

The effect of Bromocriptine in the polycystic ovarian syndrome with clomiphene resistant

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Abstract

Incidence of infertility is approximately 10-15% (11.2% in Shiraz). Anovulation is about 40% of female infertility (46% in Shiraz). PCOD, is the most common cause of anovulation (81.5% in Shiraz). Clomiphene citrate (CC) is the first line of treatment, but approximately 20% of patients with PCO fail to ovulate with the highest dose of CC. These patients have good response to bromocriptine. The purpose of this study is to evaluate the role of bromocriptine in CC - resistant patient with PCOD. Between March 1997 to July 1999, 43 women, who were considered to have PCOD with normal serum prolactin and also CC failure, were studied in infertility division of Shiraz University of Medical Sciences. They were treated with CC 200mg daily from 5th to 9th day of the cycle and Bromocriptine 2.5mg twice daily for at least 3 months. Hormonal assay (FSH, LH, PRL, DHEA-So₄ Testosterone, progesterone) and also clinical changes were monitored pre and post treatment.

After treatment 40% of the patient had regular menses and 30% conceived. There was significant decrease in PRL from 269.9 mIU/ml to 174 mIU/ml ($p < 0.001$), LH from 17.9 to 11.5 ($p < 0.001$) and LH/FSH ratio from 2.4 to 1.5 ($p < 0.001$). The result suggests that the therapeutic effects of this treatment may be primarily due to the restoration and improvement of the impaired hypothalamus - pituitary axis.

Key word : Infertility , Syndrome , Bromocriptine , Clomid Resistant Polycystic Ovary.

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