

FP20

ACHIEVEMENT OF PREGNANCY IN TWO PATIENT'S WITH KALLMANN'S SYNDROME WHO WERE NOT SUCCESSFUL WITH INDUCTION OF OVULATION.

F. Khamsi^{1,2}, M. Endman¹, L. The¹ and J. Wong^{1,2}. Toronto Fertility Sterility Institute¹ and Division of Endocrinology, Department of Medicine and Department of Obstetrics and Gynecology, University of Toronto², General Division of the Toronto Hospital.

Objectives: To investigate if oocyte donation could be utilized for women with Kallmann's Syndrome who had failed to achieve pregnancy with ovarian stimulation.

Methods: Two patients with Kallmann's Syndrome had failed to ovulate with conventional methods and therefore agreed to go through a program of oocyte donation; the donor being their sisters. Neither had spontaneous menarche and they were started on hormonal replacement therapy at the ages of 18 and 21. The intellectual development was normal in both of them. Both patients suffered from anosmia but did not have family history of anosmia, infertility or cleft palate. Their ethnic backgrounds were Chinese and Polish. The weights were 44.5 kg and 65.1 kg and the heights were 149.9 cm and 160.7 cm. They had no neck webbing or clitoral hypertrophy. Laboratory investigations in both patients revealed FSH, LH and estradiol to be low. The prolactin, sTSH and karyotype were normal. On pelvic ultrasound the ovaries could not be visualized and the uterus was small in both cases. In one patient the result of the CT scan was available which showed absence of olfactory tract and bulb. One patient was treated with GnRH pump and did not respond. Both patients received human menopausal gonadotrophin and in one the response was very poor and in the other one there was no response.

Results: After counselling it was felt that oocyte donation will be suitable. The donors were down regulated with GnRH analogue and received HMG and HCG. Oocyte retrieval, embryo formation and transfer were achieved uneventfully. Both patients became pregnant in their first trial and each were delivered of one child. The children are healthy.

Conclusion: Most women with Kallmann's syndrome respond to GnRH analogue treatment and achieve pregnancy but, we have shown, that if they fail on this they could still go on and achieve pregnancy with the use of oocyte donation.

FP21

EFFECT OF OVARIAN STIMULATION TYPE ON PREGNANCY OUTCOME IN THERAPEUTIC DONOR INSEMINATION PROGRAM:

S. Roberge¹, Y. Yavas¹, P. Shirazi¹ and F. Khamsi^{1,2}. Toronto Fertility Sterility Institute¹, and Division of Endocrinology, University of Toronto².

Objectives: To determine if the type of ovarian stimulation or number of post-wash motile spermatozoa used for insemination were correlated to pregnancy outcome in our therapeutic donor insemination program.

Methods: Patients (34 ± 4.8 years of age; mean±S.D.) received one of the following treatments: 1) natural cycle (n=17), 2) natural cycle with hCG (n=49), 3) clomiphene citrate + hCG (n=25), or 4) clomiphene citrate + hMG + hCG (n=4). The cryopreserved donor semen samples were thawed, and processed for intra-uterine insemination using a two-layer gradient technique. The number of motile spermatozoa used for insemination was 6.5 ± 5.8 X 10⁶. Peak serum estradiol concentration was 1,219 ± 1,112 pmol/L. Clinical pregnancy (presence of gestational sac and fetal heart beat) was recorded for each patient.

Results: There was no correlation between age of woman and pregnancy (P=0.25), between number of motile spermatozoa used for insemination and pregnancy (P=0.35), and between peak estradiol concentration and pregnancy (P=0.21). There was no difference in pregnancy rate among types of ovarian stimulation (P>0.25).

<u>Stimulation</u>	<u>Clinical Pregnancy (%) ± S.E.M.</u>
Natural cycle	18 ± 11
Natural cycle + hCG	18 ± 6
Clomiphene citrate + hCG	32 ± 9
Clomiphene citrate + hMG + hCG	50 ± 24

Conclusions: There was no difference in pregnancy outcome among the types of stimulation used in our donor insemination program. Therefore, we recommend that our patients go through their natural cycles for therapeutic donor insemination program to reduce the cost of treatment.