

Editor view point - Ovarian hyper stimulation syndrome

Current issue is having a very important topic of clinical importance chosen as editorial. As the survival of cancer patients has increased considerably over the years and due to increasing awareness of the option of fertility preservation being discussed before chemotherapy or radiotherapy, more and more people are opting for fertility preservation techniques. Egg freezing and embryo freezing are being offered routinely to these patients. However, ovarian tissue cryopreservation is still not offered at most of the places. The editorial on ovarian tissue cryopreservation looks at the current status of its usage, protocols, outcome, and expanding indications. I am sure this information will be very useful to all readers to counsel these young cancer patients regarding the better use of technology of fertility preservation.

Problem of OVARIAN hyperstimulation stimulation syndrome (OHSS) still remains a nightmare for all clinicians. Though with the use of antagonist protocol, well-planned strategies, and concept of OHSS free clinics, the incidence of OHSS has decreased up to a certain extent but there is more to this iatrogenic condition which requires a closer look and further insight. Review article on OHSS in this issue fulfills this genuine need to update. Other two review articles are on controversial subject of DNA fragmentation and progesterone-primed stimulation protocols and focuses on the current status of their use in clinical practice.

Sperm morphology as a predictor of outcome in *in vitro* fertilization (IVF) cycle is documented by many authors in the past. Original research article adds more information on effect of sperm morphology in intracytoplasmic sperm injection (ICSI) cycles. Poor responders in current practice are increasing day by day. Multiple strategies are suggested and being practiced to improve outcome. But unfortunately, none of the interventions are applicable to all groups of poor responders and there is a need for more well-controlled studies and useful data on

these interventions to be more useful for this clinical entity. Other original articles in this issue are also much relevant and of clinical significance and add to information available on the subject.

I am happy to inform all contributors that from next issue, journal will be accepting the original articles in different sections separately like andrology, clinical artificial reproductive techniques (ART), reproductive endocrinology, reproductive genetics, fertility preservation, clinical embryology, and reproductive surgery. I am sure this will provide a wider coverage of the subject and will prove useful to our readers.

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