concentrations measured on the day of HCG administration, the mean number of oocytes retrieved, fertilization rates, cleavage rates, clinical pregnancy rates and implantation rates. Furthermore, the incidence of OHSS in the cetrorelix group was not significantly different from that in the buserelin group.

Conclusions: These results show that the cetrorelix treatment for the IVF-ET program could achieve a similar clinical efficacy compared to the buserelin. Therefore it is suggested that cetrorelix treatment could be more advantageous because of the shorter period of application than the period needed for IVF-ET program using buserelin.

M-9 The Follicular Environment in Stimulated Cycles of Women with Endometriosis

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Objective: To assess the effect and mechanism of endometriosis on IVF outcomes on the basis of the measurement of several cytokines in follicular fluid (FF) in stimulated cycles undergoing IVF.

Materials and Mechanisms: The study group included 21 women with infertility who had endometriosis diagnosed at laparoscopy. A control group consisted of 28 women undergoing IVF because of tubal facor or male factor. FF was obtained from patients. FF measurements of estradiol, progesterone, interleukin (IL)- 1β , IL-6, and vascular endothelial growth factor (VEGF) were performed. Results were compared between patients with endometriosis and controls.

Results: Levels of progesterones in the FF significantly decreased $(291.46\pm6.44/294.90\pm8.46 \text{ ng/ml}, p=0.036)$ but IL-1 β levels in FF were significantly increased $(4.82\pm1.24/4.27\pm1.25 \text{ pg/ml} \text{ p}=0.038)$ in patients with endometriosis. Estradiol, IL-6, VEGF levels did not show significant changes. The number of retrieved oocytes were significantly decreased $(8.95\pm8.07/12.5\pm8.07, p=0.049)$ in patients with endometriosis.

Conclusions: The data demonstrate that cytokines are regulated differently in patients with endometriosis, who have increased IL-1 β production, and suggest that fine hormonal modulation of this cytokines occurs at the local (ovarian) levels and may be related to their low response in IVF cycles.