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LETTER

Response: Aspirin to improve IVF unexplained implantation rates: time for an individualized approach



To the Editor

The letter by Nikolaos Vlachadis et al. (this issue) raises an interesting point of view.

However, the most recent Cochrane review (Siristatidis et al., 2011), which included 13 randomized studies with 2653 participants, showed no difference in live birth rates and clinical pregnancy rates with use of aspirin compared with control.

An individualized approach rather than a blanket approach to treat patients with implantation failure with adjuvant therapy (aspirin or heparin) is certainly the way forward. A prospective randomized control study should be undertaken to see if women with inherited platelet thrombophilias will benefit from aspirin treatment to improve implantation. At the moment, this is a theory which has to be translated into clinical evidence (Akhtar et al., 2013). We think that there is an opportunity to undertake such a study where facilities are present to offer testing for inherited platelet thrombophilias.

References

Akhtar, M.A., Eljabu, H., Hopkisson, J., Raine-Fenning, N., Quenby, S., Jayaprakasan, K., 2013. Aspirin and heparin as adjuvants

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