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#### TITLE

## STRATEGY FOR REPEATED ASSISTED REPRODUCTIVE TECHNOLOGY FAILURES ASSOCIATED W ITH HYDROSALPINX

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### ABSTRACT

[Objective] This retrospective study aimed to evaluate the reproductive outcomes of infertile patients who underwent laparoscopic surgery for hydrosalpinx and propose a strategy for repeated assisted reproductive technology fail ures (r-ART-f) associated with hydrosalpinx.

[Methods] From 2010 to 2014, 32 infertile patients with bilateral tubal obst ruction were included in this study. Among these, nine patients underwent la paroscopic surgery because of r-ART-f (seven salpingectomies and two salping ostomies). The clinical records of the patients who conceived after surgery were investigated.

[Results] The severity of hydrosalpinx of salpingectomy included four patien ts with >25-mm diameter of hydrosalpinx and three with <25-mm diameter, whereas all that of salpingostomy were vaginal ultrasound scan (US)-non-visible. In patients with r-ART-f, all patients who underwent salpingectomy had recurrent implantation failures with high quality blastocysts (HQB), while one was recurrent implantation failure with HQB and the other difficulty of acquirement of HQB in salpingostomy cases. [Case1] A 35-year-old nulliparo us woman with severe hydrosalpinx diagnosed by not only hysterosalpingography (HSG) but US. The patient failed to conceived repeatedly, despite HQB were transfered. Salpingectomy was performed. The patient conceived in the first blastocyst transfer after surgery. [Case2] A 26-year-old nulliparous woman failed to conceived repeatedly in ART. HQB were not obtained in the past three cycles of ART. Hydrosalpinx was diagnosed as mild degree because it was not visible in US but only in HSG. The patient conceived spontaneously two months after salpingostomy.

[Conclusion] The therapeutic strategies must be decided in consideration of both the severity of hydrosalpinx and the type of r-ART-f.

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