the legislation recently approved by the Italian Parliament designed to protect embryos burdening women.

References


M Manno

Maternal-Paediatric Department, Obstetrics and Gynecology Unit, Service of Physiopathology of Human Reproduction, Pordenone Hospital, Italy

E-mail: serpma@aopn.fvg.it
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Can we eliminate severe ovarian hyperstimulation syndrome? Comment 2

Sir,

We read with great interest the opinion paper by Orvieto (2005) which addresses the question of the possibility to eliminate severe ovarian hyperstimulation syndrome (OHSS). A patient-tailored flow chart is proposed because previously described risk factors such as serum estradiol levels and number of follicles appear insufficient to predict occurrence of severe OHSS. In this flow chart, however, single blastocyst transfer is proposed as a method to decrease multiple pregnancy and the authors conclude that the risk of late OHSS can be eliminated. It is correct that with postponement of transfer, the patient can be evaluated and transfer considered or postponed. However, to our knowledge it has never been published that avoidance of multiple pregnancy is sufficient to reduce the risk of OHSS. In the literature, an association between multiple pregnancies and the late form of OHSS is given (Lyons et al., 1994; Papanikolaou et al., 2005). We recently found that, unfortunately, singleton pregnancies are affected by OHSS as frequently as twin pregnancies (De Neubourg et al., 2004). This is probably because the patients at risk for OHSS are the same but receive only one embryo for transfer. The risk for OHSS seems to be more related to a threshold value of hCG in patients at risk rather than to the number of embryos transferred.

References


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Diane De Neubourg1 and J Gerris

Centre for Reproductive Medicine, Middelheim Hospital, Lindendreef 1, 2020 Antwerp, Belgium

1To whom correspondence should be addressed.
E-mail: diane.deneubourg@zna.be
doi:10.1093/humrep/dei057

Replies: Can we eliminate severe ovarian hyperstimulation syndrome. Comments 1 and 2

Sir,

I thank Dr Manno for his interest in our view (Orvieto, 2005). We offered a patient-tailored flow chart, which includes several clinically applicable and universally acceptable measures in the attempt to eliminate severe OHSS.

Unfortunately, Dr Manno’s suggestion is based on his own study, not yet published (Manno et al., 2005) and which probably awaits further verification. Concerning the numerous preventative measures previously suggested to prevent OHSS, I shall be pleased to add his suggestion to a subsequent flow chart, in the hope that it will achieve validation.

I also thank Drs de Neubourg and Gerris for their interest in our view (Orvieto, 2005). Our patient-tailored flow chart includes several measures among which was the single embryo transfer. We did not claim that merely the avoidance of multiple pregnancy would eliminate OHSS, but that the adherence to the offered stepwise comprehensive approach.
would. Moreover, as they clearly describe in their study (De Neubourg et al., 2004): ‘to reduce the incidence of OHSS, measures other than ... embryo transfer may be postponed until the blastocyst stage. ... Cryopreservation ... GnRH antagonists ... agonist’, suggestions which are in accordance with our opinion.

References


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R. Orvieto

Department of Obstetrics and Gynecology,
Rabin Medical Center, Petah Tiqva 49100, Israel

E-mail: orvieto@clalit.org.il
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