Results: Lab A and the reference lab reported different results for 7 embryos tested between them, resulting in a 100% difference. Out of the 9 embryos tested between Lab B and the reference lab, 5 results were different (55.6%). Lab A and Lab B also reported discrepant results in all 5 samples tested between them. Lab A wrongly classified 3 euploid embryos as abnormal, while Lab B incorrectly diagnosed 2 euploid embryos as aneuploid. Also, polyploidy detected by the reference lab went undetected by Lab B.

Conclusion: This study showed inconsistencies in PGT-A outcomes, even for the same embryos, across different PGT-A providers. The results are concerning, considering the fact that the accuracy of PGT-A is critical since it impacts the decision to discard embryos that could potentially lead to a successful pregnancy. Unfortunately, after being wrongly identified as abnormal by Lab A and Lab B, four euploid embryos were discarded. Further research is necessary to analyze these findings in a larger cohort, and the possible reasons for these discrepancies should be opened to expert discussion.

Keywords: genetics; genetic testing; Fertilization in Vitro; Reproductive Techniques; aneuploidy

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DATE AND TIME:17 NOVEMBER 2024 / 08:30-10:00
BLACK HALL

O-18

DOES SIZE MATTER? THE ROLE OF OVARIAN ENDOMETRIOMAS IN AFFECTING OVARIAN FUNCTION AND ICSI OUTCOMES

Selen Mutlu[1], Cihan Çakır[1], Işıl Kasapoğlu[1], Berrin Avcı[1]

[1] Bursa Uludag University

Objective: The aim of this study was to evaluate the impact of ovarian endometrioma,particularly its size and bilaterality,on ICSI outcomes.The study sought to determine how endometriomas affect ovarian reserve, ovarian stimulation responses,embryo quality and reproductive outcomes in patients undergoing assisted reproductive technology(ART) due to endometriosis.

Materials and Methods: This retrospective cohort study analyzed data from ARTcycles performed at Uludağ University ART Center between January2011 and December2024.A total of 460 patients undergoing their first ICSI cycles were included. The study group consisted of 230 patients diagnosed with endometrioma. The control group included 230 patients with unexplained infertility,matched by age,AMH,and AFC using propensity score matching. Patients were classified into five groups:four based on endometrioma size,categorized into percentiles(0-25,25-50,50-75,75-100),and control group of women with unexplained infertility. Comparative assessments were made across the five groups regarding baseline characteristics,basal hormonal parameters,ovarian stimulation profiles. Embryological development parameters and clinical outcomes were analyzed to evaluate differences among the groups. The primary outcome measure was the implantation rate.

Results: When endometrioma size was categorized into percentiles, Group1 included those with a size≤2.5 cm(n=66),Group2 with a size>2.5−≤4 cm(n=48),Group3 with a size>4−≤6 cm(n=64),and Group4 with a size>6 cm(n=52).Apart from the increase in basal FSH values *(p<0.001)* corresponding to the size of the endometrioma, no significant differences were observed in other basal hormone parameters, antral follicle count(AFC)*(p=0.171)*,or AMH levels*(p=0.273)*.Additionally,the Follicular Output Rate (FOI)*(p=0.454)* and Follicular Output Rate Test(FORT)values*(p=0.712)*,which assess ovarian response, were similar across all groups, including the control group. Compared to the control group, the presence of endometriomas was associated with a reduction in the number of oocytes(p<0.001) and blastocyst count(p=0.003) after OPU, while blastocyst formation(p=0.491) and implantation rates(p=0.472)remained unaffected. Although the increase in endometrioma size negatively impacted embryological parameters, it didn't alter the clinical outcomes *(p=0.541)*.

Discussion: This study demonstrates that ovarian endometriomas reduce the number of oocytes and blastocysts retrieved,suggesting a potential negative impact of increased endometrioma size on ovarian function. Implantation rates were comparable between women with endometriomas and those with unexplained infertility.

Conclusion: Our study didn't observe significant differences in embryo quality or clinical pregnancy rates in the presence of endometriomas,indicating that the impact of endometriomas on these outcomes is likely limited. Further research is necessary to develop management strategies for endometriomas in ART cycles and to assess long-term outcomes.

Keywords: endometriosis; ivf; embryology; icsi; art

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O-19

TRANSVAGINAL ETHANOL SCLEROTHERAPY FOR ENDOMETRIOMAS: COMPLICATIONS, EFFECT ON OVARIAN RESERVE AND RECURRENCE RATES

Batuhan Aslan[1,2], Necati Berk Kaplan[1], Yavuz Emre Şükür[1]

[1] Department of Obstetrics and Gynecology, Ankara University School of Medicine, Ankara, Turkey
[2] Etlik Zübeyde Hanım Women's Health Training and Research Hospital, Ankara, Turkey