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P144. The use of intravenous lipids emulsion in reproductive medicine: An Experience at Fertilitat - Center of Reproductive Medicine

V D Trindade (BR) [1], M R Hentschke (BR) [2], T Colombo (BR) [3], L Burmann (BR) [4], G Michel (BR) [5], F B Caruso (BR) [6], R Petracco (BR) [7], A Petracco (BR) [8], M Badalotti (BR) [9]

Context: Based on the assumption that intravenous lipid emulsion (ILE) might inhibit the activity of natural killers (NK) cells, studies have demonstrated that the use of this compound increases successful pregnancy outcomes in women with recurrent in vitro fertilization (IVF) failure.
Objective: To analyze the percentage of biochemical pregnancies after ILE administration and to bring to light the experience regarding ILE therapy at a private reproductive medicine center. Methods: Retrospective cohort study, conducted from January to September 2017, at Fertilitat, a private reproductive medicine center in Porto Alegre/RS, Brazil. Data were collected from the electronic database of the clinic. The results were analyzed according to the distribution of variables and were presented as mean ± SD or percentage.
Patients: Women with negative beta-HCG after at least two embryos transfer cycles received ILE (20%) following medical doctor's indication. Patients whose preimplantation biopsy was performed in the ILE administration cycle, those suffering from thrombophilia or the ones who had received enoxaparin were excluded.
Interventions: There were no interventions in this study.
Main Outcome Measures: Biochemical pregnancy after ILE administration.
Results: Fourteen patients treated with ILE due to implantation failures were identified. The maternal and paternal aged 36.6 ± 2.8 and 37.7 ± 5.1 yr-old, respectively, and maternal BMI was 21.5 ± 2.9 kg/m². Three patients had fresh embryos transferred, two in D3 and one in D5. The other 11 patients had frozen embryos transferred, one in D3 and the others in D5. Six patients had one embryo transferred, and other eight patients had two. All patients received the first ILE dose on embryo transfer's day. Only one patient had an embryo transferred with previous PGD (performed in all previous transfers). Six patients developed positive beta-HCG (42%), receiving a second dose of the medication 12 to 16 days after the first one. The treatment applied to all patients was 2ml of 20% ILE, diluted in 250mL of saline solution 0.9% (running in 2 hours).
Conclusion: The action mechanism of ILE in early pregnancy is uncertain. Also, it still does not have a prescribing pattern. A study with a more significant number of patients is vital to evaluate the benefits of the method. However, the therapy seems to have promising results in a select group of patients.

[1] Fertilitat Center of Reproductive Medicine, [2] Fertilitat Center of Reproductive Medicine, [3] Fertilitat Center of Reproductive Medicine, [4] Fertilitat Center of Reproductive Medicine, [5] Fertilitat Center of Reproductive Medicine, [6] Fertilitat Center of Reproductive Medicine, [7] Fertilitat Center of Reproductive Medicine, [8] Fertilitat Center of Reproductive Medicine, [9] Fertilitat Center of Reproductive Medicine