

EDITORIAL

At the outset let me wish all our readers a very happy and prosperous 2011. It is with pleasure that we start the new year by releasing the 2nd issue of the journal, more so, because of the stream of appreciative messages that have been coming in since the first issue came out. The journal has been very well received and while it is in early days as yet, I hope that it will continue receiving submissions in the numbers that we have been seeing. While most contributions relate to assisted reproduction, I would like to see more and more articles related to Embryology, Genetics and Fetal Medicine coming in for publication.

The first article of this issue deals with repeated implantation failure (RIF). RIF is a difficult unresolved challenge in reproductive medicine and a source of endless patient frustration and despair. Though far from resolution, several investigative measures and therapeutic interventions have been found to be useful in this complex condition according to the published literature. In this regard, we have a literature based up-to-date report and expert opinion on the diagnostic and therapeutic approach by the international experts Dr Yoel Shafaru and Dr Joseph Schenker.

Medically assisted reproduction sometimes involves treating infertile couples using their own or donated genetic material, whether sperms, eggs or even embryos posthumously. Here comes the need for government guidelines and laws to ensure that these technologies are used safely and responsibly. The subject of posthumous reproduction bears considerable social and medicolegal implications. The medical fraternity has to work within the boundaries of the law of the land. There is need for policy statements on this issue by authorities regulating ART procedures. The medical fraternity has to ensure that valid consent of the deceased is available. The doctors involved have a right to refuse if they are not comfortable with the request. Prior to embarking on ART procedures, adequate mourning time of at least one year should have elapsed for the surviving partner. And such children need to be followed up long-term to study their psychosocial well-being. This will be the basis for future policies and laws on this subject.

Preterm Delivery (PTD) is a serious condition with considerable impact on fetal mortality and morbidity. Managing the complications of PTD puts a major financial burden on community resources. Cervical incompetence accounts for 8 to 9% of preterm deliveries. The diagnosis of incompetent cervix is based upon historical, clinical and sonographic findings. Sonographic signs of cervical incompetence often present prior to clinical signs and include shortening of cervical length and funneling. Dr Arnon Agmon and Igal Wolman, Israel have comprehensively explained the diagnosis and management of short cervix in singleton pregnancies.

There have been numerous advances in the area of assisted reproduction. Among the various reasons of implantation failure, intrauterine lesions play an important role and account for 25%, which when rectified by hysteroscopy gives a considerable increase in pregnancy rate. According to the study conducted in Lilavati Hospital And Research Center by Dr Rutvij Jay Dalal and Dr Hrishikesh Pai, evaluating the uterine cavity is an important step before any assisted reproductive procedure.

Endometriosis is a common gynecological condition, which affects approximately 10% of women of reproductive age. Relating to the same, we have an article on Endometrioma and ART and the author has concluded that pretreating endometriomas by aspirating the cysts and administering three doses of GnRH analog depot preparation prior to IVF/ICSI seems to be better than administering GnRH analog depot preparation alone or aspirating the cysts alone in terms of the number of days required for stimulation, the number of oocytes obtained and the clinical pregnancy rates.

Adherent placenta is a rare but life-and-fertility threatening condition with a rapid increase in the incidence in this decade. Cesarean hysterectomy, the traditional management, is associated with very high morbidity due to massive blood loss and adjacent organ damage. Dr Zakia Firdous from Fernandez Hospital has showed that internal iliac artery occlusion balloon catheters minimize blood loss and transfusion requirements, and therefore have a promising prospect as a morbidity reducing measure and life saving intervention.

Lastly, we have two interesting case reports: Ovarian Ectopic Pregnancy following Assisted Reproduct Techniques and Unsuspected Acquired Hemophilia in case of postpartum hemorrhage.



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