

One method of treating psychic cause of infertility

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Objective

It is known that according to infertility research, idiopathic cause makes 20% of it (apart from the already known causes, none was discovered during the research). Some researchers consider that these causes could be completely assigned to psychic cause, but most of them agree that more than a half of idiopathic infertility has a psychic origin. What can we do in these cases, since this percentage is also significant?.

Methods

At the moment of the first operation (in 2011), the patient is 32 years old, her anamnesis doesn't include child births or abortions, tubal abortion occurred in the right fallopian tube. Discharge papers IGA KCS no. 525 from 24. 01. -27. 01. 2014. Dg: Metrorrhagia post amenorrhoeam. Tu adnexorum I. dex. Liquidoperitoneum. Operative Dg: Abortus tubae I. dex Op: Hysteroscopio et laparoscopio facta est. Evacuatio ovulii et anguis. Lavage. Drainage cavi Douglasi. HP: MA (macroscopic): Numerous oval and thread-like, fragile, light and dark brownish tissue fragments, total mass of about 5gr. MA (microscopic): Only blood and fibrin present, without usual tissue elements. Following her doctor's advice, she makes a pause of at least four months and tries to get pregnant. The same year, she is admitted to hospital, discharge papers IGA KCS no. 13192 from 01. 11. 2014. -11. 11. 2014. with Dg: Metrorrhagia post amenorrhoeam. Tu adnexorum I. sin. obs. graviditas EU. St. post tubarius I. dex. et laparoscopio a. m. IX. Postoperative Dg: Graviditas tubaria I. sin. Haematoperitoneum. St. post ab. tubarius I. dex. et laparoscopio a. m. IX. Operatio: Salpingectomia I. sin. Lavage. HP: Residua graviditatis. Taking her personal gynecological anamnesis into account, in vitro fertilization is indicated (tubal reason of secondary infertility) during 2013. A short protocol of IVF/ET programs is carried out, considering that there haven't been any conception difficulties and that the patient is 34 years old at that moment. Also, hormone analysis point to sufficient ovarian reserve. In the first IVF/ET attempt, the patient gets pregnant. There haven't been any problems during her pregnancy or vaginal delivery. At the control examination a year after the delivery, the patient said that she would like to get pregnant for the second time, and she was advised to try it naturally. After three months she came with late menstrual period and an ultrasound examination showed vital pregnancy. As the first time, pregnancy and vaginal delivery went without any problems.

Results

After the first operation we came to a conclusion about the probable cause of infertility and the need for doing an HSG test, which wasn't done to the patient earlier, but it was only said that after a period of four months she could start trying to get pregnant. Since the pregnancy was ectopic again in the other fallopian tube and salpingectomy was done, there were no reasons for further infertility research and in vitro fertilization was indicated to the patient, which was instantly approved. If an HSG (hysterosalpingography) test had been done after the first operation, would it have changed the pregnancy outcome? We don't know, but most probably it wouldn't. And should an HSG test have been done after the second operation if we know that ovum expression had been done during the first operation and that there is a fallopian tube?.

Conclusion

We think that in vitro fertilization was properly advised to the patient, and thereby the psychic cause of infertility was eliminated, if we could call it like that, which is really difficult to do. This would be one of the ways how we affected the psychic cause of infertility, and it was very successful in the given case. Besides the protocols for infertility treatments, we must also include the individual approach, which sometimes is not in accordance with the protocol, considering the sensitivity and great importance of the newly diagnosed condition.