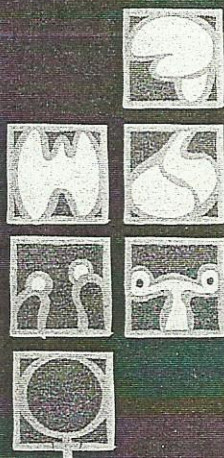


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may be acutely anteverted or retroverted due to the scarring of uterosacral ligaments or uterovesical pouch hence altering the uterine axis leading to difficult negotiation through internal os during embryo transfer. Also there is enough evidence to prove that manipulation during difficult embryo transfer can increase uterine contractions, which will reduce the chances of embryo implantation. As far as we are concerned (Medline & Pubmed Search 1996-2003) this is the first study, which tried to look into that matter.

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COMPARISON OF BASAL OVARIAN RESERVE TESTS WITH RESPECT TO THEIR INTERCYCLE VARIABILITY AND RELATIONSHIP TO REPRODUCTIVE AGING IN INFERTILE WOMEN: A PROSPECTIVE STUDY

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Introduction: Reproducibility is an important issue when using these tests for estimating ovarian reserve and counselling patients. However, little is known about intercycle variability in basal antral follicle (AF) count and ovarian volume (OV). In this prospective study, we analyzed the intercycle variability in the AF count and OV, and compared their variability with those of other basal ovarian reserve tests in subfertile patients.

Materials and Methods: 41 ovulatory and infertile women were followed for 2 consecutive spontaneous cycles. The AF count, ovarian volume (OV), serum FSH and E₂ levels were determined in the early follicular phase of both cycles. Intercycle differences were evaluated.

Results: Intercycle differences in the ovarian reserve tests between the consecutive cycles were not significant. However, the variability in the AF count was more in women, who were younger than 25 years than those, who were older. The AF count did not have any effect on its variability.

Conclusions: Intercycle variability in the AF count may be significant in young infertile patients. Therefore, a low AF count in young, infertile, but ovulatory, women should be cautiously interpreted. This may not mean a low ovarian reserve, and these women may have high AF count in the next cycle.