

groups. Patient assessment and side effects in both groups showed insignificant difference between both groups.

CONCLUSION: Both buccoadhesive and vaginoadhesive discs are of equal efficacy of controlling hyperprolactinemia. Buccoadhesive discs have the advantage of being gender non-specific (i.e. could be used by males), avoidance of manipulating the vagina which is not convenient to some patients like virgins, independence on cyclic estrogen level, and could be used easily during menstruation.

Supported by: None

P-23

Reported Rates of Recurrent Spontaneous Abortion and Infertility in Patients With Celiac Disease. E. B. Johnston, G. T. Fossum, J. B. Palascak, M. B. Awsare, C. Choudhary, A. J. Dimarino. Thomas Jefferson University Hospital, Philadelphia, PA.

OBJECTIVE: To compare the reported rate of recurrent spontaneous abortion (RSAB) and infertility in surveyed celiac disease (CD) patients to that in the general public to determine if patients with CD are at greater risk for those conditions.

DESIGN: An IRB approved layperson survey was placed on a public access website. The survey consisted of 9 stem questions with 14 additional subgroup questions. Respondents could click on a box to select or deselect the appropriate response. Several national CD educational foundations advertised the survey via the Internet and newsletters.

MATERIALS AND METHODS: Using the CD patients as the subject group and reported estimates of incidence of RSAB and infertility in the general public, odds ratios were performed. Corresponding 95% confidence intervals were calculated for the groups. In addition, z-tests were performed. The null hypothesis assumes that the prevalence of disease (RSAB and infertility) is equal in the CD group and the general population. RSAB was defined as two or more spontaneous abortions prior to 20 weeks gestation and infertility was defined as 12 months during reproductive years in the absence of pregnancy despite regular sexual intercourse without contraception.

RESULTS: 576 responses were analyzed. 419 (73%) respondents stated that they had CD, 98 (17%) reported a history of infertility, 57(9.9%) reported a history of RSAB. Among those who stated they had CD, 87 (21%) had a confirmatory small intestinal biopsy and 27 (6%) had confirmatory serologies alone. The remaining CD patients did not indicate their method of diagnosis. Among those who reported CD, 83 (19.8%) reported infertility and 34 (8.1%) reported RSAB. The generally accepted prevalence of 2% for RSAB (2 or more events) and 15% for infertility were used for comparison. Z-test calculation on the CD study group were $z=8.78$ for RSAB and $z=2.82$ for infertility. Therefore, the null hypothesis is rejected in both groupings where the null hypothesis assumes that the prevalence of disease (RSAB and infertility) is equal in the CD group and the general population. An odds ratio test comparing the CD group reporting RSAB with a hypothetical control group of 419 patients with the general population rate of 2% for RSAB was calculated at 4.5 (2.1-9.9).

CONCLUSION: Our data suggests that there is a higher rate of infertility in the CD population than in the general population. Odds ratios suggest that CD patients are at least four times more likely to experience RSAB than the general population. Z-test supports this relationship. Therefore, evaluation of CD should be considered in patients with unexplained RSAB and infertility.

Supported by: None

P-24

Hydroflotation as a Means to Reduce Post-Surgical Adhesions: Results of a Pivotal Adhesion Reduction Trial in the USA. E. M. Peers, C. B. Brown, Adept Adhesion Study Group. ML Laboratories PLC, Blaby, United Kingdom.

OBJECTIVE: 4% icodextrin solution (Adept®) is used in Europe as an intra-operative irrigant and post-surgical instillate for the reduction of adhesions following abdominal surgery. The solution provides a hydroflotation effect and keeps damaged tissues apart during mesothelial healing. We have now compared the effect of hydroflotation provided by 1000 ml 4% icodextrin (ML Laboratories PLC, UK) and lactated Ringer's solution (LRS) on post-surgical adhesion formation.

DESIGN: A large, multicenter, randomized, double-blind clinical trial in gynecological laparoscopy conducted in the USA.

MATERIALS AND METHODS: Patients (≥ 18 years) requiring laparoscopic adhesiolysis received intra-operative irrigation (≥ 100 ml/30 min) and post-surgical instillation (1000 ml) of icodextrin ($n=227$) or LRS ($n=222$). Optimal surgical technique was used to perform adhesiolysis on anatomical sites following assessment of all adhesions present based on extent, incidence and severity. Adhesions were re-assessed 4-8 weeks later during a second-look laparoscopy. Both surgical procedures were video recorded for independent audit and review. The difference between treatments, based on change from first to second-look, was analyzed by ANCOVA.

RESULTS: 'Clinical success' was defined as the proportion of patients for whom the number of sites with adhesions decreased by the larger of three sites or 30% of the number of sites with adhesions lysed. A total of 103 (45.4%) icodextrin treated patients and 79 (35.6%) LRS treated patients had a clinically successful outcome ($p=0.016$). There was also a significantly greater reduction in the number of sites with adhesions in the icodextrin group compared to the LRS group. More icodextrin treated patients had a reduction in the extent of adhesions compared to LRS although this did not reach statistical significance ($p=0.08$).

CONCLUSION: Optimizing the hydroflotation effect, 4% icodextrin produced significantly greater benefits than LRS following gynecologic laparoscopic adhesiolysis.

Supported by: This study was supported by ML Laboratories PLC, UK

P-25

American Fertility Society Score as a Measure of the Effectiveness of 4% Icodextrin in a Pivotal Adhesion Reduction Trial in the USA. E. M. Peers, C. B. Brown, Adept Adhesion Study Group. ML Laboratories PLC, Blaby, United Kingdom.

OBJECTIVE: To compare the change in American Fertility Society (AFS) score following laparoscopic adhesiolysis when 4% icodextrin (Adept®, ML Laboratories PLC, UK) or lactated Ringer's solution (LRS) is used as an intra-operative irrigant and post-operative instillate for the reduction of post-surgical adhesions for patients presenting with infertility.

DESIGN: A large, multicenter, randomized, double-blind clinical trial in gynecological laparoscopy conducted in the USA.

MATERIALS AND METHODS: Patients (≥ 18 years) received intra-operative irrigation (≥ 100 ml/30 min) and instillation (1000 ml) of icodextrin ($n=227$) or LRS ($n=222$) during planned laparoscopic adhesiolysis. AFS scores were obtained for all patients with adnexal anatomy present using the following scoring system: 0-5=minimal, 6-10=mild, 11-20=moderate, 21-32=severe. Scores were calculated for the right and left side separately and the lower of the two taken as the final score. A second-look score was determined 4-8 weeks later. Scores were analyzed (ANCOVA) on the basis of change from first surgery to second-look.

RESULTS: For patients with a primary diagnosis of infertility, mean \pm sd AFS score at first surgery was 9.0 ± 9.9 for icodextrin ($n=102$) and 8.2 ± 9.9 for LRS ($n=112$). Second-look scores were 5.9 ± 8.8 for icodextrin and 7.2 ± 9.1 for LRS, a difference between the treatments that was significantly in favour of icodextrin ($p=0.02$). AFS scores were reduced in 51% of icodextrin treated patients and 30% of LRS patients, with an odds ratio of 2.61 (confidence interval 1.44 to 4.73, $p=0.0016$) indicating that AFS score was significantly improved following treatment with icodextrin.

CONCLUSION: In patients undergoing gynecologic laparoscopic adhesiolysis for the treatment of infertility, use of 4% icodextrin significantly reduced AFS score compared with LRS.

Supported by: This study was supported by ML Laboratories PLC, UK

P-26

IVF-ET Outcome in Female Genital Tuberculosis. M. Kharouf, R. Zouari, L. Halouani, H. Latrous, M. Makni, O. Marrekchi. Clinique les Jasmins, Tunis, Tunisia.

OBJECTIVE: As there are conflicting results concerning the outcome of IVF-ET in female infertility due to tuberculosis tubal factor (TB); this study is the first one aiming to evaluate its results vs. IVF-ET results in non tuberculous tubal factor infertility (NTB).