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Pre-hCG variables associated with occurrence of ascites in IVF/ICSI patients at moderate risk of developing OHSS: A pilot investigation

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Author(s)

Manuel Fernández-Sánchez, Per Broberg, Göran Pettersson, Cristiano Busso, Antonio Pellicer, Joan-Carles Arce

ABSTRACT

Objective: To identify predictors of ascites collected prior to the hCG administration in patients undergoing IVF/ICSI treatment at moderate risk of developing moderate/severe ovarian hyperstimulation syndrome (OHSS), and, based on these predictors, develop a nomogram for estimation of the probability of presence of ascites. **Methods and Materials:** Data were derived from 53 patients with 20 - 30 follicles ≥ 10 mm at end of stimulation. All patients received a single dose of hCG (250 mg) to trigger final follicular maturation when ≥ 2 follicles of ≥ 18 mm were observed. Transvaginal ultrasound to measure ascites (total amount of peritoneal fluid ≥ 9 cm² in lithotomy position) was performed 2, 5 and 8 days after the hCG administration. **Associations between clinical, sonographic and endocrinological variables recorded prior to the hCG administration and presence of ascites were analyzed by univariable and multivariable logistic regression. Results:** Thirty-four patients (64%) had ultrasonic evidence of ascites. The multivariable analysis identified the total number of follicles [OR 1.29 (95% CI: 1.02 - 1.69, P = 0.043)], the ovarian volume [OR 1.05 (95% CI: 1.00 - 1.11, P = 0.047)] and BMI [OR 0.76 (95% CI: 0.56 - 0.99, P = 0.053)] as predictors of ascites (AUC = 0.825). A nomogram (PROFET) was designed with these three variables for individual prediction of the probability of development of ascites. **Conclusions:** This pilot investigation indicates that the risk of peritoneal fluid accumulation in IVF/ICSI patients at moderate risk of developing moderate/severe OHSS is influenced by the number of follicles and the ovarian volume on the day of hCG administration as well as the BMI.

KEYWORDS

Ascites; IVF; OHSS; Ovarian Stimulation; Prediction

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