Editorial

Editorial Commentary

Very warm greetings for the Year 2021!

The first issue of the year brings forth original articles addressing different aspects of male and female infertility and case reports of rare but interesting clinical scenarios.

Wadadekar et al. using an internationally validated assessment tool (FertiQoL) show in a study of infertile Indian couples that women score worse than men in emotional and mind–body domain. It identifies the important issues to be addressed during counseling such couples. Intrauterine insemination (IUI) continues to be an important treatment modality for infertile couples despite its modest success rates. A novel study by Pekcan et al. does not identify any one or a set of hematological inflammatory marker/s as predictor of clinical outcomes in women undergoing IUI.

This issue includes two studies in women with polycystic ovarian syndrome (PCOS). A study by Permadi et al. evaluates the role of a plant-based molecule in alleviating insulin resistance and dyslipidemia in obese PCOS women. While it reports significant benefits over a short period of time, the findings do support the existing evidence that a multidisciplinary approach rather than pharmacological intervention alone is necessary for a sustained improvement. The study by Singh et al. adds to the body of evidence that elevated basal luteinizing hormone (LH) or LH/follicle-stimulating hormone ratio do not adversely affect the in vitro fertilization (IVF) outcome in women with PCOS, suggesting that interventions to suppress these biochemical alterations are not indicated.

Hussein et al. report that progesterone/estradiol ratio may be a better prognostic indicator of clinical outcomes in IVF than elevated progesterone alone. The findings have important implications for timing embryo transfers, if replicated in studies with large sample sizes. Majiyd et al. address the impact of a combination of double trigger and delayed oocyte retrieval in the distressing situation of genuine empty follicle syndrome (GEFS). This article assumes importance due to the scarcity of published evidence of an effective management strategy for GEFS. An interesting article by Iyer et al. highlights the negative impact of advanced glycation end products on reproductive outcome in certain subsets of women undergoing IVF. It would be interesting to observe whether any pretreatment interventions may mitigate such an adverse impact. Deepti et al. report similar perinatal outcomes in ICSI following surgical retrieval of sperms and ejaculated samples, from a single Indian center. It is reassuring that the outcomes are similar to those derived from large international databases.

An article by Sireesha et al. addresses an important and not often addressed question impact of laparoscopic excision of benign ovarian cysts on ovarian reserve. The study documents a decline in anti-Müllerian hormone (AMH) following surgery in all types of benign cysts over 3 months. It would be interesting to note the magnitude of decline in AMH values after a longer follow-up. A comparative study of hysteroscopic septum resection with mini-resectoscope and conventional resectoscope by Roy et al. evaluates benefits and limitations using mini-resectoscope for uterine septum resection.

This issue has two interesting studies addressing pregnancy losses. Das et al. identify an association between diminished chemokine receptor 4 in chorionic villi and decidua and occurrence of spontaneous miscarriages, for the first time in humans. The study by Issa et al. explores specific gene polymorphisms causing inherited thrombophilia in women with recurrent pregnancy loss.

A study from Indonesia by Ayuandari et al. reveals that only 40% of health-care professionals treating cancer affected young people refer them to fertility experts for possible fertility preservation. However, an understanding of the current scenario gained through this nationwide survey should see an increase in the inter-disciplinary co-ordination and referrals for fertility preservation, as has been the experience in other countries of the region and globally.

The issue has four interesting case reports ranging from aberrant karyotypes associated with premature ovarian failure to possible way forward in identifying women with seronegative obstetric antiphospholipid antibody syndrome with pregnancy morbidities. Two case reports address challenges of achieving pregnancies through IVF in women with endometrial problems, be it persistent fluid collection or a negative impact of maintenance chemotherapy on endometrium.

I request the aspiring authors to refer to the website of the journal, www.jhronline.org for the most recent updates in the instructions for authors. Preparing the manuscripts accordingly will reduce the time they spend in revisions and improve the timeliness of publication. I encourage authors to include an ethics committee approval number in addition to the statement on ethics approval in their submissions. It is an absolute
requirement for clinical trials to be prospectively registered in one of the specified clinical trial registries. I am distressed to see submissions of interventional and randomized controlled trials without a clinical trial registry number and consequently rejected. Furthermore, it would be necessary for the authors of interventional studies to include a statement on data availability and sharing as recommended by ICMJE.[1]

The entire editorial team of JHRS joins me in gratefully acknowledging the peer reviewers. A complete list of the reviewers for the year 2020 is included in this issue. We are indebted to them for the high quality and timely inputs they provide to enhance the value of the manuscripts published in the journal.

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1. Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors. Available from: http://www.icmje.org/news-and-editorials/data-sharing_june_2017.pdf. [Last accessed on 2021 Mar 13].