Happy Gynecon 2019



Contribution ID: 25

Type: Paper

Autologous intrauterine Platelet rich plasma [PRP] Vs G-CSF instillation for enhancement of endometrial growth and vascularity in IVF Failure : Our Experience

Success of any IVF cycle depends on favourable interaction between healthy embryos and adequately thick, responsive endometrium.For staging the endometrium thickness optimum for implantation ,there is still no agreement or general concensus. Gingoldet al, 2015 mentioned that endometrial thickness should be more than 8mm for good pregnancy outcome.

Platelet-rich plasma (PRP) is prepared from fresh whole blood which is collected from a peripheral vein. Through activating platelets in PRP, cytokines and growth factors (GFs) become bioactive and are secreted within 10 min after clotting. These factors include vascular endothelial growth factor , transforming growth factor, platelet-derived growth factor and epidermal growth factor .They can regulate cell migration, attachment, proliferation and differentiation, and promote extracellular matrix accumulation. Nowadays, PRP has been widely applied in different clinical scenarios, such as orthopedics,ophthalmology and wound healing to improve the tissue regeneration. PRP in the treatment of thin endometrium .Intrauterine infusion of G-CSF has been studied but inconsistent results have been reported. Some researchers reported that G-CSF favors endometrial growth and pregnancy. G-CSF is a cytokine that stimulates neutrophilic granulocyte differentiation and proliferation, it may induce endometrium proliferation and growth, thus improve pregnancy outcome. GCSF stimulates the secretion of various endocrine pathways and various endogenous cytokines

Primary author: Dr DR SANJANA KHEMKA AGRAWAL, Dr sanjana (shree narayana hospital)