



Use of cabergoline and post-collection GnRH antagonist administration for prevention of ovarian hyperstimulation syndrome

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Abstract

The Research question: Does the addition of a gonadotrophin-releasing hormone (GnRH) antagonist to cabergoline treatment during the luteal phase in fresh IVF cycles triggered with a GnRH agonist, and planned for freeze-all, reduce the rate of mild and moderate ovarian hyperstimulation syndrome (OHSS)?

Design: Retrospective cohort study of 480 IVF patients at risk for OHSS with GnRH agonist trigger from 2011 to 2018, stratified into three groups based on treatment received: GnRH agonist trigger alone (Group 1, n = 208), GnRH agonist trigger + cabergoline (Group 2, n = 167) or GnRH agonist trigger + cabergoline + GnRH antagonist (Group 3, n = 105). Data on patient demographics, incidence, severity and symptomatology of OHSS and laboratory findings were collected.

Results: Group 1 had more free peritoneal fluid than Group 2 (28% versus 19%, $P = 0.04$) or Group 3 (28% versus 5%, $P = 0.001$). Group 1 reported abdominal discomfort and bloating more than Group 2 (33% versus 21%, $P = 0.01$) or Group 3 (33% versus 18%, $P = 0.006$). Group 1 had more electrolyte abnormalities than Group 2, who had more than Group 3. No patients developed severe OHSS. Mild and moderate OHSS rate was higher in Group 1 (38%) than Group 2 (29%, $P = 0.048$) or Group 3 (18%, $P = 0.006$) and in Group 2 than Group 3 ($P = 0.046$).

Conclusion: Addition of cabergoline to GnRH agonist triggering in high-risk OHSS patients, and subsequent addition of GnRH antagonist for 5 days in the luteal phase, sequentially reduces the risk of mild and moderate OHSS and improves patient comfort compared with GnRH agonist trigger alone.

Biography

Dr. Shrem graduated from one of the finest medical schools in Israel. He completed his residency at the Hillel Yaffe medical center in Hadera, Israel. He served as an attending physician in the IVF unit in the Ob&Gyn department until moving to Montreal, QC, Canada for fellowship in the McGill University Health Center. There he combined clinical practice and research. When he returned to Israel, he joined the IVF unit of the Kaplan medical center, Rehovot. His research focuses on variety topics in reproductive medicine and infertility.

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