

EDITORIAL

Female fertility declines with age, but it is difficult to predict the pace of reproductive decline in an individual woman. Maintenance of regular cycles till the fertility potential has reduced to almost zero, makes many females unaware of this phenomenon. Ovarian reserve tests play a role in predicting the reserve of a woman which could help her to plan her reproductive career. They are very useful in patients at high risk of diminished ovarian reserve, as their positive predictive value is found to be high. If poor ovarian reserve is diagnosed in women with reduced reproductive lifespan at a stage in their lives, preventive measures like cessation of smoking, careful surgical technique during ovarian surgery like avoiding excessive ovarian drilling and diathermy could be taken. Patients undergoing chemotherapy or radiotherapy should be explained about the various options available for fertility preservation. Adjuvant therapies like ecosprin, DHEAS and growth hormone show some benefit in improving the oocyte yield. Lack of a definitive treatment strategy makes management of such patients a challenge to the reproductive specialist. Elective social oocyte cryopreservation and use of stem cells are promising modalities for the future. All these issues have been covered in length in a review article by Dr. Mala Arora.

The most common endocrine disorder in women with rising prevalence is polycystic ovarian syndrome and its management is usually medical and some resistant cases may require surgical treatment in the form of laparoscopic ovarian drilling. In a study conducted in clomiphene resistant cases, the author has clearly enunciated that optimal ovarian drilling avoids the need of medical therapy, lowers the miscarriage rates and also lessens the risks of hyper stimulation and multiple pregnancies.

Oocyte cryopreservation is a technique recently gaining much attention and is an important part of assisted reproduction. Dr. Mandeep Kaur reports the first case in India using frozen oocyte and frozen sperm, resulting in term uncomplicated live birth following single embryo transfer.

In addition, we also have two other interesting care reports on fetal cardiac rhabdomyoma and noninvasive management of maternal rhesus alloimmunization.

I am pleased to inform all of you that the journal's impact factor has been increasing. This is indeed good news for authors who publish in IJIFM and hope to have their work cited. We ask you to publish increasingly in our journal. We are especially interested in original research and reviews in the following areas: Assisted reproductive technology, endoscopy, reproductive endocrinology, genetics, fetal medicine and high risk obstetrics. Benefits to authors include a team of international medically qualified editors as well as widespread dissemination with online as well as print issues. We hope to receive more and more of your articles for our upcoming issues.

Life Conference 2013 is also on the anvil. After the resounding success of Life 2011 & 2012, we are coming up with LIFE 2013 on 8th, 9th & 10th November 2013 in Bangalore. Being organized under the banner of the International Institute for Training & Research in Reproductive Health (IIRRH), the parent body which brings out this journal, the conference will showcase the latest trends and techniques in the fields of infertility and high-risk pregnancy. We are proud to announce that this year we will be joined by renowned international faculty Prof Alan Duchene, Carlos Simon, Gerard Visor, Howard Carp, and Robert Fischer. The highlight of this year's conference will be its telecast live via video conference (2 way audio and 2 way video) to those OBG societies interested in participating in the same. We look forward to all of you joining us in this year's Life 2013.

Kamini A Rao
Editor-in-Chief