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EDITORIAL

Editor's Choice

André Van Steirteghem

E-mail: vansteirteghema@humanreproduction.co.uk

An intriguing Opinion article in this issue raises the question of whether patients might be able to perform their own vaginal sonographies at home. To make IVF more *patient-centred and friendly*, 'self-operated endovaginal telemonitoring' is proposed. There is still a long way to go before this idea can be put into clinical practice. The authors wish to solicit reactions to their idea and *Human Reproduction* is a willing host for this forum (p. 562).

As part of the ongoing debate '*What next for PGS?*', ESHRE's PGS Task Force announces a 'proof of principle' trial. First and second polar bodies will be analysed by array-based technology for the complete chromosome analysis. If the chromosomal status of the oocytes can be established in a timely way, a randomized controlled trial will then examine whether ART clinical outcome can be improved (p. 575).

The 17th report from the ESHRE Task Force on ethics and law discusses the difficult subject of lifestyle-related factors and access to medically assisted reproduction. The key question being considered in the report is should access to infertility treatment of obese, smoking or drinking patients be conditional on prior lifestyle changes? (p. 578)

An article in the series '*Developments in Reproductive Biology and Medicine*' puts forward the idea that the knowledge of the mechanisms of human tubal ectopic pregnancies can be increased by studying tubal transport in several knockout mouse models (KO mice for caspase I, cannabinoid receptor and DicerI) (p. 584).

Mean birthweight of singleton ART children is lower than after natural conception. In experimental models, *in vitro* culture has been shown to be a risk factor. Singleton pregnancies' outcomes were compared when oocytes and embryos were cultured in two different commercially available sequential culture media. Adjusting for several influencing factors, birthweight was higher in one of the media indicating that *in vitro* culture can affect birthweight of live born singletons (p. 605).

Efficacy and safety of treatment of pain associated with endometriosis was investigated in a non-inferiority randomized controlled trial comparing dienogest (a progestin) with leuprolide acetate. Progestin and leuprolide acetate demonstrated equal efficacy in relieving pain, but progestin had some advantages in terms of safety and tolerability (p. 633).

A small-scale prospective randomized study compared two laparoscopic procedures for treating ovarian endometrioma: laparoscopic cystectomy or a 'three-stage procedure'. Sonographic indicators of ovarian reserve were measured. Both methods were comparable for ovarian volume and vascularization, but more functional ovarian tissue was present after the three-stage procedure (p. 672).

Which protocol to use for ovarian stimulation for IVF in patients with polycystic ovary syndrome is still debated; a randomized controlled trial compared flexible GnRH antagonist protocol with GnRH agonist long protocol. Similar pregnancy rates were observed for both protocols, but the GnRH antagonist protocol had a lower incidence of ovarian hyperstimulation syndrome (OHSS), less gonadotrophins were needed and the stimulation treatment duration was shorter (p. 683).

A case–control study investigated specific pigmentary traits and sun habits in women with endometriosis and controls. Women with endometriosis have a specific photosensitive phenotype and protect themselves more from the sun. A shared genetic background between pigmentation and endometriosis is put forward (p. 728).

I rarely, if ever, include '*Letters to the Editor*' among my Editor's Choices. However, fatal outcomes after ART treatment do occur, albeit exceptionally but these deaths are sometimes considered to be underreported. We consider it important that deaths after ART do appear in the literature. This fatal case concerns a patient with OHSS with a perforated duodenal ulcer. The latter complication should be considered one of the associated complications of OHSS (p. 808).