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The Controversial Matter in Management of Infertile Couples (Unexplained Infertility)

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Description

T30% of barren couples overall are determined to have unexplained or idiopathic infertility and the issue is characterized as the absence of a conspicuous reason for a couple's infertility and the females' powerlessness to get pregnant after at any rate 12 patterns of unprotected intercourse or after six cycles in ladies over 35 years old for whom all the standard assessments are ordinary. The veracity of 'unexplained infertility' term has been tested by numerous clinicians and scientists; they accentuate that the task of this title to a fruitless couple is a lot of subject to the amount, quality and nature of the applied symptomatic tests [1,2].

As per the ESHRE rules, vital tests for unexplained fruitlessness are semen investigation, appraisal of ovulation and the luteal stage, and evaluation of tubal patency by hysterosalpingogram or laparoscopy. Be that as it may, there are disputable sentiments about the estimation of endometrial biopsy, ovarian reserve (AMH, AFC), post-coital test and serum prolactin levels.

Our failure to discover the reasons for couples' infertility doesn't imply that there is no reason for the problem. Broad exploration ought to be directed on other potential reasons for bombed origination, for example, ovarian and testicular dysfunctions, sperm and oocyte quality, fallopian transport abandons, endometrial receptivity, implantation disappointments, and endometriosis [3,4].

Management of infertile couples with idiopathic cause needs individualized treatment. Several key variables including age, infertility history, treatment history, costs, and risks should be considered in selection of the suitable treatment plan [1].

The rate of spontaneous conception in these couples is more than the couples with defined causes of infertility and several studies have reported that the rate of spontaneous pregnancy was 13-15% during the first year of attempt which increased to 35% during the next two years of attempt. Moreover, the rate could reach 80% in younger couples during the following three years of unprotected intercourse without any adjuvant therapy. The rate of spontaneous pregnancy drastically declines with infertility duration of more than 3 years and in women over 30 years of age. There are several mathematical models such as Hunault's prognostic model to estimate the rate of spontaneous pregnancy. Therefore, when the chance of spontaneous conception for a couple is so high, no further fertility treatment is needed and the

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best plan for them would be expectant management [1,3,5].

However, the main problem for treatment in these couples is disagreement of physicians on the management of unexplained subfertility. Many of infertility specialists are unaware of latest protocols and procedures approved by ESHRE, ASRM and other societies for managing unexplained infertility. Several other factors including lack of strong evidence, couples impatience for completion of standard protocols and dominance of ART treatment compared to other options in infertility clinics lead to diversity of clinical practice regarding unexplained infertility. Failure in implementation of standard practice for treatment of unexplained infertility leads to overtreatment in most of cases. This practice is mainly accompanied with misdiagnosis and undiagnosed of eligible cases for expectant management [5].

Several expensive, time-consuming and risky therapies of Assisted Reproductive Technology (ART) bring about complications in infertility clinics. For many couples, ART will not increase the chance of pregnancy. It will be favourable for infertile couples and specialists that the first-line treatment would be simple, low-cost and non-invasive [5].

Prognosis of unexplained infertility and its response to above procedures is quite agreeable. However, some problems such as the limited number of these options and high dependence of specialist and couples on ART should not let the physicians offer additional expensive and experimental tests which waste the golden time of couples for pregnancy without any effective results. Through doing more research on reproductive biology and increasing our knowledge of gametogenesis, fertilization, embryo development, implantation and fetus-uterus crosstalk, more effective treatment options in future for infertile couples specially the ones with unexplained infertility would be provided.

References

- Gelbaya TA, Potdar N, Jeve YB, Nardo LG (2014) Definition and epidemiology of unexplained infertility. Obstet Gynecol Surv 69(2):109-115.
- Johnson LN, Sasson IE, Sammel MD, Dokras A (2013) Does intracytoplasmic sperm injection improve the fertilization rate and decrease the total fertilization failure rate in couples with welldefined unexplained infertility? A systematic review and metaanalysis. Fertil Steril 100(3):704-711.
- Hatasaka H (2011) New perspectives for unexplained infertility. Clin Obstet Gynecol 54(4):727-733.
- 4. Isaksson R, Tiitinen A (2004) Present concept of unexplained infertility. Gynecol Endocrinol 18(5):278-290.
- Nardelli AA, Stafinski T, Motan T, Klein K, Menon D (2014) Assisted reproductive technologies (ARTs): Evaluation of evidence to support public policy development. Reprod Health 11(1):76.