

7.3% of them ART was diagnosed.

Conclusion: Although infertility was diagnosed as an important and fairly common risk factor in endometrial, ovarian and breast cancer, but some other factors are more important. Age, body mass index and cause of infertility are also important. Finding the association of ART to gynecological cancers need some other long cohort studies which follow the infertile women who get the ART or drug therapy for over 15-20 years. The other studies in this field cannot answer to our question about increasing gynecological cancer due to ART. We think BMI and age are co-factors to cancers which should added to infertility or ART. We had better discuss this relationship to the partners and have a multidisciplinary management for obese infertile women who had had polycystic ovarian syndrome or age more than 35 years. Breast cancer screening should be investigated in infertile women after 35 years because breast is the most common site of primary cancers which send metastasis to ovaries.

Keywords: Assisted Reproductive Technologies, Infertility, Gynecological Cancers, Ovarian Cancer, Endometrial Cancers, Breast Cancers, Poly Cystic Ovarian Syndrome, Age, Body Mass Index

P-159: Women's Infertility and Polycystic Ovarian Syndrome, Concepts and Treatment

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Background: Polycystic ovarian syndrome (PCOS) is a medical condition that affects women's menstrual cycles, fertility, hormone levels, and physical appearance. PCOS is thought to be one of the leading causes of female infertility, and is the reason of more than 75% of cases of anovulatory infertility.

Materials and Methods: In this article, we review the different aspects of PCOS including genetic bias and treatment.

Results: The mechanism of anovulation is uncertain, but there is evidence that arrested antral follicle development is associated with the abnormal endocrine profile, in particular the interaction of insulin and LH on granulosa cell differentiation. Clinical evidence indicates that polycystic ovary syndrome has a heritable basis, at least in part, which could result from a genetic etiology, epigenetic changes, or an admixture of the two causes.

Conclusion: Although, there is no cure for PCOS, but controlling it lowers the PCOS risks of infertility, miscarriages, diabetes, heart disease, and uterine cancer. Management of infertility in polycystic ovary syndrome includes lifestyle modification as well as assisted reproductive technology such as ovulation induction, oocyte release triggering and surgery.

Keywords: Polycystic Ovarian Syndrome, Genetics, Infertility

P-160: Study of Association between Polymorphism in Estrogen Response Element (ERE) in Promoter Region of C3 Gene and Spontaneous Recurrent Abortion

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Background: There are different etiological factors in spontaneous recurrent abortion which are one of the complications in pregnancy. Primary embryo development in uterine tube and oviduct are affected by different factors such as embryotrophic elements. ETF3 as a embryotrophic factor that contains a complex of complement 3 protein and its derivatives specially iC3b, causes embryo trophoblast growth and expression of genes involved in embryo development. There are different response elements in promoter region of C3 gene such as two estrogen response elements (ERE).

Materials and Methods: In this research, we proposed that polymorphism in two ERE in promoter region of C3 gene can associate with Spontaneous Recurrent Abortion in early months of pregnancy. Peripheral blood samples of 40 women with Spontaneous Recurrent Abortion registered to infertility center and 30 fertile women as control group were collected. After DNA extraction and amplification of regions harboring ERE utilizing PCR with specific primers, SSCP method used for study of probable polymorphisms in this region.

Results: Our studies showed no significant correlation between polymorphism in ERE of C3 gene promoter and desired symptoms. However, this study closed our opinion to an individual asymptomatic infertility.

Conclusion: Study of effective factors on this promoter region can be lionized. Accurate selection of more cases can be helpful in improvement or rejection of this proposal. Likewise as a new proposal, we emphasize on association between polymorphism in this region with some of heredity infertility of women.

Keywords: Spontaneous Recurrent Abortion, C3, Estrogen Response Elements

P-161: Effect of Naloxone on Endometrial Growth

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Background: There is fine correlation between the infertility and lessening of endometrial thickness. In this study the effects of sedative naloxone, and L-arginine, the precursor of nitric oxide (NO), on endometrial thickness of rat uterus was examined.

Materials and Methods: Wistar rats (weighing 200-250 g) in Diestrous phase received intra-peritoneal (i.p.) 1. single L-arginine (50 mg/kg), 2. single naloxone (0.4 mg/kg) and 3. naloxone (0.4 mg/kg) 30 minutes priorly to the L-arginine (50 mg/kg) during 9 days/ once a day. The control group exclusively received saline (1 ml/kg, i.p.)