

## **P138. Autologous platelet-rich plasma in endometrial growth: our clinical experience**

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### Context

Platelet-rich plasma (PRP) therapies are being used increasingly in various fields of medicine. These therapies can be also used in the therapy of infertile women with thin endometrium ( $< 7$  mm). Platelets are a natural source of growth factors that stimulate endometrial regeneration.

### Objective

This study was to evaluate the effectiveness of PRP in the therapy of infertile women with thin endometrium ( $< 7$  mm).

### Methods

There are many cases when the clinician cannot attain a reasonable endometrial thickness ( $< 7$  mm) following standard hormone replacement therapy (HRT) in woman before embryo transfer (ET). This poster reports the cases of 6 women with poor endometrial response (PER) who performed intrauterine infusion of PRP.

### Patients Interventions

PRP was obtained from autologous blood by centrifugation, and 0.5 ml of PRP was infused into the uterine cavity of the patients on the 9th day of previous menstrual cycle before ET.

### Main Outcome Measures

Comparing the results of standard HRT with the results of PRP intrauterine infusion in terms of improving endometrial thickness, implantation rate and clinical pregnancies..

### Results

Out of 6 cases, 4 number of women (66 %) had a better endometrial thickness. The average endometrial thickness increased from 4mm after HRT to 6mm after PRP intrauterine infusion. The average number of PRP intrauterine infusion per woman was 1.5. Of 6 women, 2 had biochemical pregnancies and one has clinical pregnancy.

### Conclusions

PRP intrauterine infusion is a promising therapy for women with PER in terms of improving endometrial thickness, implantation rate and clinical pregnancies. There is a need to rate the clinical benefits of PRP in managing a thin endometrial lining or an intrauterine scarring in a randomized controlled trial.

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