

DIGITAL CAMERA BASED OFFICE HYSTEROSCOPY. F. Casabona, F. Simoncini, C. Scala, U. Leone Roberti Maggiore, P. L. Venturini, S. Ferrero. Department of Obstetrics and Gynecology, IRCCS AOU San Martino - IST, University of Genova, Genova, GE, Italy.

OBJECTIVE: To compare the use of a portable digital camera based hysteroscope (pHSC) with a traditional hysteroscope (tHSC) in diagnostic procedures.

DESIGN: Prospective study.

MATERIALS AND METHODS: Two consultants and three registrars performed diagnostic hysteroscopies by using the two systems. In the pHSC group, a digital mirrorless camera (Sony NEX-3) was connected with a Betocchi hysteroscope (2.9 mm optical system and 5 mm sheath; Storz) by using a C-mount optical coupler; a portable handheld cold light source was used. The procedure was visualized on the tiling 3-inch LCD screen of the digital camera. In the tHSC group, common hysteroscopic equipment and the same hysteroscope were used. The endpoints of the study were: time to perform the procedure, number of failed procedures, discomfort perceived by the patients, difficulty experienced by the physicians in performing the procedure. Two consultants blindly reviewed the videos of the procedures and judged the quality of the images.

RESULTS: 196 patients (43.3% were menopausal) were included in the study. The time required to visualize the uterine cervix by vaginoscopic approach was significantly higher in the pHSC group than in the tHSC group both when the procedures were performed by consultants ($p=0.016$) and by registrars ($p=0.003$). The time required to enter the uterine cavity was similar between pHSC and tHSC when the hysteroscopies were performed by consultants ($p=0.579$), but it was higher in the pHSC group when the hysteroscopies were performed by registrars ($p=0.039$). The time required to examine the uterine cavity was similar between pHSC and tHSC when the procedure was performed by consultant ($p=0.234$) and by registrars ($p=0.453$). The number of failed hysteroscopies was similar in the two study groups ($p=0.651$). Patients experienced a similar discomfort in the two groups when the consultants performed the procedures ($p=0.642$); there was a non-significant trend toward a high discomfort in the pHSC group when the registrars performed the hysteroscopies ($p=0.056$). Compared with the tHSC, the pHSC was more difficult to be used by consultants ($p=0.024$) and by registrars ($p=0.004$). The quality of the images was similar between pHSC and tHSC ($p=0.893$).

CONCLUSION: The pHSC allows performing diagnostic hysteroscopies; however, the procedure may be more difficult to be performed because of the visualization of the procedure on the LCD-screen of the digital camera.

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ENDOMETRIAL SCRATCHING IMPROVES PREGNANCY RATES IN RECURRENT IVF FAILURE. B. Ozmen, M. Seval, O. Kan, M. Sonmez, B. Berker, C. Atabekoglu. Obstetrics and Gynecology, Ankara University Medical Faculty, Ankara, İç Anadolu, Turkey.

OBJECTIVE: We investigate the effect of endometrial scratching on reproductive outcome in women who have at least two-implantation failure in assisted reproductive techniques.

DESIGN: Retrospective case controlled cohort study.

MATERIALS AND METHODS: 113 women aged <40 years, basal FSH <10 mIU/ml and have at least two previous implantation failure in ART cycles were enrolled to the study. All the patients were underwent diagnostic hysteroscopy for uterin cavity evaluation 7-14 days before subsequent ART cycle. Women have no endometrial abnormality allocated in to two groups; Group A consisted of patients underwent endometrial scratching during hysteroscopy, and Group B consisted of patients underwent only diagnostic hysteroscopy alone without endometrial scratching. In all enrolled COS cycles, a flexible GnRH antagonist along with combined rFSH (150 IU/day) and hMG (75 IU/day), without any adjuvant agent. All the patients underwent to the intra-cytoplasmic sperm injection (ICSI) procedure. All data concerning COS and laboratory outcomes in selected patients were evaluated.

RESULTS: Patient characteristics, basal ovarian reserve assessment, total gonadotropin consumption and cycle characteristics were similar between groups. Endometrial scratching was associated with higher rates of clinical pregnancy and ongoing pregnancy rates.

Patient characteristics, basal ovarian reserve assessment, ovarian stimulation outcomes and total gonadotropin consumption of the groups (Group A: Endometrial scratching, Group B; No endometrial scratching)

Parameter	Group A (n=53)	Group B (n=60)	p
Age (years)	31.4 ± 5.8	32.2 ± 5.0	NS
Duration infertility (years)	9.6 ± 5.0	7.4 ± 4.3	NS
FSH (mIU/ml)	7.1 ± 2.5	7.5 ± 2.3	NS
LH (mIU/ml)	4.1 ± 2.2	4.4 ± 2.1	NS
E2 (pg/ml)	55.2 ± 29.7	70.0 ± 47.1	NS
Serum estradiol concentrations on HCG day (pg/ml)	1723 ± 1128	2706 ± 1344	NS
Endometrial thickness on HCG day (mm)	8.5 ± 3.2	8.1 ± 3.4	NS
Total gonadotropin dose (IU)	3652 ± 861	3169 ± 372	NS
Stimulation days	10.2 ± 3.0	9.3 ± 1.8	NS
Follicles >14 mm (n)	5.4 ± 2.4	6.0 ± 2.2	NS
Follicles >17 mm (n)	2.8 ± 1.5	3.3 ± 2.0	NS
Oocytes retrieved (n)	8.0 ± 4.6	8.8 ± 5.1	NS
MII oocytes (n)	7.2 ± 3.4	6.9 ± 3.2	NS
Transferred embryos (n)	1.5 ± 0.8	1.5 ± 0.5	NS
Clinical Pregnancy rate (n)	20 (37.7%)	12 (20.0%)	0.03
Ongoing Pregnancy rate (n)	18 (33.9%)	11 (18.3%)	0.05

CONCLUSION: Endometrial scratching performed once before ICSI-ET, increases the chance of clinical pregnancy and ongoing pregnancy in the patients with previous implantation failure.

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LAPAROSCOPIC SURGERY FOR DISTAL TUBAL OCCLUSIONS: LESSONS LEARNED FROM A HISTORICAL SERIES OF 434 CASES. A. Audebert,^a J. L. Pouly,^b ^aInstitut Greenblatt, Bordeaux, France; ^bUnite de FIV, CHU de Clermont Ferrand, Clermont Ferrand, France.

OBJECTIVE: to evaluate the success rate of laparoscopic neosalpingostomy and the factors affecting the results in terms of intrauterine pregnancy (IUP), delivery (DEL) and ectopic pregnancy (EP).

DESIGN: retrospective analysis of prospectively recorded data.

MATERIALS AND METHODS: a continuous series of 434 patients who underwent laparoscopic neosalpingostomy is analysed with a follow-up of more than 10 years. Statistical analysis includes univariate and multivariate analysis, and crude and actuarial success rates.

RESULTS: 28.8% of the patients presented an IUP, 24.4% delivered and 9% presented an EP. The 5-year actuarial rate of delivery was 37%. The crude and actuarial delivery rates are largely dependent on the tubal stage (stage 1: 53.1%, stage 2: 43.1% stage 3: 24.0% and stage 4: 23.1%). Forty-three percent of the expected IUP started in the first years and 75% in the first 2 years. Multivariate analysis found some poor prognosis patterns for tubal stage 3 (OR=0.24), tubal stage 4 (OR=0.28), repeated neosalpingostomy (OR=0.168), previous EP (OR=0.202), severe adhesion stage (OR=0.211) and positive chlamydial serology (OR=0.515). Eversion with sutures provides non-significantly better results (OR=1.63) than eversion with coagulation.

CONCLUSION: neosalpingostomy must not be proposed in selected cases according to tubal stages adhesion stage and chlamydial serology. When neosalpingostomy is performed, fimbrial eversion must be done with sutures rather than with electrocoagulation.

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LONG-TERM FERTILITY AND BLEEDING OUTCOMES AFTER ROBOTIC, LAPAROSCOPIC, AND ABDOMINAL MYOMECTOMY. R. Flyckt, E. Soto, B. Nutter, T. Falcone. Obstetrics, Gynecology, and Women's Health Institute, Cleveland Clinic, Cleveland, OH.

OBJECTIVE: Multiple studies indicate improved short-term outcomes following minimally invasive myomectomy, such as postsurgical pain, blood loss, and length of hospitalization (1-5) However, it is unknown whether long-term outcomes such as fertility and bleeding patterns differ between different approaches to non-hysteroscopic myomectomy. The Uterine Fibroid Symptom and Quality of Life (UFS-QOL) questionnaire is validated in assessing