

seems to be a trend to maximize the oocyte yield after ovarian hyperstimulation for IVF. However, obtaining a maximal number of embryos in a single treatment cycle should not be a goal in itself. With maximal stimulation the chance of development of OHSS rises considerably. Since none of the preventive measures proposed have proved reliable it seems clear that we have to go back to basics. IVF was developed as a technique to overcome mechanical problems due to impaired function of the Fallopian tubes. The first successful treatments were achieved in spontaneous cycles (Steptoe and Edwards, 1978). Ovarian stimulation has increased the success rate but these stimulation protocols appear to have an adverse effect on the patient's health and the embryo implantation rates (Edwards *et al.*, 1996). It seems time for a change in approach.

As stated by Olivennes and Frydman we should come back to the goal of Steptoe and Edwards to produce, *in vitro*, an embryo which can implant and lead to the birth of a child (Olivennes and Frydman, 1998).

Thus, the goal of ovarian stimulation should be assuring the availability of one or two embryos for embryo transfer and not obtaining a maximal number of embryos. In view of this, the development of 6–10 follicles during ovarian stimulation should be more than adequate. Consequently, protocols leading to a higher ovarian response should be abandoned. After all, the 'epidemic' of severe OHSS mentioned by Abramov *et al.* is caused by doctors and paid for by patients.

An 'epidemic' caused by doctors

J.Roest

Department of Obstetrics and Gynaecology,
Zuiderziekenhuis, Groene Hilledijk 315, 3075 EA
Rotterdam, The Netherlands

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Assisted reproductive techniques (ART) are elective procedures in otherwise healthy patients. Therefore any complication occurring during treatment is iatrogenic. Sadly, the most serious and potentially life threatening complication, the ovarian hyperstimulation syndrome (OHSS) still frequently occurs. Abramov *et al.* (1999) report an increase in the incidence of OHSS and state that we are facing an epidemic of severe OHSS.

The authors state that the increasing incidence of severe OHSS reflects two trends: in the first place an increase of popularity of ART explains the rising number of in-vitro fertilization (IVF) treatments carried out. Apparently, IVF is used more liberally to solve problems in infertility. With the higher success rates per cycle reported an increase in the number of cycles indicates an even higher increase in the number of couples entering IVF programmes. Considering expenses, possible complications and discomfort for the patients IVF should only be utilized when all other treatment modalities have no change of success or have failed. One can seriously wonder whether the criteria for the application of ART are used strictly enough.

The second trend mentioned by the authors is the more liberal use of ovulation induction medications. Indeed there

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