CONCLUSION: Clinical pregnancy rates were similar between Groups I and II, indicating that the efficacy of the intra-vaginal progesterone was comparable to that of the intramuscular injections. Intra-vaginal progesterone administration may be preferable, given that less instruction time is necessary, patient compliance is improved, and minimal discomfort or side effects is experienced. We believe that the simplicity of this method also leads to decreased anxiety and stress in our patients.

Supported by: None

P-577

OBJECTIVE: To assess the clinical pregnancy rates and the cost of cumulative IUI cycles comparing swim up versus gradients.

DESIGN: Prospective randomized clinical study.

MATERIALS AND METHODS: Infertile couples with no previous infertility treatment who consulted at the Instituto Antioqueno de Reproducción (IUI) between August 1st of 2003 and April 30 of 2005 were randomly allocated to IUI treatment cycles and ovarian hyperstimulation with two different sperm washing techniques. All women were less than 38 years of age with at least one normal fallopian tube and ipsilateral ovary. The presence of a moderate male factor was not an exclusion criterion.

RESULTS: A total of 82 patients were included in the study, 52 in the swim up group and 30 in the gradients group. The women’s mean age in the swim up group and 37 years of age and Group II 37 years of age and above. The folicular growth was monitored by ultrasonography performed on day 3 and day 8 and when the dominant follicle reached 16mm, a LH urine test was performed.

CONCLUSION: The increased clinical pregnancy rates in the swim up group may be explained by a significantly higher number of total motile sperm in the pre-wash and post-wash semen samples compared to the gradients group. Sperm washing with gradients is a much more expensive technique than swim up. More controlled studies are needed to determine whether IUI with swim up is a more cost effective technique compared to IUI with gradients.

Supported by: None

P-578

OBJECTIVE: To determine an optimal insemination technique in patients undergoing first IVF cases.

DESIGN: Retrospective study in couples with first IVF cycles.

MATERIALS AND METHODS: Between January 2001 and February 2005, a total of 218 patients undergoing first IVF cycles were included in the study and in which Half-ICSI were performed. 3180 oocytes were retrieved and 2770 sibling oocytes were randomly allocated to IVF or ICSI. The rates of fertilization and cleavage were compared in two groups. Patients with poor responder, O.D and Male factor were excluded.

RESULTS: The mean age(±S.D) of the patients was 32.7±4.1 years old, and the infertility duration was 5.1±3.0 years. The mean number of oocytes retrieved was 14.6±7.4. The fertilization rates for IVF and ICSI were 76.7% and 99.9% respectively. Two cases of complete fertilization failure occurred following IVF (all unexplained case).

Table. The clinical results.

CONCLUSION: The results showed that the fertilization rate per injected sibling oocytes was significantly higher than conventional IVF, especially, in couples with unexplained infertility. A trial of Half-ICSI in first cycle of IVF may help to reduced fertilization failure or low fertilization.

Supported by: None

P-579
In Vitro Fertilization With Intracytoplasmic Sperm Injection in Natural Cycles in Two Different Age Groups of Women. N. E. Busso, C. E. Busso, L. O. Tso, A. P. Auge, R. A. Prado. Unifert; Faculdade de Ciências Médicas da Sta Casa de Sao Paulo, Sao Paulo, Brazil; Unifert, Sao Paulo, Brazil; Faculdade de Ciências Médicas da Sta Casa de Sao Paulo, Sao Paulo, Brazil.

OBJECTIVE: To compare the outcomes of in vitro fertilization (IVF) with intracytoplasmic sperm injection (ICSII) in natural cycles (NC) in women under the age of 37 years and women aged 37 years and over.

DESIGN: Prospective, non-randomized.

MATERIALS AND METHODS: A total of 70 cycles in 60 couples were evaluated. The women were all under 43 years of age, had regular cycles, no history suggesting endometriosis. All semen analyses were above 5 million per ml. The patients were divided in two groups: Group I under 37 years of age and Group II 37 years of age and above. The follicular growth were monitored by ultrasonography performed on day 3 and day 8 and than according to the need of each case. No estradiol dosage was performed. When the dominant follicle reached 16mm, a LH urine test was performed.