RESULTS

The two groups did not differ significantly in factors traditionally associated with EP (previous EP, endometriosis, tubal disease, history of pelvic infection, and abdominal surgery). Patients with EP were more likely to have had day 3 rather than a day 5 transfer ($p = 0.001$), had double rather than a single embryo transfer ($p = 0.001$), and finally were more likely to have had a difficult transfer ($p = 0.004$), independently of the use of a rigid catheter.

Progesterone level measured on the day before or on the day of ovulation trigger was not statistically different between the two groups (2.55 ng/ml for the study group vs. 2.52 ng/ml for the control group, $p = 0.169$).

CONCLUSIONS

No relationship between progesterone level and EP could be demonstrated in our study; which if reproduced in larger series could defy a classic theory about the hormonal etiology of EP, or simply change the focus into the role of estradiol- rather than progesterone- in tubal physiology and subsequent place of embryonic implantation.