

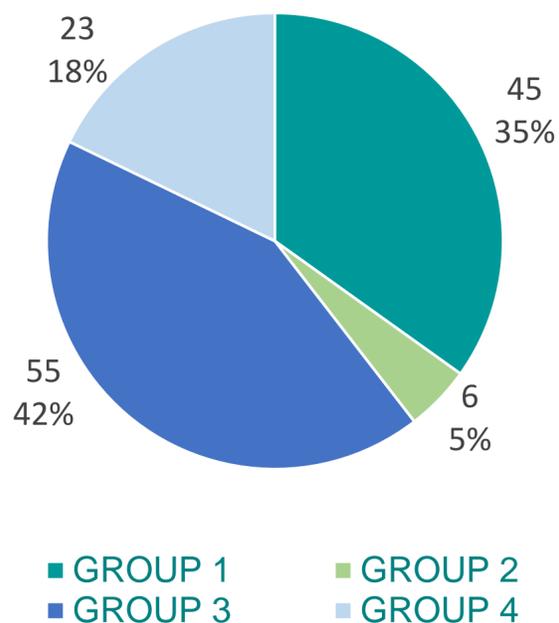
Objective

Endometrial scratch (ES) has been described as a simple technique that may increase the endometrial receptivity when performed in the mid-luteal phase of the precedent cycle to embryo transfer. Our aim was to assess the effects of an endometrial scratch in patients undergoing an egg donation cycle.

Design

All patients with uterine anomalies, severe male factor or recurrent miscarriage were excluded. We retrospectively reviewed 142 egg donation cycles and analyzed their results in terms of pregnancy rate (PR) and ongoing pregnancy rate (OPR) considering whether they had done previous embryo transfers and/or had had an ES prior to the embryo transfer cycle. We compared women who had their first embryo transfer to those who had previous embryo transfers and had not succeeded.

Patient distribution



GROUP 1	NO PREVIOUS TREATMENT + NO ES
GROUP 2	NO PREVIOUS TREATMENT + ES
GROUP 3	PREVIOUS TRA TREATMENT + NO ES
GROUP 4	PREVIOUS TRA TREATMENT + ES

Materials and Methods

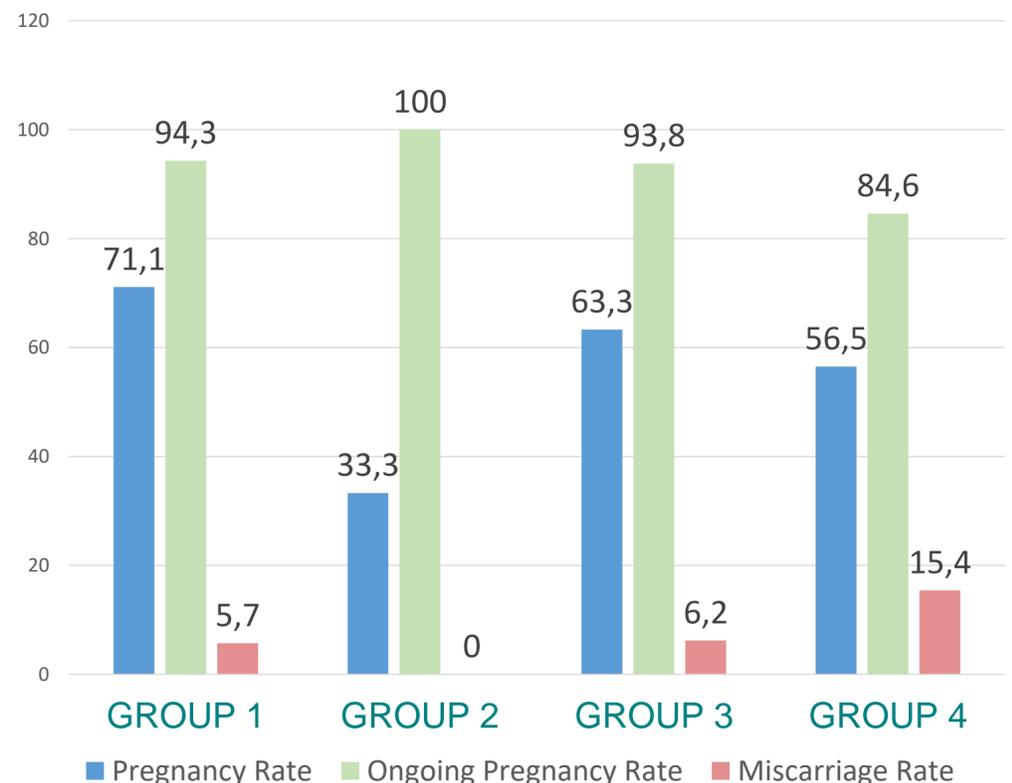
Proportions were compared with Chi-Squared test, and continuous variables were analyzed with the ANOVA among the 4 groups.

PATIENT CHARACTERISTICS	GROUP 1	GROUP 2	GROUP 3	GROUP 4	p
AGE (sd)	40 (6,2)	43,2 (1,94)	41 (4,05)	41,4 (4,91)	0,679
Donor Sperm (%)	4 (8,9)	0 (0)	4 (7,1)	1 (4,6)	0,824
Partner Sperm (%)	41 (91,1)	100 (100)	52 (92,9)	21 (95,4)	0,824
Endometrial Thickness mm (sd)	7,82 (2,13)	7,55 (1,09)	8,4 (2,15)	7,55 (1,99)	0,291

Results

A total of 142 cycles of egg-donor fresh embryo transfer were reviewed. 29 of them had had an ES with a Cournier Pipelle during the luteal phase of the previous cycle. Once they had their period, patients started taking either 2 mg Estradiol Valerate orally every 8 hours or two 100 mg Estradiol patches every 48 hours. They had a scan to check the endometrial thickness 10 to 12 days after the cycle started. If the lining was thicker than 6 mm they continued with the same protocol. If the endometrial thickness was lower, we added another patch or more oral estradiol. The day of the egg retrieval of the donor, recipients began with 200 mg vaginal progesterone pessaries and continued both meds until the pregnancy test at least. The overall PR was 67% for the patients who did not undergo an ES and 51.7% for the patients who did receive it. PR for patients who had had a previous ART treatment and had an ES was 56%. PR for patients who had had a previous ART treatment but did not have an endometrial scratch was 63.3%. None of these differences was statistically significant.

Results



Conclusions

Endometrial scratch has been proposed as a useful tool to improve endometrial receptivity in the subsequent cycle. However, we have not been able to prove this benefit in patients undergoing egg donation cycles, regardless if they had had previous treatment failures. The main limitations for these results are the number of patients included as well as the non-randomized retrospective design. In addition, we think there might have been a bias when selecting patients for an endometrial scratch in the more difficult cases as opposed to women who had never undergone treatment.