

In vitro fertilization and allied techniques are more or less very well standardized now and are being practiced in a standard manner all across the globe. Oocyte recovery is one such important procedure, which is now very well standardized and practiced in the same manner under transvaginal ultrasound guidance. It is a simple, safe, and minimally invasive technique that is easy to learn and provides easy access to stimulated ovaries. It can be used in almost all cases except very few difficult scenarios where ovaries are not accessible vaginally. Options available in such cases are transabdominal ultrasonography (USG)-guided or, in rare instances, laparoscopic guidance. Review article on this subject focusing on the laparoscopic retrieval along with case series is worth reading. The article focusses on the limitation of the procedure and reviews the possible indications of laparoscopic approach in current practice, its rarity aspect with special emphasis on the need for specific infrastructure and expertise.

Intracytoplasmic sperm injection (ICSI) has been suggested to avoid total fertilization failure in IVF. However, there are occasions when even with ICSI, there is poor fertilization. Calcium ionophore activation of egg and sperm has been used in such cases to enhance fertilization. The review article focuses on the paucity of literature and the need for more randomized studies to find the right place for calcium ionophore activation in clinical practice.

Another original article that seems very important and relevant is about the role of Matrix Metalloproteinases (MUM-1) Immunohistochemistry (IHC) as a useful marker to detect chronic endometritis due to


tuberculosis. It concludes that MUM-1 IHC is a useful marker to rule out endometrial involvement in Genital Tuberculosis (GTB) owing to its high specificity and can be recommended in conditions in which histopathology and GeneXpert are negative; however, more prospective studies are needed to confirm the findings of the present study.

Articles on Intrauterine insemination (IUI), recurrent pregnancy loss, and recurrent implantation failure do give an insight into the subject and open up a few important clinical questions that need to be answered. Before concluding this viewpoint, I would like to invite original articles of clinical relevance, case reports, and letters to the editor for our upcoming issue.

Kuldeep Jain

Submission: 31-05-2023, **Accepted:** 31-05-2023, **Published:** 30-June-2023

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code: 	Website: www.fertilityscienceresearch.org
	DOI: 10.4103/fsr.fsr_24_23

How to cite this article: Jain K. Editors view point. *Fertil Sci Res* 2023;10:67