

Ulusal Üreme Endokrinolojisi ve infertilite Kongresi (TSRM2006)

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Sungate PortRoyal De luxe Resort Hotel Antalya

KONGRE PROGRAM VE ÖZET KİTABI

Tablo 1. Hastaların temel karakteristik özellikleri

	Hastalar
Karakteristik	
Hasta sayısı	13
Kadın yaşı (yıl)	33.4±6.8
Vücut Kütle Endeksi (kg/m2)	21.9±3.5
Stimülasyon süresi (gün)	10.9±4.2
Kullanılan total FSH (IU)	3245.3±1297.4

Tablo 2. Hastaların embriyolojik bilgileri ve gebelik sonuçları

Hastalar
9.3±3.2
7.7±3.4
5.5±2.2
5.1±2.1
3.3±0.9
46.1

SS-07

MEASUREMENT OF COMPOUND UTERINE MUSCLE ACTION POTENTIALS TO DETECT THE DATE OF THE QUIESCENCE OF UTERUS FOR OPTIMAL EMBRYO TRANSFER IN IN VITRO FERTILIZATION:A DIFFERENTIAL STUDY ON THE EFFECTS OF ESTROGEN PROGESTERONE AND HCG

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OBJECTIVE: The compound uterine muscle action potential (CUMAP) in the archimetrial layers is controlled by the rising tide of estradiol and progesterone secreted from the dominant ovarian structures. The quality of the activity renders the fundo-cornual region a zone of relative peristaltic quiescence, presumably minimizing mechanical irritation of the process of implantation and might ensure high fundal implantation of the embryo. The aim of this study to investigate the effects of estrogen, progesterone and HCG administration on fundal, cornual

and cervical CUMAP of ovariectomized rats and to clarify the effects of these medications for luteal phase support in IVF on CUMAP patterns. To our knowledge, *in-vivo* visualization of CUMAP patterns have not been previously observed by using MP100A-CE computerized recording system.

MATERIALS AND METHODS: The study was conducted on 24 virgin female Wistar rats, which were regularly menstruating. Estrous cycles in sham operated animals were monitored by cytological evaluation of vaginal smears. They were all three months of age. They were kept in groups of six and in the 12:12 light/dark schedule, where lights were turned on at 06:00 a.m. Food and water were available *ad libitum*. Twenty animals were ovariectomized bilaterally under intraperitoneal ketamine anesthesia. Rats in sham-operated group underwent similar surgical procedures with no removal of ovaries. Five days after the ovariectomy, rats were assigned to six groups with four rats in each group as follows: Sham-operated control animals (Group 1); ovariectomized control animals (0.9% saline only) (Group 2); ovariectomized animals treated with CEE (0.1 mg/kg/day, p.o. gavage) (Group 3); ovariectomized animals treated with progesterone in oil (2.5 mcg/g, IM) (Group 4); ovariectomized animals treated with CEE + progesterone in oil (Group 5); and ovariectomized animals treated with HCG (10 IU hCG, IP) (Group 6). Drug administration started 5 days after ovariectomy. During the menstrual cycle and before and after the treatment, CUMAP were measured by using MP100 A-CE computerized recording system under ketamine anesthesia.

RESULTS: The amplitude and frequency of CUMAP is found to be low during the menstrual period and increased during the proliferative phase, with a maximum frequency during the preovulatory phase. Ovariectomy decreased the CUMAP amplitude and frequencies but not completely ceased. Intramuscular injection of progesteron oil prevented the amplitude and frequency of all type of uterine contractions in ovariectomized rats. The amplitude and frequencies of contractions in CEE treated animals were significantly decreased. Interestingly, combined CEE and progesteron treatment did not decrease the amplitude and frequencies of uterine muscle contractions. Similarly, HCG administration did not prevent the CUMAP.

CONCLUSION: Measurement of CUMAP may help to detect the date of the quiescence phase of the uterus for optimal embryo transfer in IVF. Luteal phase support with progesteron prevents all uterine peristaltic activities and renders the fundal part of the uterus a region of relative peristaltic quiescence.

SS-08

EXPRESSION AND REGULATION OF THE VASCULAR ENDOTHELIAL GROWTH FACTOR RECEPTOR NEUROPILIN-1 IN THE HUMAN UTERUS

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INTRODUCTION: The endometrium vasculature undergoes dramatic changes in the female reproductive cycle. Angiogenesis is essential for endometrial proliferation and regeneration during the menstrual cycle, and angiogenesis is essential for endometrial proliferation and