

Conference Materials

What can we do to improve endometrial thickness?

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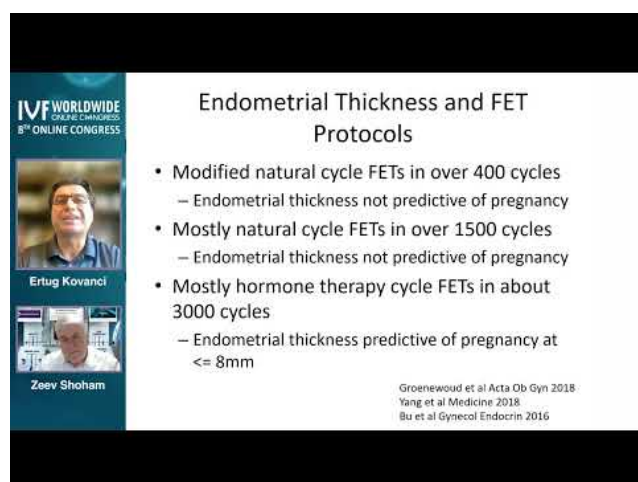
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Keywords: endometrial thickness, pregnancy, hormonal support, embryo transfer

<https://doi.org/10.46989/001c.126492>

Journal of IVF-Worldwide

Vol. 2, Issue 4.1, 2024



8th IVF Worldwide Online Congress: Optimizing IVF treatment to maximize the likelihood of conception. September 22-23, 2023

URL: <https://www.youtube.com/embed/3P0TssPm8pQ>

In this video, [Dr. Ertug Kovanci from the USA discusses “What can we do to improve endometrial thickness?”](#). He delves into the critical role of endometrial thickness in both fresh and frozen embryo transfer cycles within fertility treatments. The surge in frozen cycles has elevated the importance of optimal endometrial preparation and receptivity, making endometrial thickness a valuable marker for the implantation window. Although pregnancies have been reported at varying thickness levels, it is widely acknowledged that pregnancy rates diminish when the thickness falls below 7mm. However, there is currently no universally accepted standard preparation protocol for frozen embryo transfer cycles, resulting in various protocols being implemented globally. Recent studies have provided substantial data on different protocols, comparing natural and hormone therapy cycles.

In this discussion, the speaker emphasizes that while there is no consensus on the best protocol to improve endometrial thickness, aggressive hormonal support is crucial, especially in frozen cycles. Studies indicate that pregnancy rates are notably lower when endometrial thickness

measures less than 7mm in fresh cycles. Similarly, extensive research on over 10,000 frozen embryo transfer cycles found significantly reduced implantation and pregnancy rates for endometrial thickness measurements below 8.7mm. Achieving an endometrial thickness greater than 7 to 8mm is deemed particularly vital in hormone therapy programmed frozen embryo transfer cycles compared to fresh IVF cycles or natural cycle frozen embryo transfers.

Various strategies have been explored to enhance endometrial thickness, including modifying hormonal therapy, utilizing vascular agents to improve blood flow to the uterus, and investigating growth factors. However, more research is necessary to determine their effectiveness conclusively. The speaker also highlights the need for tailored patient care and well-informed decision-making to address thin endometrium, emphasizing that a one-size-fits-all approach is unsuitable for fertility treatments.

Moreover, the discussion underlines the need for more comprehensive studies to ascertain the effectiveness of techniques to improve endometrial thickness. Growth factors like GCSF and PRP have shown promise in initial studies, but larger, well-designed controlled trials are required to confirm their impact on endometrial development and pregnancy rates. Troubleshooting approaches for thin endometrium are discussed, encouraging modifications in hormone therapy protocols or considering alternative protocols like the natural or modified natural cycle. However, invasive procedures should be avoided, and the focus should be on ensuring a normal endometrial range for each patient.

Additionally, the speaker emphasizes the importance of discussing options with patients, allowing them to make informed decisions based on their unique circumstances. The discussion touches upon potential approaches for patients with thin endometrium, including hysteroscopy and adhesion removal or considering alternative options like gestational carriers or uterine transplantation. The ultimate goal is to maximize patient success by tailoring treatments to their specific needs rather than fixating on rare cases or unproven interventions.

Submitted: November 24, 2024 CST, Accepted: November 24, 2024 CST



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