

Infertility

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د

إشتشارية أمراض وجراحة النساء والتوليد
وعلاج العقم

الدكتور

أخصائي أمراض
نسائية وتوليد وعقم وجراحتها

دكتورة

نساء وتوليد وعلاج العقم

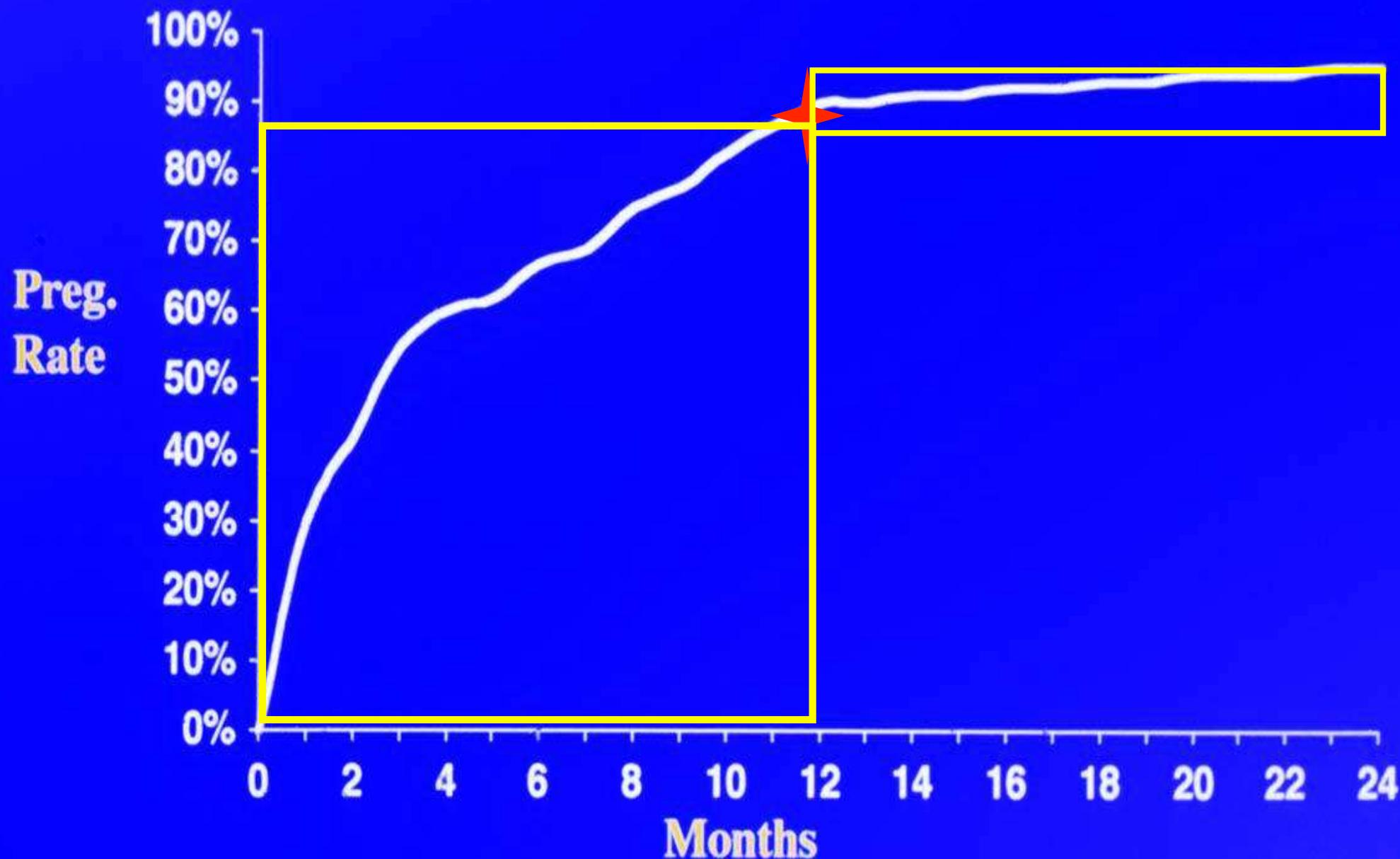
Infertility

Inability to conceive after 1 year
of regular unprotected intercourse

Infertility

- 15-25% of couples
- 70% primary
- 30% secondary
- Psychological impact

Normal Cumulative Conception Rate

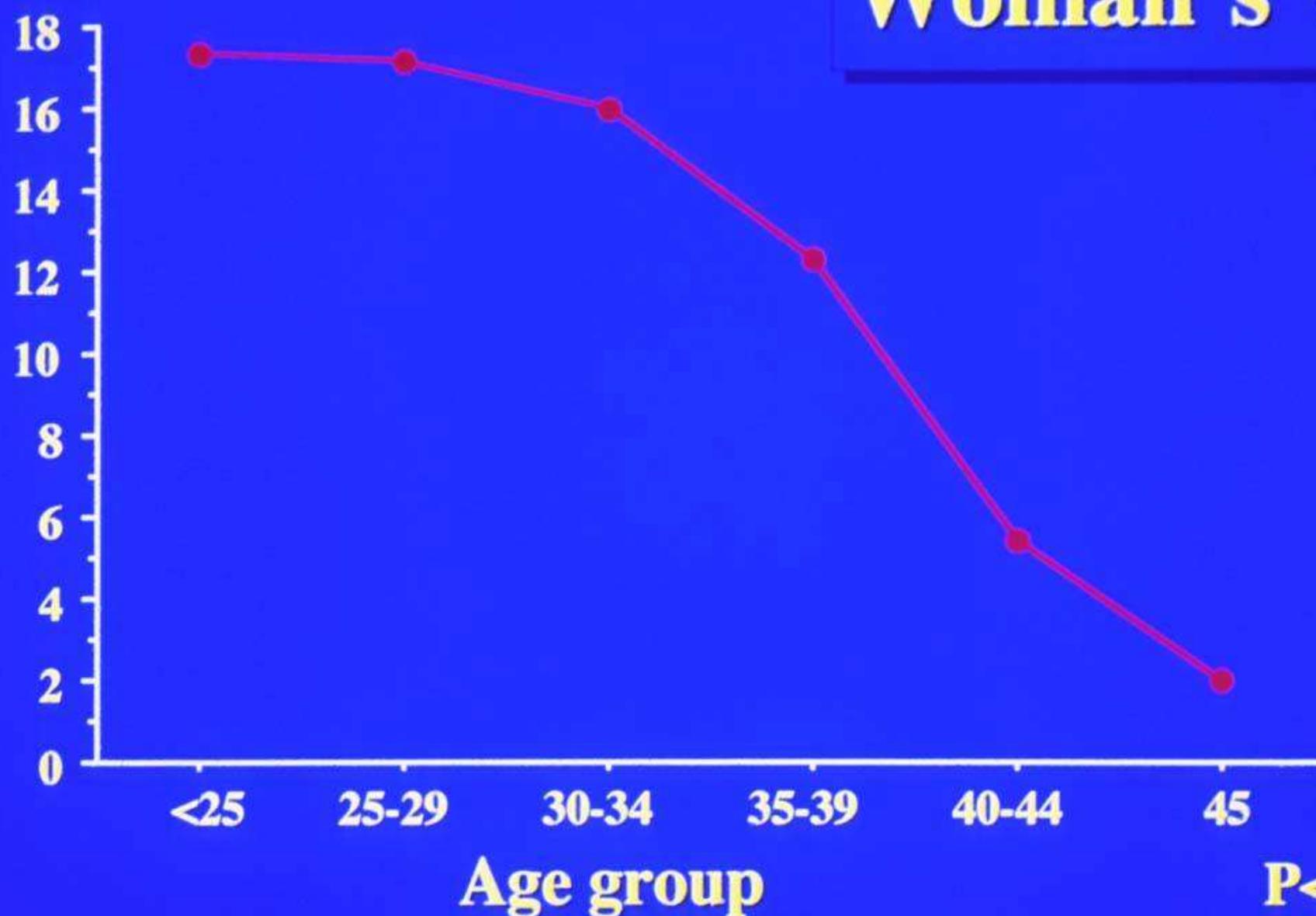


Most Important Factor Influencing Fertility

- Women's age

% LB/ Cycle

Woman's age

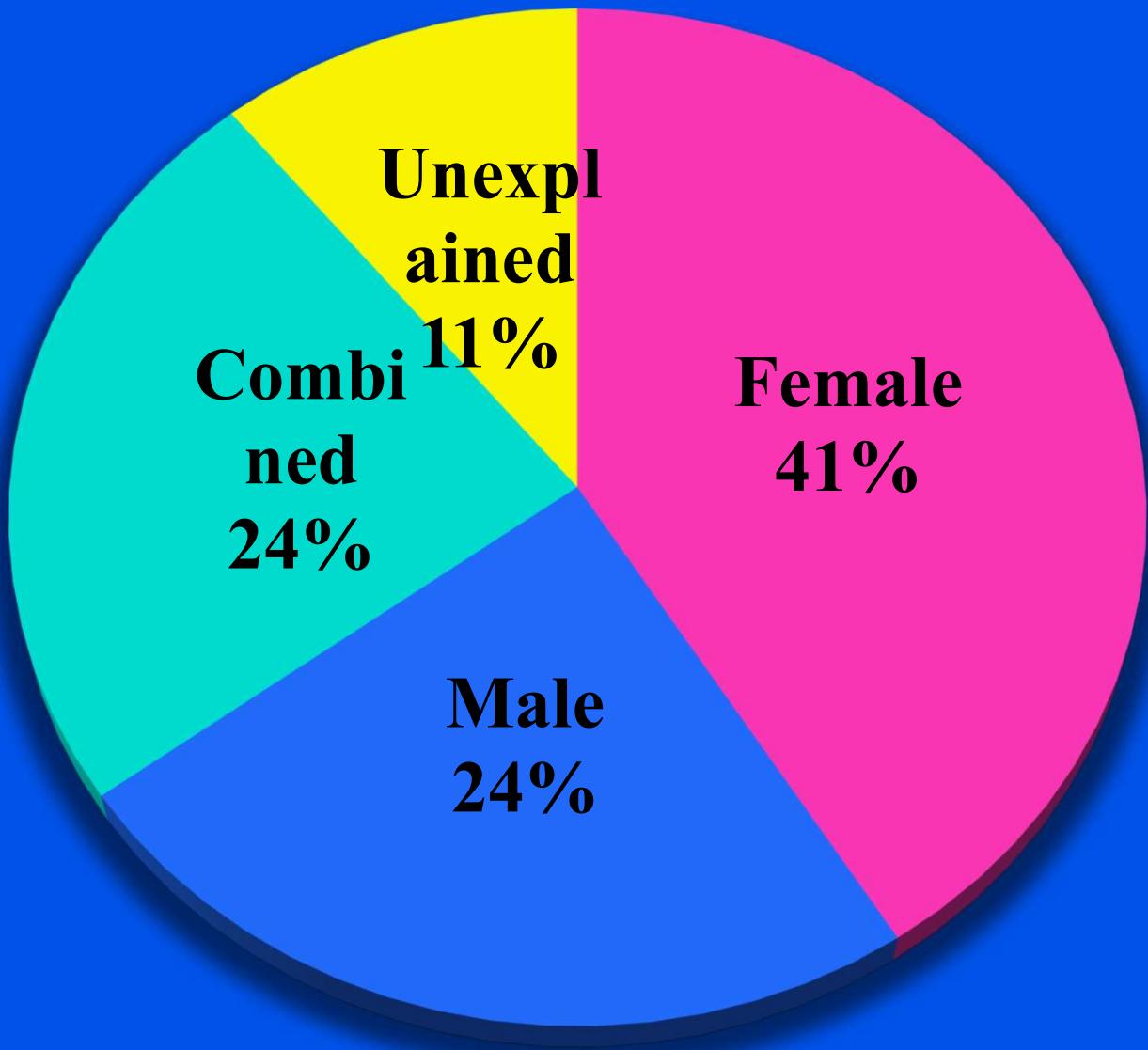


P<0.001

International Recommendations on When to Investigate

- ≤ 35 : 1 year
- 36-39: 6 months
- ≥ 40 : on presentation

Causes of Infertility



Causes of Infertility

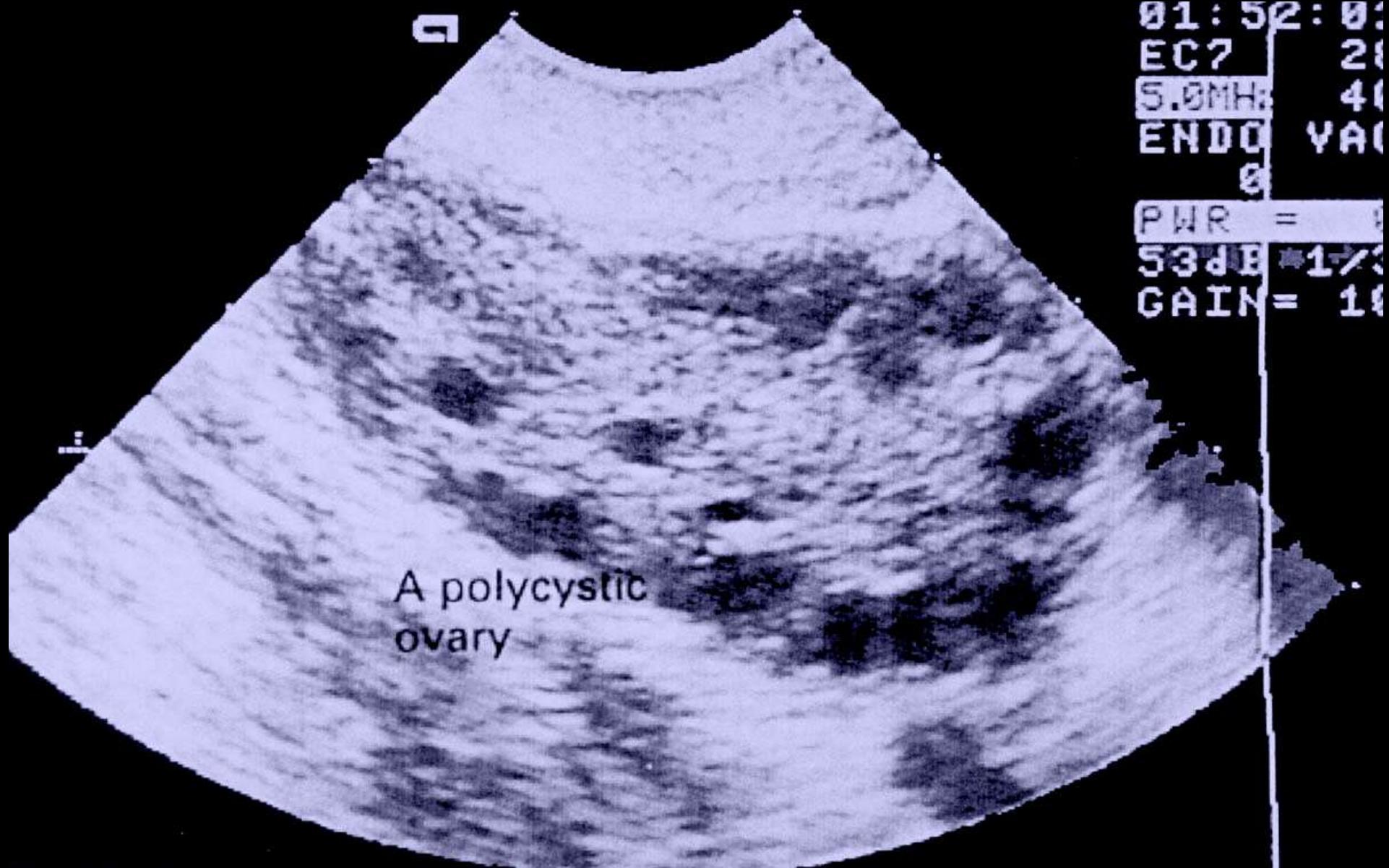
- Anovulation
- Pelvic adhesions/ endometriosis
- Tubal damage
- Male Factor

Assessment of Ovulation

- Regular menstruation
- Mid-luteal progesterone
- Hormonal profile
(FSH, LH, AMH, T, TSH, Prl)

Causes of Anovulation

- PCOS: USS, raised LH, AMH, Testo
- Hyperprolactinaemia: raised Prl
- Ovarian failure: raised FSH
- Hypo Hypo: low FSH, LH
- Hypothalamic

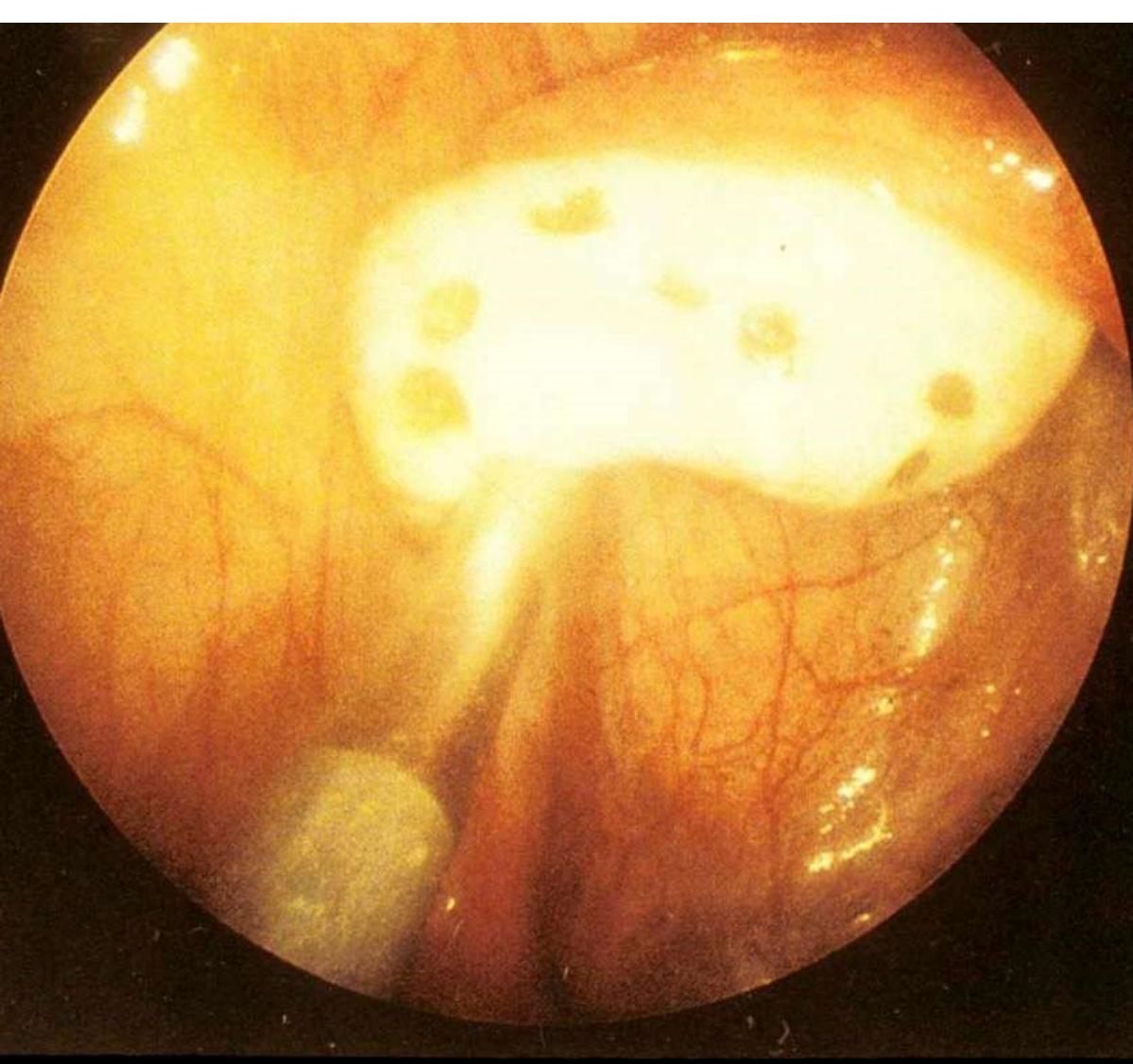


A polycystic
ovary

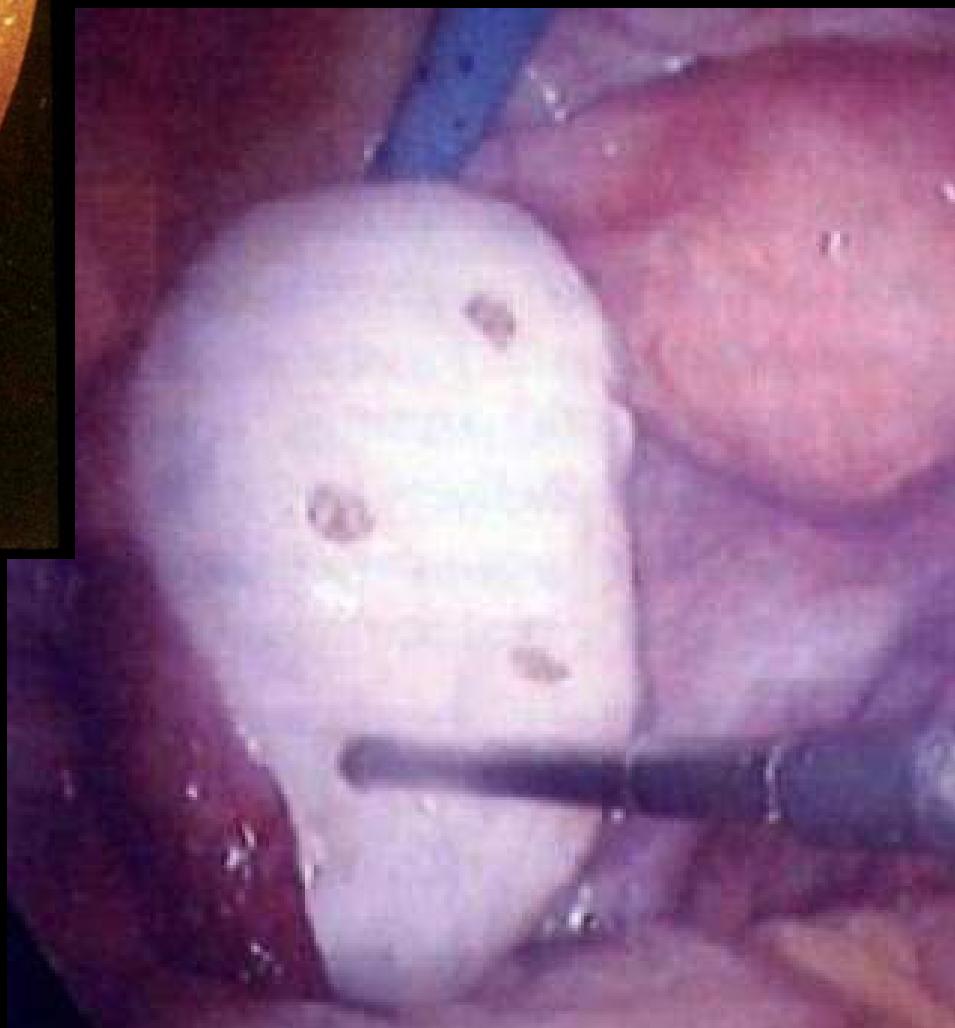
01:52:01
EC2 2
5.0MHZ 40
ENDO VAC
0
PWR = 0
53dB *1/2
GAIN = 10

Treatment of Anovulatory PCOS

- Weight loss
- Clomiphene/ Letrozole
- Metformin
- Gonadotrophins
- Ovarian drilling



Grilling



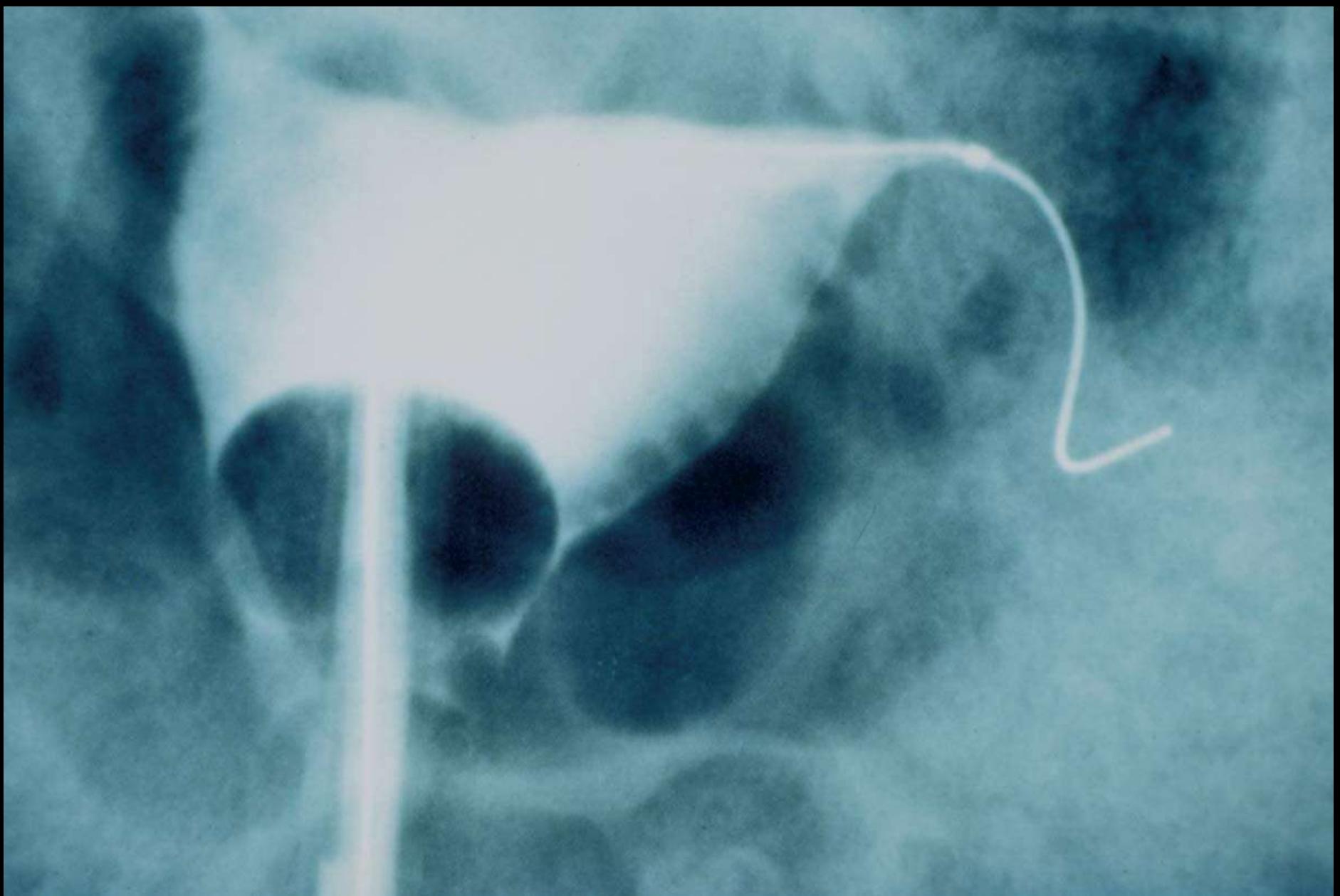
Drilling

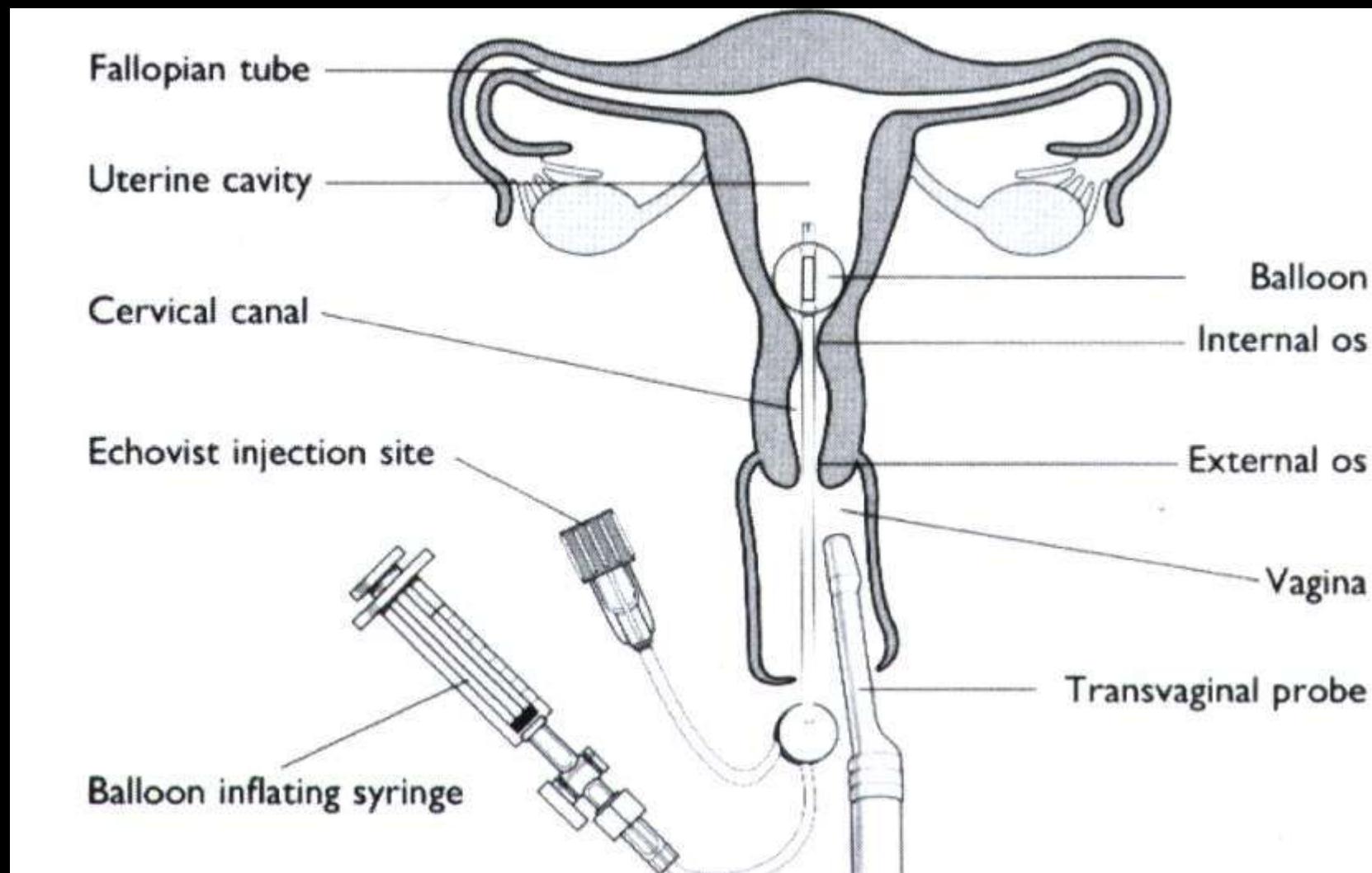
Assessment of Fallopian Tubes

- Hystero-salpingogram (HSG)
- Selective salpingography (SS)
- HyCoSy
- Laparoscopy and dye

R



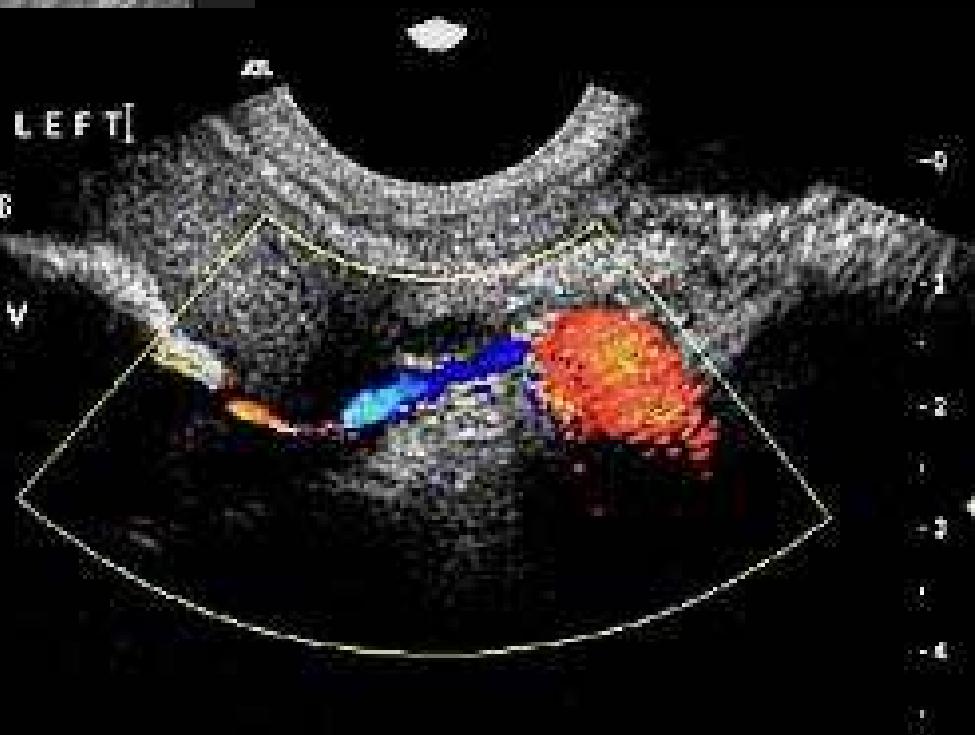


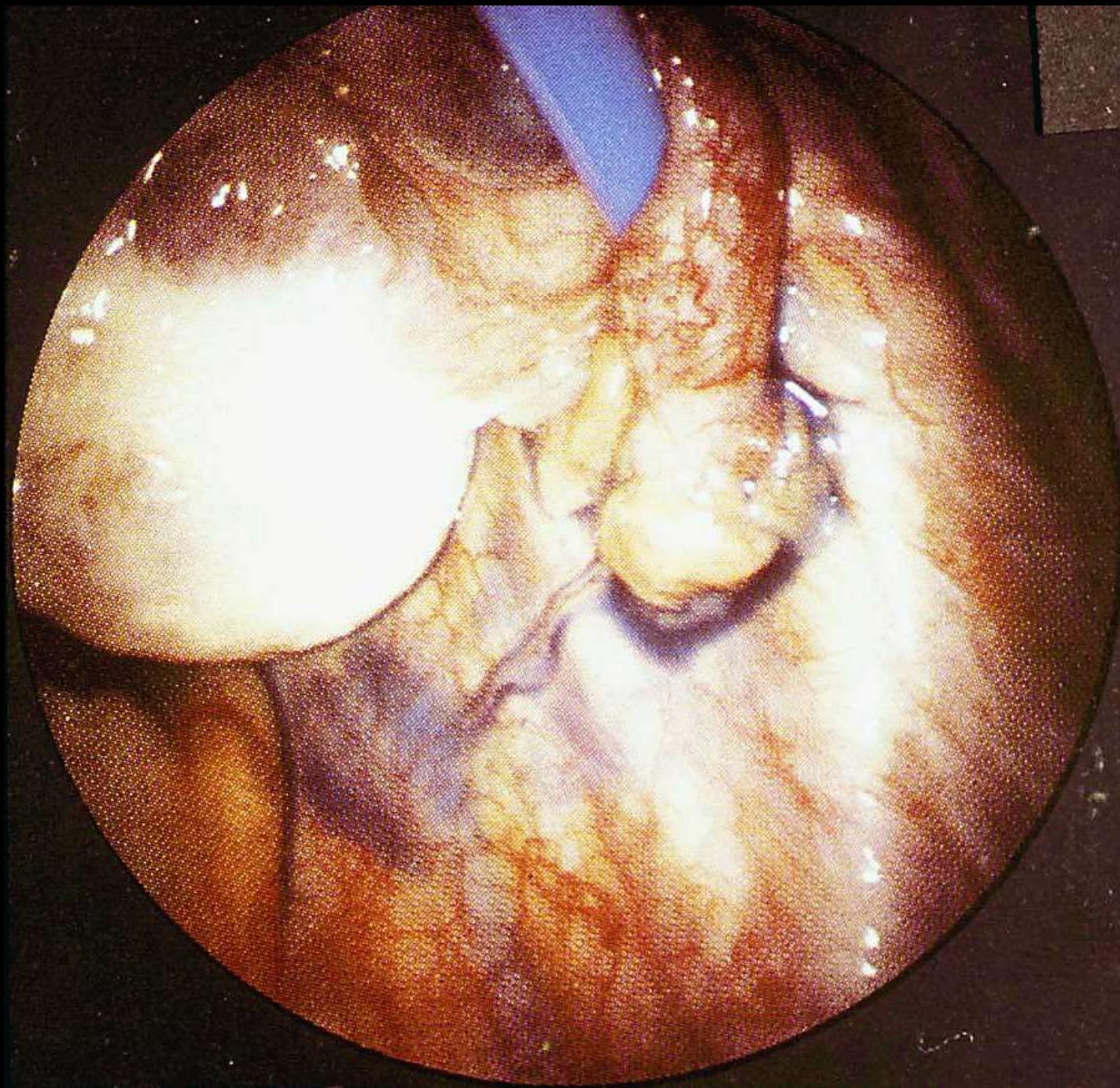


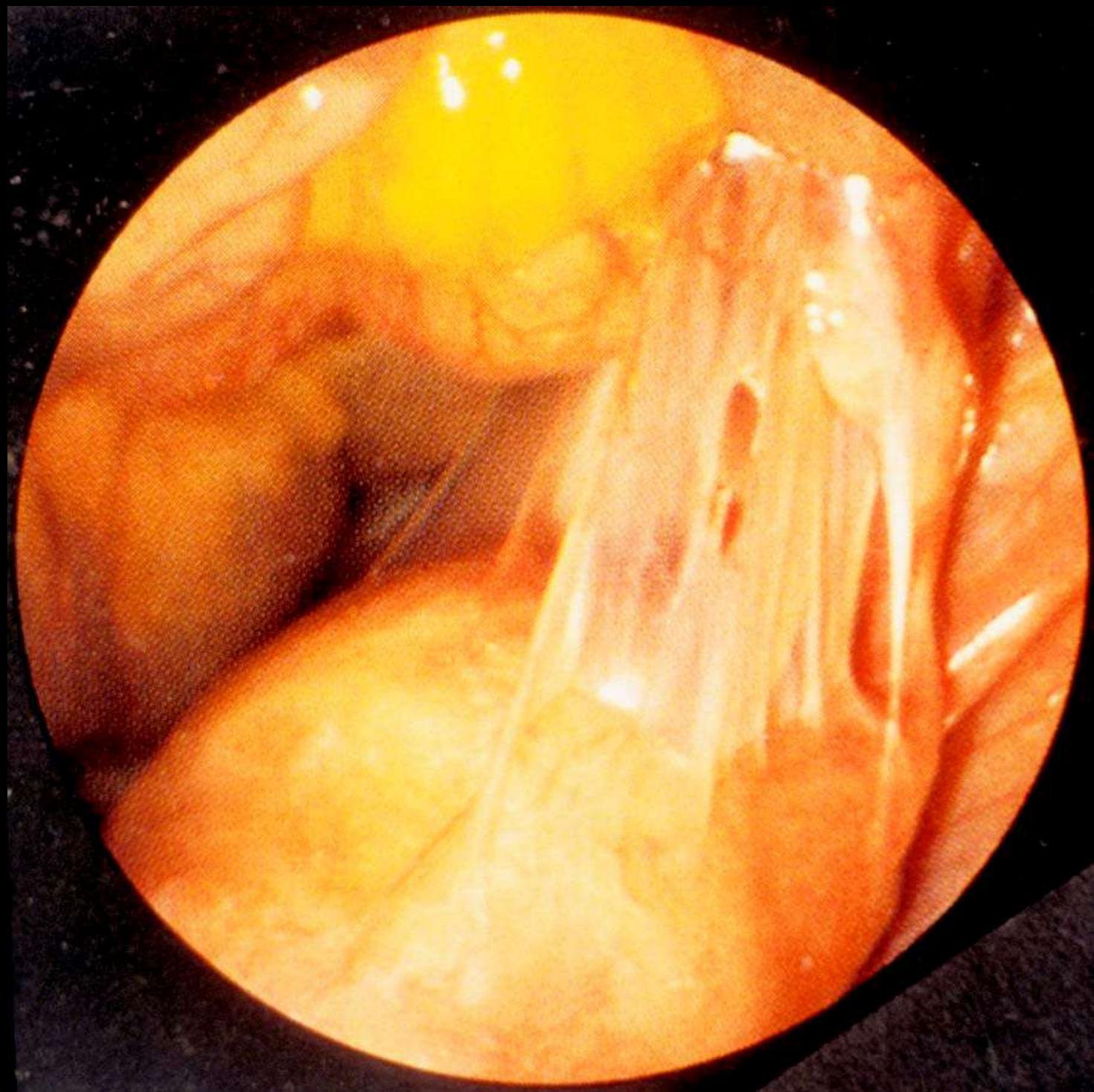
Map 3
170dB/C4
Persist Med L T TUBE
2D OptGen
Fr RateMax



Map 3
170dB/C3
Persist Low [LEFT]
2D Opt:HGen
Col79% Map 6
WF Max
PRF 2500 Hz
Flow Opt Med V







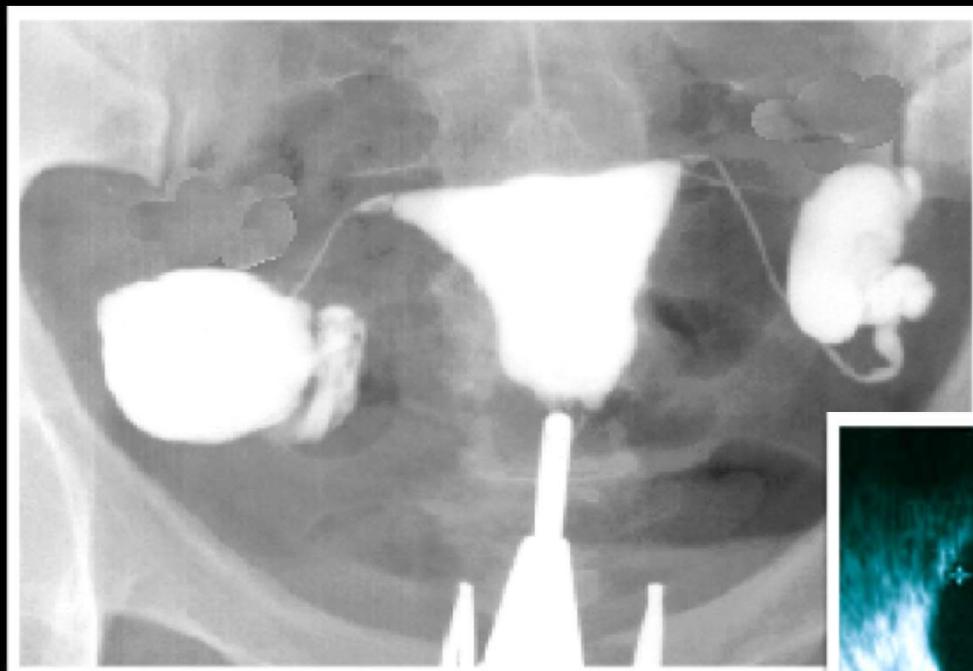
Causes of Tubal Damage

- Pelvic inflammatory disease (PID)
- Surgery (could be yours!)

Treatment of Tubal Damage

- Surgery: mild cases
- Selective Salpingography: Proximal block
- In-Vitro Fertilisation (IVF)
- Surgery before IVF

Hydrosalpinx



Effect of hydrosalpinx

Meta-analysis of 14 studies

Outcome criteria	Group with hydrosalpinx (%)	Group without hydrosalpinx (%)	Odds ratio	Confidence interval
Pregnancy rate	19.67	31.2	0.64	0.56–0.74 ^a
Implantation rate	8.53	13.68	0.63	0.55–0.72 ^a
Delivery rate	13.4	23.44	0.58	0.49–0.69 ^a
Early pregnancy loss rate	43.65	31.11	1.72	1.34–2.20 ^a

^aOdds ratio significantly different from 1 ($P < 0.05$).



Camus et al, 1999



endometrioma

6.5cm

20Hz

Default

9.30 - 3.30

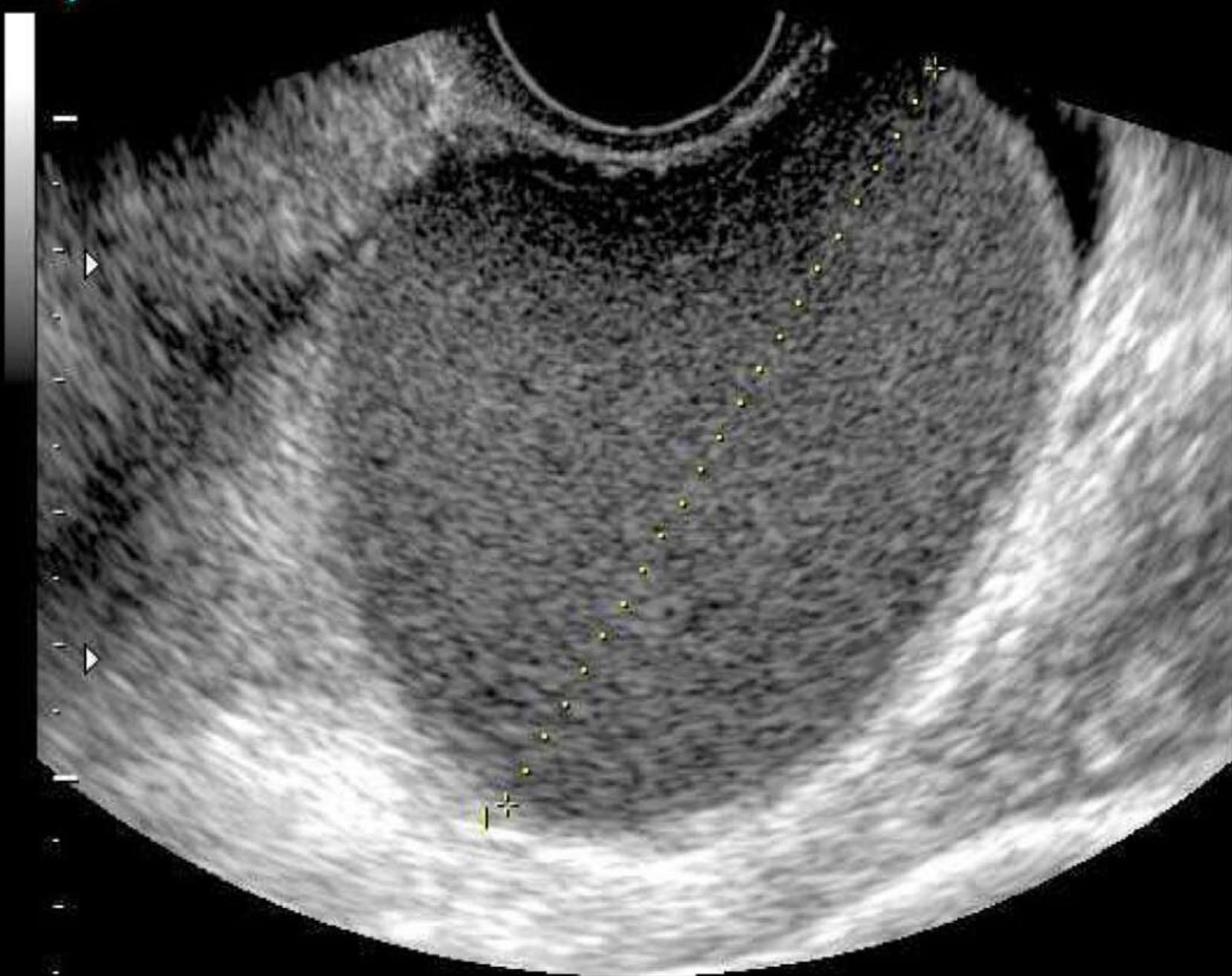
Pwr -1

Gn -6

C7 / M5

P4 / E1

MI 0.6



D1 6.55cm

Treatment of Endometriosis

- Laparoscopic Ablation
- Super-ovulation and intra-uterine insemination (IUI)
- Surgery (cystectomy)
- In-Vitro Fertilisation (IVF)

Assessment of Male Infertility

- History
- Seminal Fluid Analysis
 - 15 m/ml
 - 40% motility
 - 4% normal forms

Treatment of Male Infertility

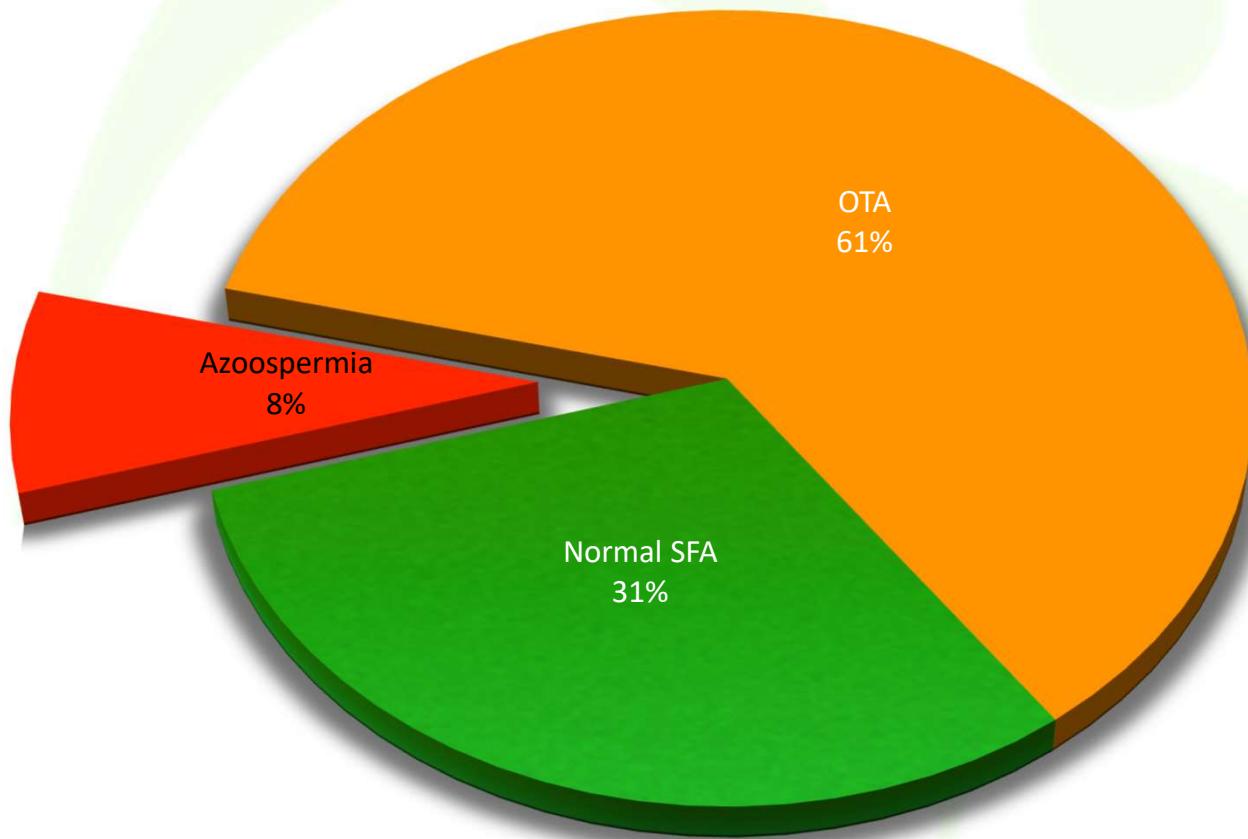
- Wait & see
- IUI
- Intra-cytoplasmic sperm injection (ICSI)



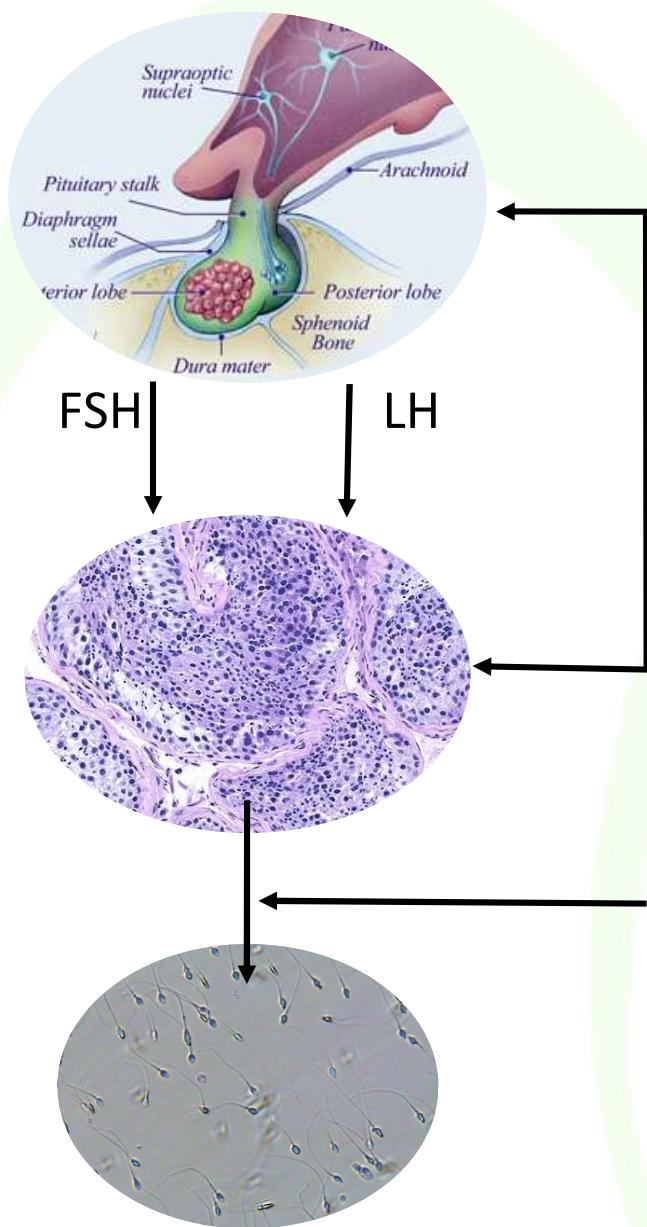
Azoospermia

- **No sperm in the ejaculate**
- **2-5% of investigated infertile couples**

Azoospermia

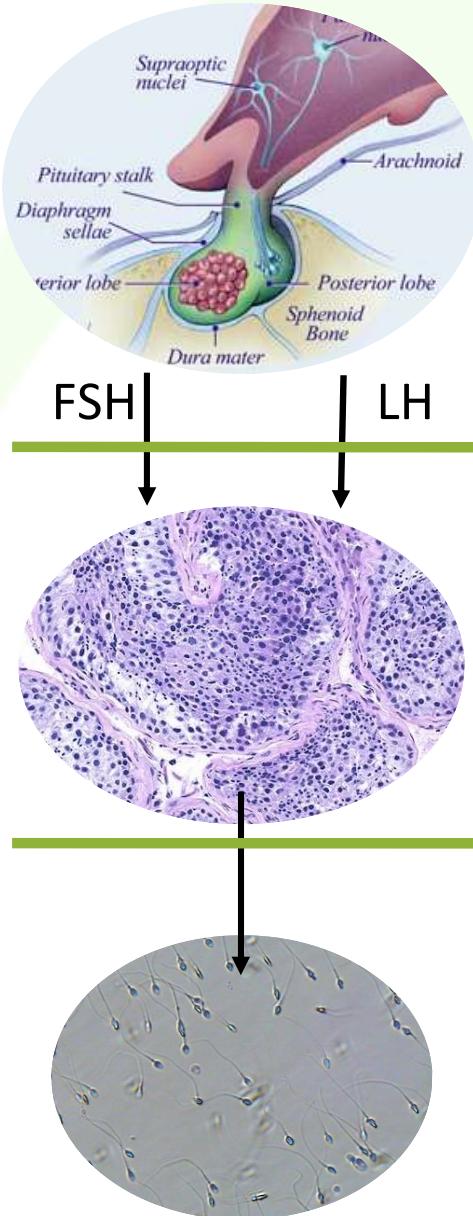


Traditional Classification of Azoospermia



- Non-Obstructive
- Obstructive

Modern Classification of Azoospermia



- Pre-testicular

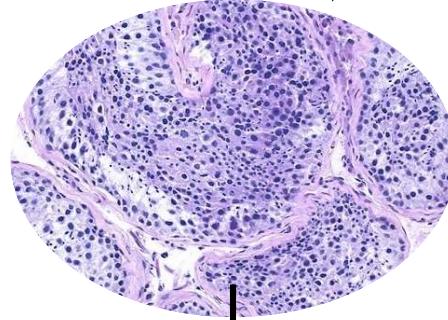
- Testicular

- Post-testicular

Treatment of Azoospermia



FSH | LH



- Pre-testicular: HRT
- Testicular: surgical sperm retrieval + ICSI
- Post-testicular: re-anastomosis or PESA+ ICSI

Unexplained Infertility

- Diagnosis of exclusion
- Spontaneous pregnancy rate
- Clomid
- Sup OV + IUI
- IVF

Causes of Infertility

- Anovulation
- Pelvic adhesions/ endometriosis
- Tubal damage
- Male Factor
- Unexplained

Investigations of Infertility

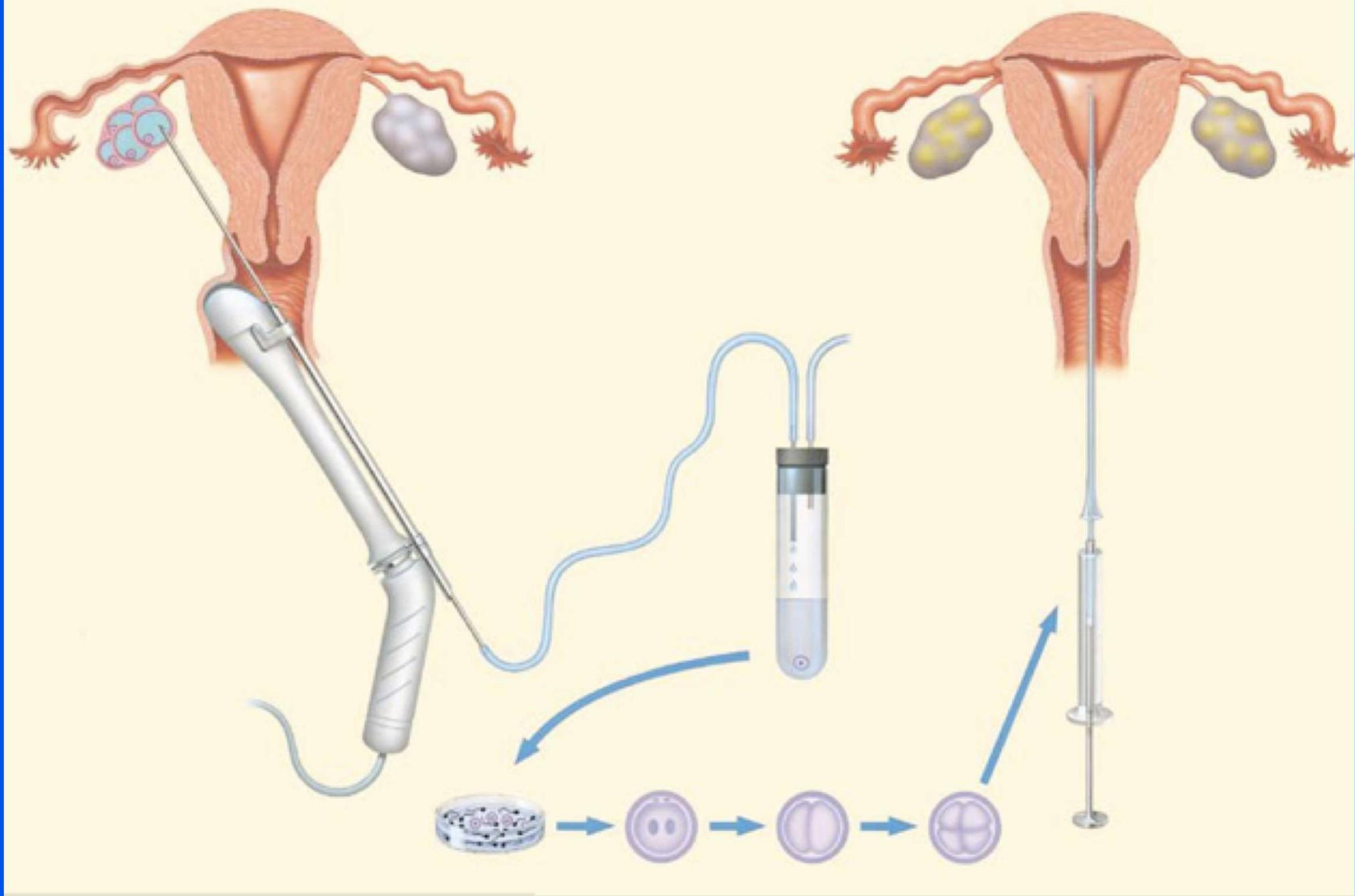
- Ovulation
- Pelvic/ Tubal Assessment
- Seminal Fluid Analysis

Treatment of Infertility

- Ovulation Induction
- Tubal surgery
- Assisted Conception (IUI/ IVF/ ICSI)
- Support and counselling

Treatment-associated vs treatment-independent pregnancies

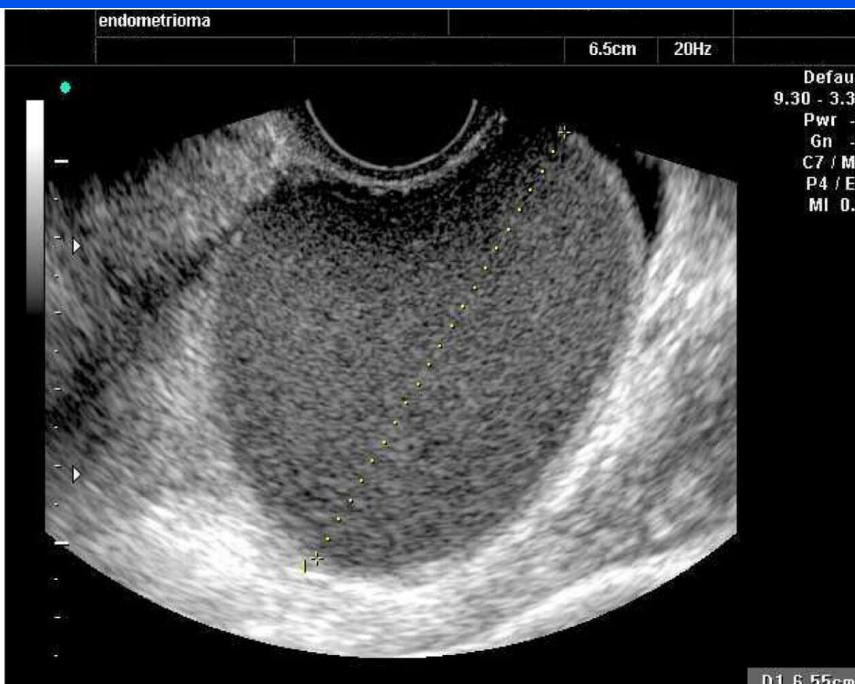
- Cause of infertility
- Duration of infertility
- Women's age



IVF

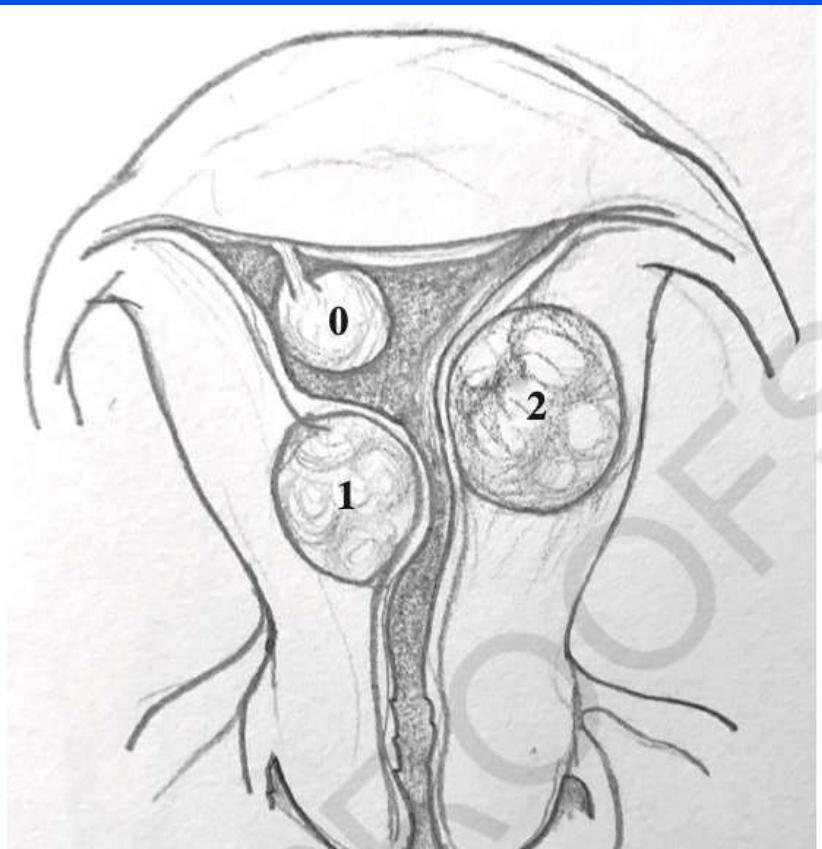
Endometrioma:

To remove or not to remove before IVF



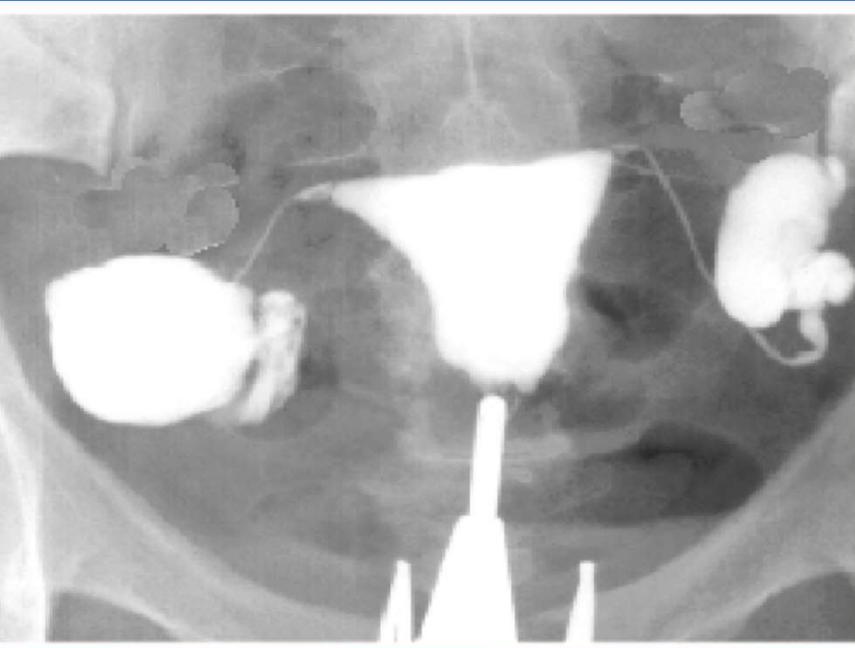
- Don't remove

Fibroids: To remove or not to remove before IVF



- Remove submucosal

Hydrosalpinx: To remove or not to remove before IVF



- Remove or proximally occlude

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