

RESULTS: Embryos that were diagnosed after a 2nd biopsy for a nonconcurrent result showed comparable overall aneuploid (41.9%) and euploid (58.1%) rates to those that received initial aneuploid (43.9%) or euploid (56.1%) diagnoses.

retrieved was also comparable in both groups (mean difference [MD] = -0.37; 95% CI = -0.92 to 0.18). The differences in comparisons with respect to mature oocytes retrieved, estradiol peak, and live birth rates were equally not statistically significant.

Non-Concurrent 2nd BX Ploidy Outcomes

	1st BX - Aneuploid (n=799)	1st BX - Euploid (n=1023)		1st BX - Non-Concurrent / 2nd BX - Aneuploid (n=13)	1st BX - Non-Concurrent / 2nd BX - Euploid (n=13)
<35 (n=680)	29.7% (n=202)	70.3% (n=478)	<35 (n=5)	40.0% (n=2)	60.0% (n=3)
35-37 (n=436)	39.7% (n=173)	60.3% (n=263)	35-37 (n=10)	30.0% (n=3)	70.0% (n=7)
38-40 (n=290)	50.7% (n=147)	49.3% (n=143)	38-40 (n=2)	0.0% (n=0)	100.0% (n=2)
>40 (n=416)	66.6% (n=277)	33.4% (n=139)	>40 (n=14)	57.1% (n=8)	42.9% (n=6)
Total (n=1822)	43.9% (n=799)	56.1% (n=1023)	Total (n=31)	41.9% (n=13)	58.1% (n=18)

CONCLUSION: Our study aimed to determine whether embryos receiving nonconcurrent results after trophectoderm biopsy for CCS showed higher rates of aneuploidy than embryos with aneuploidy after 1st biopsy. After a 2nd biopsy and successful analysis, our study found that nonconcurrent embryos fall into the anticipated ploidy rates. This suggests that a nonconcurrent diagnosis may be related to technical issues, conservative interpretation of genetic data, or sample collection techniques, and not necessarily to chaotic chromosomal abnormalities. Patients can be reassured that an embryo receiving a nonconcurrent result does not carry an increased risk of aneuploidy. We recommend re-biopsy and re-analysis of embryos with inconclusive or non-concurrent results.

CONCLUSION: Our meta-analysis suggests that surgical management of endometriomas prior to IVF therapy yields similar clinical outcomes as conservative management. Additional trials with more rigorous study design are required to assess potential benefits of surgery in the management of endometriomas prior to IVF.

O-227 Wednesday, October 22, 2014 11:30 AM

DIENOGEST IN THE TREATMENT OF RECTOVAGINAL ENDOMETRIOSIS: EFFECT ON DEEP DYSpareunia AND SEXUAL FUNCTION. S. Ferrero, U. Leone Roberti Maggiore, C. Scala, A. Racca, I. Erasmo, P. L. Venturini, V. Remorgida. Department of Obstetrics and Gynecology, IRCCS AOU San Martino - IST, University of Genova, Genova, GE, Italy.

OBJECTIVE: To investigate the efficacy of dienogest (DNG) in treating deep dyspareunia (DD) and in improving sexual function in women with rectovaginal endometriosis.

DESIGN: Prospective open-label cohort pilot study.

MATERIALS AND METHODS: This study included premenopausal sexually active women with rectovaginal endometriosis suffering DD (more than 6 month duration and intensity > 80 mm on a 100 mm visual analogue scale). The diagnosis of rectovaginal endometriosis was based on vaginal and rectal examinations and it was confirmed by transvaginal ultrasonography. The criteria for exclusion from the study were: therapies for endometriosis other than non-steroidal anti-inflammatory drugs in the 3 months before inclusion in the study (6 months for GnRH analogues); unwillingness to tolerate menstrual changes; undiagnosed vaginal bleeding; obstructive uropathy or bowel stenosis and evidence of complex adnexal cysts. Eligible patients received DNG (2 mg/day) for 6 months. The primary end-point of the study was to assess the changes in DD during treatment. The secondary objective of the study was to evaluate the changes in sexual function, which was evaluated by using the Female Sexual Function Index (FSFI). Outcomes were assessed after 3 and 6 months of treatment.

RESULTS: 23 women were included in the study; the mean (\pm SD) age of the study population was 34.2 (\pm 3.7) years. The mean (\pm SD) intensity of DD was 9.1 (\pm 0.7) cm; it significantly decreased at 3-months of treatment (7.4 \pm 1.4 cm; $p < 0.001$). At 6-month treatment the intensity of DD (6.5 \pm 1.6 cm) was lower than at baseline ($p < 0.001$) and at 3-month treatment ($p < 0.001$). The total FSFI score was significantly higher at 3-month treatment than at baseline ($p < 0.001$); there was no significant difference in the total FSFI score between 3- and 6- month treatment ($p = 0.188$); at both 3- and 6-month treatment the mean total FSFI score remained below the threshold for sexual dysfunction. At 6-month treatment significant improvements were observed in the following subscores: lubrication ($p = 0.011$), orgasm ($p = 0.010$) and pain ($p = 0.016$).

CONCLUSION: In patients with severe DD caused by rectovaginal endometriosis, 6-month treatment with DNG causes a significant decrease in the intensity of this symptom that however persists with moderate intensity. Although an improvement was observed in the total FSFI score, it remained below the threshold for sexual dysfunction.

ENDOMETRIOSIS III

O-226 Wednesday, October 22, 2014 11:15 AM

SYSTEMATIC REVIEW AND META-ANALYSIS ON THE SURGICAL MANAGEMENT OF ENDOMETRIOMAS ON IN VITRO FERTILIZATION OUTCOMES: AN UPDATE. C. Q. Wu,^a G. M. Alkusaier,^b A. M. Abou-Setta,^c J. M. Goldfarb,^d T. Falcone,^d J. C. Havelock,^b C. Allaire,^b M. A. Bedaiwy.^b ^aMcGill University, Montreal, QC, Canada; ^bObstetrics and Gynecology, British Columbia Women's Hospital & Health Center/University of British Columbia, Vancouver, BC, Canada; ^cObstetrics and Gynecology, University of Manitoba, Winnipeg, MB, Canada; ^dObstetrics and Gynecology, Cleveland Clinic/Case Western Reserve University School of Medicine, Cleveland, OH.

OBJECTIVE: Controversies exist regarding the surgical management of endometriomas in infertile women prior to in vitro fertilization (IVF). Growing evidence indicates that endometrioma surgery may impair ovarian response and decrease IVF success. The objective of the present study is to compare the effect of surgical versus conservative management of endometriomas on IVF outcomes.

DESIGN: Systematic review and meta-analysis.

MATERIALS AND METHODS: We systematically searched the Cochrane Library, EMBASE, and MEDLINE databases from inception to May 2014. Prospective and retrospective controlled studies comparing fertility outcomes in infertile women with endometriomas undergoing surgical and conservative treatment prior to IVF were selected for inclusion. Study selection, data extraction and quality assessment were conducted independently by 2 reviewers. Clinical pregnancy rates and total oocytes retrieved were pooled using a random effects model.

RESULTS: Twelve studies (1 randomized controlled trial and 11 observational studies; $n = 3,288$) meeting the inclusion criteria were pooled in the meta-analysis. Across studies, we found similar clinical pregnancy rates between the surgically and conservatively managed groups (risk ratio [RR] = 0.91; 95% CI = 0.54 to 1.54 in the randomized trial; RR = 1.06; 95% CI = 0.88 to 1.27 in observational studies). The total number of oocytes