

Coasting: a viable option for patients at risk of ovarian hyperstimulation syndrome

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Running title: Coasting: a viable option for patients at risk of OHSS

Abstract

Objective

To present our experience in coasting patients and how they performed in terms of the number of eggs collected, numbers of embryos available for embryo transfer after In-Vitro Fertilization, pregnant and on-going pregnancy rate.

Methods

The study was conducted in Lister Hospital, London, United Kingdom. For the purpose of the study we selected 20 cycles in patients who were less than 35 years of age, who were not coasted because they did not fulfil the at risk criteria but yet we collected oocytes or more. A control group of cycles consisted of all cycles during the same period in patients less than 35 years of age, who were not coasted because they did not fulfil the at risk criteria but yet we collected oocytes or more. (n=20 cycles, n=20 patients)

Results

The study showed that there is no significant difference in outcome between the two groups (pregnancy rate in the coasted group versus pregnancy rate in the control group). The incidence of severe OHSS was 5% in the coasted group versus 0% in the control group but this did not reach statistical difference (p=0.1).

Conclusion

We therefore conclude that coasting is a safe and viable option for patients at risk of OHSS in an assisted conception cycle that allows the transfer of fresh embryos.

Key words: In-Vitro Fertilization, Ovarian hyperstimulation syndrome, Coasting

Ovarian hyperstimulation syndrome (OHSS) is a well-recognised life threatening complication of ovarian stimulation in assisted reproductive technologies (ART). It occurs in all ART cycles but in its severe form, is estimated to have an incidence of about 1-2% in assisted reproductive technologies (ART). The various risk factors include young age (18-30 years), lean patients, pregnancy, polycystic ovarian disease (PCOD), raised serum oestradiol ($E_2 > 3000$ pg/ml) and the use of human chorionic gonadotrophin (hCG) prior to oocyte retrieval, raised number of follicles. However, it may occur in any patient undergoing ovarian stimulation and is sometimes unpredictable. The pathophysiology is unclear and thus treatment is very often symptomatic. The mainstay of management is prevention. Coasting (discontinuing exogenous gonadotrophin and deferring hCG administration until the E_2 levels