Welcome to the July-August 2015 Editor-in-Chief’s page. This issue will focus on articles that have particular importance and relevance for the future practice of our medical discipline with specific emphasis on management of infertility.

In This Issue:

Is Intracytoplasmic Sperm Injection Success Affected by the Testicular Histopathology in Non-obstructive Azoospermic Patients?

L. K. Sokmensuer, M. Kose, A. Demir, G. Bozdag, O. Gokoz, and S. Gunalp

Male-factor infertility evaluation has focused on sperm quality and quantity. However, quantitative sperm counts, morphology, and motility have limitations in predicting the success of subsequent treatment and pregnancy rates. This study focused on testicular histopathology at the time of testicular biopsy and sperm extraction for subsequent IVF cycles. The patients were selected in advance with the criterion of nonobstructive azoospermia. The investigators were able to classify the biopsy results into 5 distinct histologic groups. Not surprisingly, men with normal or hypospermatogenesis were linked to the highest fertilization and clinical pregnancy rates. The value of reviewing the testicular histopathology is apparent: the groups with Sertoli-cell-only, maturation arrest, or mixed patterns had poorer prognoses for successful pregnancies and might therefore be reasonably considered for
donor sperm, given the high cost of failed IVF cycles.

- **Number of Intermediate Follicles: An Independent Risk Factor of Multiple Pregnancies in Intratuterine Insemination Cycles with Recombinant Follicle-Stimulating Hormone**
  E. Scalici, S. Bechoua, C. Jimenez, K. Astruc, and P. Sagot

One of the major concerns for practitioners offering assisted reproductive technologies to infertile patients is the occurrence of multifetal gestations. The investigators performed a retrospective evaluation of patients who were undergoing ovarian stimulation with recombinant follicle-stimulating hormone prior to intratuterine insemination (IUI). For many such patients the combination of some form of ovarian stimulation and IUI is a less expensive treatment when compared with conventional IVF. To predict the risk of subsequent multifetal pregnancies, this group examined the relationship between follicle size and number and serum estradiol (E2) levels. Their findings demonstrated that the number of intermediate follicles (between 12–15 mm) on the day of ovulation induction and E2 levels exceeding 1,000 pg/mL were independent and significant risk factors for multiple pregnancy. This information could prove useful to clinicians who are providing this infertility treatment for counseling their patients and possibly avoiding IUI when the risk for multiple pregnancy becomes unacceptably high.

- **Vaginal Swab Levels of CA125 Are Related to Time of Cycle in Ovulatory Women: A Pilot Study**
  S. J. Usala, W. C. Biggs, and F. O’Brien-Usala

While much of the management of fertility problems relies on high technology, studies like this one show that lower technology approaches may confer some value. A small group of women were followed through their ovulatory cycles by obtaining daily vaginal swabs that were then assayed for CA125. CA125, also known as mucin 16, is a glycoprotein that has seen considerable use as a biomarker for ovarian cancer. In this particular application, CA125 levels increased during the follicular phase of the cycle and reached their highest levels during the period of presumptive fertility when indexed to the first day of a positive urine luteinizing hormone. These findings suggest a potential role for such testing in determining the optimal timing of intercourse for those seeking pregnancy as well as the optimal timing for avoiding intercourse for those couples that desire natural family planning methods. As this was a small, pilot study, these results would require confirmation by much larger numbers of patients studied as well as the inclusion of infertile patients with oligomenorrhea of varying etiologies.