SINGLE VS DOUBLE INTRAUTERINE INSEMINATION (IUI) IN WOMEN WITH IDIOPATHIC SUBFERTILITY

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Abstract

Idiopathic subfertility problems represent a considerable percent among people seeking help in fertility units. IUI is a widely used procedure and agreed upon by most people as a conservative treatment. 300 women were included in this study and divided into three groups: group with a natural sexual cycle, second group with single IUI and third group with double IUI. All patients were subjected to induction of ovulation. The group of patients with double IUI showed higher pregnancy rate per cycle than the group with single IUI and the group of a natural cycle (7.7%, 6.7% and 4% respectively). From this study it could be concluded that IUI is a conservative maneuver in managing idiopathic subfertility. Double WI improved the pregnancy rate per cycle.

Key words: Idiopathic, subfertility, IUI, ovulation, pregnancy, insemination.

Introduction

Subfertility due to a cervical factor, male factor, or unidentified causes can be managed by ICI alone or in combination with enhancement of ovulation. Owing to the couple welling to take risk and bear financial burdens for having a child in a relatively short period of time, the invasive approaches like IVF and ICSI faced more popularity. Yet IUI is a widely used procedure and is agreed by most people as a conservative treatment option (Keck et al., 2007).
The success rates of TUT depends on the use or non use of ovarian stimulation, the number of insemination per treatment cycle, different methods of timing ovulation and different sites of insemination (Guzick et al., 1999; Cantineau et al., 2003). Semen preparation offers sperms with progressive motility, while seminal fluid and dead sperms are removed. Although there are alternative methods of insemination like intravaginal, intracervical using a cap, intratubal or direct intraperitoneal insemination, yet TUT appears to be the preferred method in most studies (William et al., 1995; Guzick et al., 1999).

In this prospective study, the aim is to present more experience in the field of subfertility conditions that can be managed by TUI. The pregnancy outcome in two groups of women subjected to single and double TUI was compared to a group of women with normal sexual life.

**Subjects and Methods**

**Subjects:**
300 women attending the OPD of fertility unit of Zahra hospital, Madena (KSA) during a period of almost 15 months (oct, 2006-Dec, 2007) were enrolled in this study. Their main complaint was subfertility. They were in the child bearing period and of matched age.

Thorough history, clinical examination, ultrasonography (abdominal and pelvic) as well as routine laboratory investigations were performed to all the studied women to exclude systemic or metabolic diseases. All patients with endocrinal diseases or under hormonal therapy were excluded from the study.

These women were divided into three subgroups (each subgroup of 100 women). All of the studied women were diagnosed as idiopathic subfertility cases (no apparent cause for the subfertility problem). They had regular menses (26-35 days duration), normal body mass index, pelvic US showing uterus and ovaries normal in size and shape. HSG and / or laparoscopy demonstrated tubal patency. Serum and urine chemistry as well as thyroid and reproductive hormones are within the