GnRH-a)预处理在冻融胚胎移植(frozen-thawed embryo transfer, FET)中的价值。方法 回顾分析我科2012年6月至2013年10月因不孕接受FET治疗的507个冻融胚胎移植周期,根据是否接受GnRH-a预处理分为:GnRH-a组(A组)与非GnRH-a组(B组)。分析比较两组患者平均年龄、女性不孕病因、孕激素启动日子宫内膜厚度、移植胚胎数、临床妊娠率及多胎率等之间的差异。结果 A组(60个冻融胚胎移植周期)的临床妊娠率明显高于B组(447个冻融胚胎移植周期),分别为58.34%和43.40%,差异有统计学意义($P<0.05$);继续妊娠的观察中,A组胚胎停育及异位妊娠发生率明显低于B组;两组患者平均年龄、移植子宫内膜厚度、冷冻胚胎复苏率、移植胚胎数目以及优质胚胎率差异均无统计学意义。在盆腔输卵管性不孕人群中,GnRH-a预处理组的临床妊娠率明显高于常规人工周期组($P<0.05$)。结论 GnRH-a预处理的方法可以改善子宫内膜容受性,有利于胚胎早期种植,尤其对于盆腔输卵管性不孕患者。

Abstract: **Objective** To evaluate the impact of gonadotrophin releasing hormone agonist (GnRH-a) on the outcome of frozen-thawed embryo transfer (FET). **Methods** A total of 507 FET treatment cycles performed in our department from June 2012 to October 2013 were collected and retrospectively analyzed.

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The patients were identified as 2 groups, group A ($n=60$) receiving GnRH-a in the treatment cycle whereas group B ($n=447$) not. The age of the patients, etiology of female infertility, endometrial thickness on the day of progesterone initiation day, the number of transferred embryos, clinic pregnancy rate and multiple pregnancy rate were compared between the 2 groups. Results There was no significant difference in the age, endometrial thickness on the day of progesterone initiation and the number of the embryos transferred between the 2 groups, but the clinical pregnancy rate was significantly higher in group A than group B (58.34% vs 43.40%, $P<0.05$). In addition, the embryonic diapause and ectopic pregnancy rates were lower in group A than group B. In the pelvic tubal factor patients, the clinic pregnancy rate was obviously increased after GnRH-a pretreatment ($P<0.05$). Conclusion GnRH-a pretreatment improves endometrial receptivity in FET cycles, and is helpful for early embryo transfer, especially for the pelvic tubal infertility.

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