

AUTHOR'S REPLY

Dear Sir,

Many thanks for your comments⁽¹⁾ on our recent publication, "Ovarian hyperstimulation syndrome: an analysis of patient characteristics in the Asian population."⁽²⁾ We do agree that as a retrospective analysis, it is not possible to control confounding factors. We suggested this recommendation based on the presence of hyperstimulation with average doses between 168 to 204 iu. With regard to the use of bromocriptine, for the last one year, we have also started using cabergoline for the prevention of ovarian hyperstimulation syndrome. The patients in our current publication were recruited much earlier, between 2002 and 2007.

Yours sincerely,

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