

**EXPERT'S VIEW ON "BASIC INFERTILITY WORKUP FOR THE GENERALIST"**



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As is well known, 15% of couples will fail to achieve pregnancy after one year of unprotected coitus and 7% after two years. It is appropriate to begin an evaluation after 6 months of infertility when the female is 35 years old or greater. In those females younger than 35, it is standard practice to wait until 12 months have elapsed without success. Exceptions to this would be obvious issues such as oligoovulation, suspected tubal disease or chronic pelvic pain.

As with all diseases, paramount in the evaluation of the infertile couple is a well taken history. Menstrual cycles that are not occurring between twenty-five and thirty-five days would quite likely be associated with anovulation or poor quality ovulation. Menorrhagia raises the possibility of a uterine cavity problem, such as a submucous fibroid, polyps or hyperplasia. Weight gain, hirsutism and acne suggest Polycystic Ovarian Syndrome. A history of dyspareunia, worsening dysmenorrhea or progressively more problematic pelvic pain suggests the possibility of endometriosis or adhesive disease.

The physical exam is obviously important. One must identify the presence of thyromegaly, hirsutism, acne, obesity and Acanthosis Nigricans. Galactorrhea, culdesac nodularity or a pelvic mass are also key findings.

The male history is equally important. Issues of erectile dysfunction, discomfort with urination and/or ejaculation and toxic environmental exposures need to be explored.

All infertile females should have a TSH and fasting, a.m. Prolactin. A day 22 Estradiol and progesterone are useful to initially evaluate ovulation and ovulatory quality, desiring the Estradiol to be greater than 100 pg/mL and the Progesterone to be greater than 10 ng/mL. If there is any hint of PCOS, then Total Testosterone, DS, FBS,

and fasting Insulin are appropriate. A test of ovarian reserve is indicated in any female who is 35 years or older. Patients with advanced endometriosis or prior ovarian surgery should also be tested. This is most easily accomplished with a menstrual day 3 FSH and Estradiol. An FSH greater than 12-15 IU/mL is abnormal in most labs, as is an Estradiol greater than 75 pg/mL. An early HSG is often quite helpful to not only evaluate the fallopian tubes but also the uterine cavity. An exception to this would be the situation where laparoscopy is clearly indicated; in these cases the HSG is superfluous. The use of a saline infusion ultrasound evaluation of the uterine cavity may also be helpful in the infertile female evaluation. If the decision is made to carry out a surgical pelvic assessment, then it is strongly recommended that this be performed only if the operator is prepared to treat adhesions or endometriosis, if found. Hysteroscopy is a very helpful adjunct to laparoscopy to fully evaluate the female pelvis. The presence of micropolyps suggests Chronic Endometritis and a curettage should be performed.

A semen analysis is clearly needed as part of the initial assessment of all infertile couples. If this suggests a chronic prostatitis, then semen cultures are often helpful. Motility issues would suggest the potential of sperm antibodies and hence antisperm antibody testing is selectively useful.

I suspect that the well-trained generalist should be able to nicely handle 70% of those patients presenting with a complaint of infertility. This initial process should take less than 6 months. The key to good infertility management is to have a treatment course outlined with realistic end points and appropriate subsequent referral.

**Editor's Comments:**

This section was designed to invite a chairman or division head to contribute their point of view on the topic presented. I decided however, to invite Dr. Pellegrini to contribute his remarks, since he represents the best combination of a generalist who is extremely knowledgeable in all aspects of general infertility as well as practicing Advanced Reproductive Technology procedures. I am thankful for the privilege to share his point of view on the subject