

Editor's view point

In spite of tremendous advances in the field of reproductive medicine, there are many debatable issues in the diagnosis as well as the management of infertile couples. This issue is focusing on a few of these contentious matters. Unexplained infertility is one such entity, which is full of dilemmas and controversies with regard to its diagnostic criteria as well as management. The Editorial of this issue is devoted to examine some of these debatable points.

Diminished ovarian reserve is another challenge for all clinicians, and the use of Anti-mullerian hormone (AMh) to diagnose this condition is increasing. However, the actual role of AMh in the work up of infertility still remains debatable. The Review Article on AMh in this issue is an excellent informative article and goes beyond the use of AMh in cases of decreased ovarian reserve.

There are two excellent articles on male infertility dwelling upon the advanced technology of surgical sperm recovery with intracytoplasmic sperm injection, the importance of mapping and reconstructive surgery, and stresses on the proper examination and diagnosis so as to offer the best available modality to infertile males.

The Review Article on genital tuberculosis examines a different aspect of the disease and its association with genetic polymorphism. It highlights the role of amplification refractory mutation system – multigene/multiprimer polymerase chain reaction in the detection of gene polymorphism in genital tuberculosis. Though this is a new concept altogether and requires more research, this article can be used as an initial step in the future direction.

Recurrent implantation failure is an area of concern for all fertility professionals, and various interventions are suggested to improve the chances of successful implantation. Most of these interventions remain in controversy and are not supported by well-designed

studies; thus, these interventions do not find its place in routine clinical practice. An Original Article on scratching concludes the efficacy of the procedure in a selected group of patients.

The comparative study on letrozol versus clomiphene brings letrozol again in focus and concludes that it can be used as first-line drug in patients with polycystic ovary syndrome because of comparable ovulation rates and better endometrial response. However, more robust and larger multi-centric studies are required in the favor of letrozol as first-line drug. Till then, clomiphene continues to enjoy its status as the most preferred drug for ovulation induction.

All readers are invited to send critical comments and feedback on the usefulness of these articles through Letter to Editor.

Happy reading!

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