



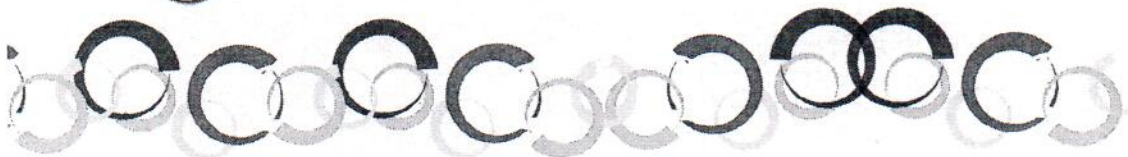
World Congress on Recurrent Pregnancy Loss

14-17, January, 2016 | Cannes, France

www.wcrpl.com

Program

Operated by:



FRIDAY, 15 JANUARY, 2016

7:30-18:30 Registration

08:30-10:00 Keynote Lectures

Chairs: Ashok Agarwal, Naama Steiner

08:30-09:00 Anatomical Aspects of RPL and the Role of 3D Ultrasound

Asher Bashiri, Beer-Sheva, Israel

09:00-09:30 Congenital (Mullerian) and Acquired Uterine Malformations and RPL

Asher Bashiri, Beer-Sheva, Israel

09:30-10:00 Embryology and Ultrasound Evaluation of Early Fetal Anatomy between 8-10 Weeks

Bernard Benoit, Monaco, France

10:00-10:30 Coffee Break / Posters / Exhibition

10:30-12:00 Keynote Lectures

Chairs: Raoul Orvieto, Dahdouh Elias

10:30-11:00 The Significance of Thyroid Antibodies in RPL?

Elias Dahdouh, Montreal, Canada

11:00-11:30 Candidate Genes Associated with Recurrent Pregnancy Loss

Mayumi Sugiura-Ogasawara, Nagoya, Japan

11:30-12:00 Lifestyle and RPL - State of the Art

Naama Steiner, Beer-Sheva, Israel

12:00-13:40 Oral Communication II

Chairs: Howard Carp, Mayumi Sugiura-Ogasawara

12:00-12:10 Color Doppler of Uterine Artery in Combination with Serum Estradiol and Progesterone Levels in Normal and Recurrent First Trimesteric Pregnancy Loss

Ahmed Sayed, Gamal Ibrahim, Hanan Ahmed, Sameh Elkhote
Cairo, Egypt

12:10-12:20 Pregnancy Outcomes among Patients with Recurrent Pregnancy Loss and Anatomic Abnormalities

Daniel Gabbai, Michael Friger, Ruslan Serjienko, Naama Steiner,
Andrey Kreinin, Asher Bashiri
Beer-Sheva, Israel

12:20-12:30 A New Model of Obstetrical Pessary - Prevention and Treatment of Cervical Insufficiency and Habitual Abortion

Mikhail Schneiderman
Gynecology and Perinatology, Russia



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New Method of Optimization of Embryo Implantation and Thin Endometrium Treatment during Preparation to IVF Program

Elena Kulakova, Elena Kalinina, Mikhail Schneiderman, Lev Levkov, Malika Magamadova,
Gennadii Sukhikh
*Ministry of Health of Russia, Research Center of Obstetrics, Gynecology and Perinatology,
Russia*

Problem Statement: We have developed a new method improving implantation of embryos in IVF cycle. Thin endometrium is often is a cause of pregnancy failure after IVF

Methods: The enhancement of embryo implantation is achieved by injection of gas mixture of 6% CO₂ and 94% N₂ (6-8 ml with additional pressure of 1.3 atm) into the uterine cavity (after embryo transfer) and creation of additional pressure in the cavity for better contact of blastocyst with endometrium improving it's "adhesion". By this pressure the blastocyst is pressed to the endometrium and more close contact improves embryo adhesion and implantation. The study involved patients of 25-46 years of age with infertility of more than 5 years and who have had at least from 2 to 4 unsuccessful IVF treatment cycles. Thin endometrium: there is no available evidence about treatment of thin endometrium, with injection of gas mixture into uterine cavity for stimulation of endometrium growth. This procedure provides the considerable enhancement of blood circulation and increase of thickness of endometrium.

Results: The procedure (with pressure the blastocyst is pressed to the endometrium) was performed in 186 IVF and ICSI cycles. 92 out of 186 patients, who received the procedure of injection of gas mixture achieved a pregnancy. We have selected 165 patients with infertility and with thin endometrium not responding to medical treatment. The initial pretreatment ultrasonography showed that, the thickness of endometrium varied from 3,1 - 5,9 mm. After the third procedure the endometrium thickness ranged 9,3-15,8 mm. **Conclusion** Those results suggest that the implantation of embryos was probably improved by the injection of gas mixture and creation of additional gas pressure in the uterine cavity. The women with previous repeated unsuccessful trials of stimulation of endometrium with hormone therapy -treatment of endometrium with gas mixture provides notable growth of endometrium thickness.