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 coasted 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 ongoing pregnancy rate.

Methods: The study was conducted in Lister Hospital, London, United Kingdom. For the purpose of the study we selected coasted cycles in patients who were less than 38 years of age, who group of cycles consisted of all cycles during the same period in patients less than 20 oocytes or more were not coasted because they did not fulfil the at risk criteria but yet we collected cycles (n = 113). The study showed that there is no significant difference in outcome between the two groups in the control group. The incidence of severe OHSS was pregnancy rate in the coasted group versus in the control but this did not reach statistical difference in the study group vs.

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 of all ART cycles but in its severe stimulation in assisted reproductive technologies (ART). It occurs in The various risk factors include young age form, is estimated to have an incidence of about just (years), lean patients, pregnancy, polycystic ovarian disease (PCOD), raised serum oestradiol (E2) and the use of human chorionic gonadotrophin (hCG) for luteal support sometimes unpredictable. The pathophysiology is unclear and thus treatment is very often symptomatic. The .mainstay of management is prevention levels Coasting (discontinuing exogenous gonadotrophin and deferring hCG administration until the E2
