

The failure rate for treatment at this facility is lower than previously reported for Uganda, adding weight to the argument that expert treatment at a specialized facility will result in improved outcomes.

P09.17 | EVALUATION OF THE IMPACT OF VITAMIN D LEVELS IN INTRAUTERINE INSEMINATIONS WITH DONOR SPERM
CATEGORY: REPRODUCTIVE MEDICINE

C. Galopin

Hôpital de la Citadelle, Belgium

Objective: Does outcome of artificial insemination with donor sperm (AID) differ between women with ≥ 30 ng/mL and those with < 30 ng/mL vitamin D levels?

Method: Our study is a single-center (Assisted reproductive technology center of the University of Liège, Belgium), double-blind prospective observational study. Recruitment started in March 2021 and is still ongoing. We present here interim results concerning 73 patients. The study includes patients who have no fertility problem except lack of a male partner. The inclusion criteria are: age 18–40 yo, body mass index 18–30 kg/m², anti-Müllerian hormone > 1 ng/mL and absence of intra-uterine pathology.

Results: The average pregnancy success rate was not statistically different between the 2 groups, but there was a clear trend for a higher success rate in patients with a vitamin D level of ≥ 30 ng/mL ($P = 0.061$). The proportion of clinical pregnancies per patient in the < 30 ng/mL group was 14 out of 53 patients while it was 10 out of 20 patients in the ≥ 30 ng/mL group.

Conclusion: Patients with a vitamin D level ≥ 30 ng/mL tend to have a higher pregnancy rate after AID. We need a larger sample to recommend a pre-conception dosage of vitamin D to compensate for a possible deficit and maybe optimize the chances of pregnancy after artificial insemination with donor sperm.

P09.18 | ROLE OF HYSTEROLAPAROSCOPY IN THE EVALUATION OF COUPLES WITH UNEXPLAINED INFERTILITY
CATEGORY: REPRODUCTIVE MEDICINE

C. Thyagaraju

Jipmer, India

Objective: Unexplained infertility is defined as "Infertility in couples with apparently normal ovarian function, fallopian tubes, uterus, cervix and pelvis and with adequate coital frequency and apparently normal testicular function and a normal ejaculate".

Objectives: To evaluate the importance of hysterolaparoscopy and the incidence of various pathology in unexplained infertility.

Method: This study was conducted at the Infertility Clinic in Department of Obstetrics and Gynaecology, JIPMER from January 2020 through July 2022. It is a prospective observational study

where 200 woman were included after detailed clinical history, physical examination, baseline blood investigation with hormonal profile, USG and semen analysis. After three cycles of ovulation induction with or without IUI, woman who failed to conceive were referred to hysterolaparoscopy which was done under general anaesthesia.

Results: The mean age of the study was 29 years and the mean duration of infertility was 5 yrs. Around 58 (29%) women showed abnormalities like endometrial polyp (10%), subseptate uterus (9.5%), intrauterine adhesions (7.5%), tuberculous endometrium (3%). Abnormal laparoscopic findings were reported in 68 (34%) of which the most common pathology was endometriosis (17%) followed by fibroid (7.5%). Following laparoscopy, bilateral tubal patencies were observed in 84% of patients. 30% and 36% of the patients were treated in the same sitting.

Conclusion: Our study showed 34% laparoscopic pathology and 29% hysteroscopic pathology in patients with unexplained infertility. Diagnostic hysterolaparoscopy is a safe, effective, minimally invasive procedure for evaluation and treatment of unexplained infertility. Further RCTs with large sample size are needed to evaluate the need for laparoscopy in unexplained infertility.

P09.19 | HYPOPLASTIC UTERUS: CASE REPORT
CATEGORY: REPRODUCTIVE MEDICINE

C. Pimenta de Oliveira Carneiro; I. Alves Rocha; B. Monteiro Lima Villas Boas; L. Varjão Oliveira; J. Carvalho Matos; D. Evangelista Do Carmo Batista

Hospital Universitário Professor Edgard Santos (HUPES), Brazil

Objective: The objectives of this study are to report the rare case of hypoplastic uterus in a patient undergoing investigation for primary infertility and to discuss its characteristics.

Method: This is a case report that will describe the clinical condition, progression, and outcome of a patient regularly followed in the tertiary outpatient clinic of a university hospital.

Results: Female patient, 35 years old, nulligravida, with 8 years of infertility. She presents with primary amenorrhea, developed secondary sexual characteristics, and a normal karyotype. Imaging exams reveal a reduced volume uterus, homogeneous endometrium, and normal adnexa. Diagnostic videohysteroscopy shows a small uterus with difficulty in distending the cavity. Immunohistochemistry demonstrates positive estrogen and progesterone receptor expression in epithelial cells. The patient did not respond to stimulation with estradiol and progesterone and remains amenorrheic.

Conclusion: Congenital anomalies of the uterus can be associated with reproductive problems, such as recurrent abortion and infertility. Hypoplastic uterus is a rare uterine malformation, the pathogenesis of which remains unclear and its cause unknown. Several studies have shown very poor reproductive outcomes when the uterine malformation was left untreated.