using SrCl2 in six patients of <40% fertilization rate by conventional ICSI. 30 minutes after ICSI, the removed oocytes were individually transferred into 20 μl drops of Dulbecco’s Modified Eagle Medium (DMEM) without calcium chloride (Invitrogen Corporation) containing SrCl2 (Sigma) (10mM) with 10% SSS/Irvine Scientific under mineral oil, and were cultured for 60 minutes at 37°C under a 6% CO2, 5% O2, and 89% N2. After that, they were put into a Universal IVF Medium (Medicult), and cultured until the fertilization check.

RESULTS: Note: the results of the cycles in each case are shown: [the number of retrieved oocytes, MII, 2PN (fertilization rate %), cleavage number of retrieved oocytes, MII, 2PN (fertilization rate %), cleavage development arrest(so embryo transfer was cancelled). The second cycle was [2, 8, 0 (0%)] and embryo transfer was cancelled. The second cycle was [7, 6, 0 (100% after oocyte activation), and one cell (D2) and one 3BB blastocyst (D5) were transferred]. The result was a successful pregnancy, but became a missed abortion at 8 weeks gestation. The third cycle was [9, 5, 3 (60% after oocyte activation), and one morula (D3) and one 5BB blastocyst (D6) were transferred] and, two healthy boys weighing 2266g and 1950g at 38 weeks gestation. Case C: The wife was a 31 year old woman with bilateral tubal occlusion and endometriosis. The husband was 39 year old and showed severe oligo-astheno-spermia. At another clinic, 3 previous cycles were performed. The fertilization rate was 40% (4/10), 22.2% (29%), and 33.3% (1/3), but failed. At our clinic, the first cycle was [2, 1, 0 (0%)] and embryo transfer was cancelled. The second cycle was [7, 6, 0 (100% after oocyte activation), and one cell (D2) and one 3BB blastocyst (D5) were transferred]. The result was a successful pregnancy, but became a missed abortion at 8 weeks gestation. The third cycle was [9, 5, 3 (60% after oocyte activation), and one morula (D3) and one 5BB blastocyst (D6) were transferred] and, two healthy boys weighing 2266g and 1950g at 38 weeks gestation. Case C: The wife was a 31 year old woman with bilateral tubal occlusion and endometriosis. The husband was 39 year old and his semen analysis was normal. At another clinic, although IVF were performed, both attempts failed. The first cycles was performed using a conventional IVF[9, 6, 0 (0%)]]. The second cycle was performed ICSI[9, 6, 3 (33.3%), embryo development arrest(so embryo transfer was cancelled.)]. The third cycle was [11, 9 (33.3%) after oocyte activation, one early blastocyst(D5) were transferred], but failed. And the fourth cycle was [8, 6, 5 (83.3%) after oocyte activation, and two blastocysts and one 3BA were transferred] and a healthy girl weighing 2854g was born at 39 weeks gestation.

CONCLUSION: The artificial oocyte activation using SrCl2, is beneficial for patients of no or low fertilization. But further studies are needed to confirm the safety of this oocyte activation. Supported by: None.

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WHICH CATHETER SHOULD BE USED FOR IUI: FIRM OR SOFT?! H. G. Al-Inany, A. Abousetta, R. Mansour, G. Seror, M. Aboulghar. Cairo Univ, Cairo, Egypt; Egyptian IVF-ET center, Cairo, Egypt; Al-Azhar university, Cairo, Egypt.

OBJECTIVE: Recently it was proven that the role of catheter is a determining factor is the success of embryo transfer cycles. However, its role is not clear with regards IUI. Therefore, we systematically reviewed the literature so that we could evaluate if the use of soft catheters were preferable to firm catheters in subfertile couples undergoing IUI.

DESIGN: Systematic review and meta-analysis of randomized controlled trials comparing soft versus firm catheters for IUI. Meta-analysis of dichotomous data was performed using the Peto-modified Mantel-Haenszel method utilizing a fixed-effect model, and the odds ratio (OR) and 95% confidence interval were calculated.

MATERIALS AND METHODS: Extensive searches were conducted for full-text manuscripts, conference abstracts, ongoing and unpublished trials using computerized (e.g. MEDLINE, EMBASE, the Cochrane Library) and hand searches (reference lists of primary studies, review articles, relevant publications, abstracts of major scientific meetings (e.g. ESHRE and ASRM) and included studies). Finally, the reviewers sought ongoing and unpublished trials by contacting experts in the field and commercial entities. Primary outcomes were clinical pregnancy (CPR) and ongoing pregnancy (OPR)/live birth rates (LBRS) per woman. Secondary outcomes were multiple pregnancy rate (MPR) per clinical pregnancy, difficulty cannulating the cervix, bleeding and patient discomfort.

RESULTS: Seven trials were identified [three full-text papers (Smith et al., 2002; Fancovitis et al., 2005; Miller et al., 2005) and four conference abstracts (Segal et al., 1998; Murber et al., 2002; Spiessens et al., 2003; Miller et al., 2004)]. Of these studies, two conference abstracts were excluded because they were also published as full-text manuscripts (Murber et al., 2002; Miller et al., 2004). In addition, one conference abstract (Spiessens et al., 2003) was excluded because it compared a soft IUI catheter with a soft embryo transfer catheter. The remaining studies (n = 4) were evaluated further and included. No significant differences were noted for CPR and LBR per woman [OR = 0.96, 95% CI = 0.70-1.32 and OR = 0.82, 95% CI = 0.43-1.58, respectively]. As for the secondary outcomes, MPRs per cycle were also not significantly different. More difficulty was noted with soft catheters and more patient discomfort with firm catheters. Bleeding following the procedure was similar between the two groups.

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CONCLUSION: Unlike embryo transfer, catheter choice during intra-uterine insemination does not seem to be a detrimental factor for success. More studies are warranted to draw definitive conclusions and support the results of this systematic review.

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OUTCOME OF IVF-ET IN CHINESE WOMEN.