

## FCS65.3

**THE EFFECT OF RECOMBINANT HUMAN FOLLICLE STIMULATING HORMONE (RHFSH) ON SEMEN PARAMETERS AFTER VARICOCELE REPAIR IN SUBFERTILE MEN**

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**Objectives:** Varicocele is the most frequent finding in infertile men. This condition can be associated with semen parameter alterations and infertility.

Follicular stimulating hormone (FSH) plays a crucial role in spermatogenesis and sperm maturation. Some researchers have showed that in young men with varicocele, treatment with exogenous FSH leads to significant improvement in the seminal fluid parameters. The exact mechanism is unclear, although reduction in reactive oxygen species (ROS) could be one of the possible mechanisms. We decided to evaluate the effectiveness of treatment with recombinant human follicle stimulating hormone (rhFSH) on semen parameters in subfertile men who underwent varicocele repair.

**Method:** A prospective, randomized and single-blinded controlled trial was conducted in Moheb-e-Yas Hospital, Tehran, Iran, between 2011 and 2014. Ninety-six subfertile men affected with idiopathic unilateral varicocele, abnormal semen parameters and surgically treated by varicocelectomy have been selected. They were randomly allocated to the two groups after operation. Group I received rhFSH (Gonal-F; Merck Serono, Switzerland) 75 IU s.c. 3 times per week for 13 weeks, while group II received no medication. Semen analyses were obtained at baseline and the end of treatment course. Student's t-test and chi-square test were used for comparison of continuous variables and comparison of proportions, respectively.

**Results:** There were no differences in demographic characteristics between two groups. Semen parameters including; sperm concentration, motility and morphology were associated with improvement after treatment course, in both groups ( $\rho=0.001$ ,  $\rho=0.001$ ,  $\rho=0.002$ , respectively, group I) and ( $\rho=0.043$ ,  $\rho=0.048$ ,  $\rho=0.037$ , respectively, group II). In contrast to the statistically significant advantages in terms of sperm motility and morphology in group I compared to these values in group II ( $\rho=0.0001$ ,  $\rho=0.0001$ , respectively), the increment in sperm concentration was not statistically significant between two groups ( $\rho=0.072$ ).

**Conclusions:** The data demonstrated that varicocelectomy in subfertile men with clinically palpable varicocele and impairment of seminal parameters is associated with improvement in these parameters. In terms of sperm motility and morphology, there are the statistically significant advantages for post operation administration of rhFSH.

## FCS65.4

**CAUSES AND TYPES OF INFERTILITY AMONGST COUPLES MANAGED AT KENYATTA NATIONAL TEACHING AND REFERRAL HOSPITAL IN KENYA**

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**Objectives:** Infertility affects a relatively large number of couples (about 50–80 million) worldwide with an estimated global prevalence of 8–12% but higher in Africa 20–30%. The current pattern of infertility in Kenya remains inadequately determined. Furthermore, the causes of infertility vary among populations and are dynamic. This study describes the current causes and types of infertility amongst infertile couples attending Kenyatta National Teaching and Referral Hospital (KNH) the largest national public referral hospital in Kenya and the region. It forms a base line for the local infertility situation and basis for further scientific research on infertility in Kenya.

**Method:** A hospital based descriptive study was done in KNH Infertility Clinic and Gynecological Outpatient Clinics between February and September 2012. Recruitment was consecutive until a sample size of

79 was reached. A structured questionnaire was administered to capture key socio-demographic and reproductive health characteristics. The Investigation results and diagnosis were extracted from patients' records and entered into an SPSS Info data base, cleaned, and analyzed using SPSS (v.17) and STATA (v.11).

**Results:** The mean age of females amongst infertile couples was 30.5 (SD 5.9) years while that of males was 36.5 (SD 7.8) years. This study found 41.8% of infertility to be due to female factor only, 16.5% male factor only, 35.4% combined male female factor and 6.3% due to unexplained causes. Majority of the infertile females had primary infertility (55.6%) compared to secondary infertility 44.3%. The commonest cause of female factor infertility was tubal factor 83.6% with a majority having bilateral blocked tubes (60.6%). Abnormal sperm characteristics were found in about 52% of male partners in whom 7.6% had azoospermia and 14.6% erectile dysfunction.

**Conclusions:** There is need to establish facilities capable of management of male infertility due to the high male factor infertility. In addition, strengthening of public health education on safe sex practices to prevent acquisition and transmission of sexually transmitted illnesses and introduction of low cost in-vitro fertilization technology is a priority in Kenya due to the high incidence of tubal factor infertility.

## FCS65.5

**COMPARISON OF ORAL DYDROGESTERONE WITH VAGINAL PROGESTERONE FOR LUTEAL SUPPORT IN IUI CYCLES: A RANDOMIZED CLINICAL TRIAL (RCT)**

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**Objectives:** This study was conducted to compare the effect of oral dydrogestrone with vaginal Cyclogest on luteal phase support pregnancy rate in the intrauterine insemination (IUI) cycles.

**Method:** This prospective, randomized, double blind study was performed in a local infertility center from May 2013 to May 2014. It consisted of 150 infertile women younger than 35 years old undergoing ovarian stimulation for IUI cycles. They underwent ovarian stimulation with oral dydrogestrone (20 mg) as group A and vaginal cyclogest (400 mg) as group B in preparation for the IUI cycle. Clinical pregnancy and abortion rates, mid luteal progesterone (7 days after IUI) and patient satisfaction were compared between the two groups.

**Results:** The mean serum progesterone levels was significantly higher in group A than group B (P value = 0.001). Pregnancy rates in A was not statistically different than group B (P value = 0.58). Abortion rate in two group was not statistically different (P value = 0.056), although, rate of abortion was higher in B group than A group. Satisfaction rates were significantly higher in group A compare to group B (P value <0.001).

**Conclusions:** We concluded that oral dydrogestrone is effective as vaginal progesterone for luteal-phase support in woman undergoing IUI cycles. Moreover, the mean serum progesterone levels and satisfaction rates in dydrogestrone group were higher than cyclogest group.

## FCS65.6

**PERCEPTION AND MANAGEMENT OF HUMAN FERTILITY IN NIGERIA**

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**Objectives:** The objective of this work is to highlight, within a few key areas of reproductive medicine, some contentious issues, and to elab-