

Infertility Unexplained-Patient Awareness Series

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Confused With Unexplained Infertility?

The Majority of 90% of cases are caused by the following **Three** conditions,

- 1. Premature Ovarian Aging**
Approximately 50% of women experience Premature Ovarian Aging.
- 2. Endometriosis and Tubal Disease** – Around 30% of all unexplained infertility is due to undetected tubal disease and endometriosis.
- 3. Immunological Infertility**
Estimated 20% of unexplained infertility is directly linked to the immunological infertility.

Unexplained Infertility means the physician failed to find the TRUE cause of infertility. 30% of all infertility cases, are diagnosed as unexplained infertility cases.

Majority Infertility. **Women** Faces Unexplained

90% of all cause of unexplained infertility can be explained with Proper testing.

It's always good to concern Fertility Specialist to know the Real Cause.

<http://gestationalsurrogacyindia.com/>

Infertility itself is a very stressful condition and the worst part of the scenario is cause can't be detected/Idiopathic which adds to the stress further not only of the couple and the family but also creates dilemma for the treating doctor-as which recommendation is optimal when everything seems apparently normal.

Definition

Patients where after standard infertility evaluation are unable to conceive without any identifiable cause, 30% are defined as having unexplained infertility. There is no uniform definition for unexplained infertility. This varies in the literature depending on the duration of infertility and the age of the female partner.

When such diagnosis is made?

Diagnosis of unexplained infertility is made if the basic infertility evaluation fails to reveal an obvious cause for failure to conceive.

The basic evaluation should provide evidence of adequate sperm production, ovulation and fallopian tube patency. If indicated, tests for ovarian reserve and laparoscopy should also be done.

At present, even the most sophisticated diagnostic assessment cannot reveal all of the possible abnormalities.

Therefore unexplained infertility appears to represent either the lower extreme of the normal distribution of fertility, or it arises from a defect in fecundity which cannot be detected by the routine infertility evaluation.

If this group of patients are followed up without treatment 30 - 50% will ultimately achieve pregnancy. The success will depend on the age of the couple, the duration of their infertility and how extensive their evaluation was before being classified as "unexplained Infertility".

Incidence

15% to 30% of couples will be diagnosed with unexplained infertility after their diagnostic workup.

Possible Reasons: Defects which result in implantation failures are probably much more common than we realize and constitute another area of unexplained infertility. Assaying implantation factors like integrins may lower the incidence of unexplained infertility in our patients.

Prevalence will depend on

- Strategies followed
- Referral pattern
- And how the various tests are interpreted

Effects on fertility

Couples with unexplained infertility suffer from both diminished and delayed fecundity, compared with the normal fertile couples.

Treatment modalities

It's a diagnosis of EXCLUSION!!

In the absence of a correctable abnormality, the therapy for unexplained infertility is, by default, empiric.

Proposed treatment regimens include intrauterine insemination (IUI), superovulation with oral or injectable medications, combinations of IUI with superovulation, and the assisted reproductive technologies (ARTs).

When considering treatment options for couples with unexplained infertility, it is prudent to consider simple treatment before complex treatment and to balance what is known about effectiveness against the cost and adverse effects of different treatments.

Selection of treatment option depends on

- Duration of infertility
- Woman's age
- How extensive was the evaluation?
- Estimated chance of success
- Cost involved
- Risk and side effects of each method
- Couples own preference [1-10].

Conclusions

In summary, evaluation of disease characteristics can help clinicians to select the most appropriate active therapeutic option, thus allowing basic tailoring of treatment modality to the individual. The treatment of unexplained infertility is empirical with different regimens have been used ranging from expectant management, ovulation stimulation with clomiphene citrate, gonadotrophins and aromatase inhibitors, Fallopian tube sperm perfusion, tubal flushing, intrauterine insemination, gamete intra-Fallopian transfer and IVF. This is what we call as hierarchy of treatment.

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