Conclusions: All patients reviewed reported some levels of bereavement reactions in relation to their impaired fertility. Women reported many more of these reactions than did their partners and at subsequent interview often reported feeling lonely and isolated in the face of male partners who managed their reactions in a more silent and guarded manner, frequently telling no one of the problem. The implications for counselling include normalizing the gender differences for couples and thus help to prevent blame, open up communication and bolster mutual support for the couple before and after IVF treatment with its inherent stresses and disappointments.

Supported by: None.

REPRODUCTIVE ENDOCRINOLOGY

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Resumption of ovarian function in a patient with premature ovarian failure (pof) after human fresh, heterologous, heterotopic ovarian transplantation. Laura Kanzepolsky, Judith Notrica, Fernando Neuspiller, Ester Polak de Fried. Cer Medical Institute, Buenos Aires, Argentina.

Objective: The recent advances in gonadal tissue cryobiology and transplantation enable physicians to offer preservation of gonadal function and prevention of fertility problems. Not only before chemo or radiotherapy but also in women at risk of POF. Most of the studies were performed with animals, xenografting and human autologous models, but a close hormonal follow up was not reported. To the best of our knowledge, this is the first case of a fresh, heterologous hystocompatible human ovarian tissue transplantation in an heterotopic location to a POF patient.

Design: Prospective and observational.

Materials/Methods: A 28-year old idiopathic POF patient, hypergonadotrophic and hypoestrogenic, underwent previous ovarian stimulation cycles with no response. She was reffered to us for oocyte donation and only accepted her sister to be the donor. During donor evaluation a 60mm. diameter ovarian cyst was found and surgery was indicated. Both patients were hystocompatible. During the donors cyst ressection normal ovarian tissue was recovered from the external surface of its capsule (heterologous); three cortical slices (3x3x3, 2x2x2 and 2x1x1mm.) were sectioned in culture media and immediately transplanted in the subcutaneous cellular tissue of the abdominal body wall (heterotopic) of the receptor. The remanent slices were cryopreserved. The patient received a strict treatment to avoid ischemia and necrosis of the transplanted tissue and underwent a strict follow up, with weekly controls of serum gonadotrophins, estradiol and ultrasonography of the graft and gynaecological areas.

Results: See graphics and tables.

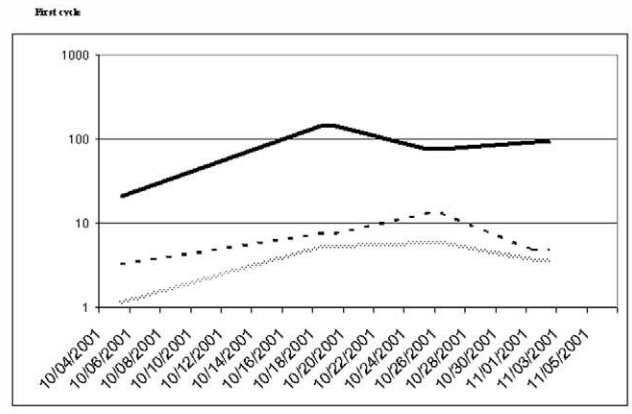
Table 1

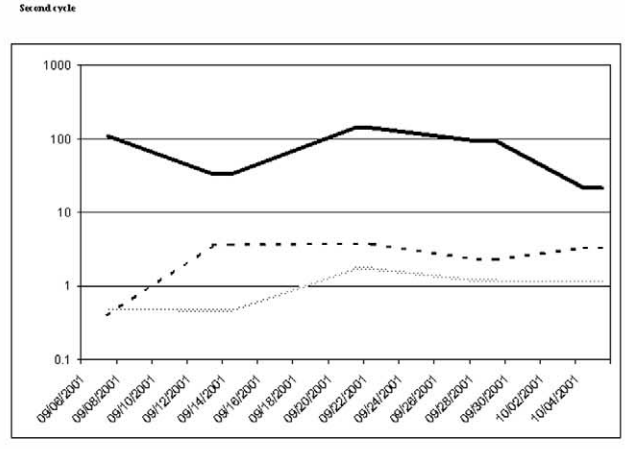
	Pre transplant	55 days after transplant	84 days after transplant	110 days after transplant
#3 LH (mlU/ml)	10	0.46	1.15	3.66
#3 FSH (mlU/ml)	19	3.61	3.29	4.77
#3 E2 (pg/ml)	10	33.21	21.07	93.54
#15 Endometrial thickness (mm)		A 8	A 6.3	A 8.6
U.S graft area	negative	negative	negative	negative

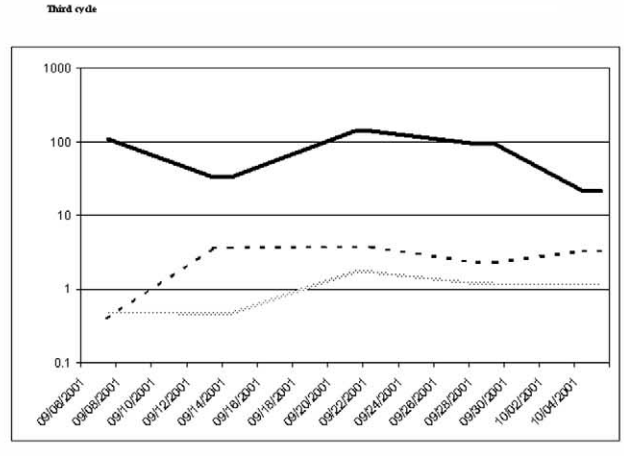
Normal values = FSH (3–12), LH (2–18), E2 (29–155)

Conclusions: According to these results, this patient with a hypergonadotrophic, hypoestrogenic hormonal profile showed a significant recovery throughout time, with a normogonadotrophic normoestrogenic serum profile 55 days after ovarian transplantation. In this particular case, the results encouraged us to use this kind of procedure as an endogenous sustitutive hormonal treatment, being also an excellent experimental human model to understand different physiologic mechanisms.

Supported by: None.







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The role of LH receptor in human IVF-ET program. Jung-Bok Lee, Byung-Rok Do, Kyung-Ho Lee, Eun-Soo Kim, Sung-Il Roh, Hyun-Soo Yoon. MizMedi Hosp, Seoul, South Korea.

Objective: To study the role of LH receptor on folliculogenesis, we examined the expression levels of LH receptor (LH-R) mRNA in human granulosa luteal cell (GLC)s and compared these expression patterns with pregnancy rates, number of retrieved oocytes, and quality of oocytes and embryos.