Introduction

In Vitro Fertilization Pre-Embryo Transfer (IVF-ET) is a procedure which first succeeded in 1978 by Dr. Edwards (an embryologist) and Dr. Steptoe (a gynecologist) in England. Since then the technology has been further refined and developed by physicians and embryologist. IVF/embryo transfer (IVF/ET) treatment involves development of multiple follicles, oocyte retrieval and ET after fertilization. Successful implantation depends on a close interaction between the blastocyst and the receptive endometrium. ***(Ng et al., 2005)***.

Intracytoplasmic sperm injection (ICSI) is now one of the most successful and viable techniques in assisted fertilization and has revolutionized the treatment of male infertility. Recent advances in the understanding of ovarian stimulation, the techniques of oocyte retrieval, the handling of gametes, the methods of assisted fertilization and improved conditions of culture media have steadily increased the fertilization rate in cases of assisted reproduction. Fertilization rates of 60-70% can now be expected when intracytoplasmic sperm injection (ICSI) are carried out. However, there has not been a corresponding increase in implantation rates, which remained steady at 10-15% for a long time ***(Hung et al,. 2005)***.

The success of the implantation depends upon a perfect relationship between good quality embryos and receptive endometrium. Endometrial development in the follicular phase of IVF cycles is driven by estradiol (E2) produced by the ovaries and followed up by the thickness and echogenicity of the endometrium (which are the indicators of its receptivity) using ultrasound scanning ***(Farhi et al., 2000)***.