Successful live birth in a woman with premature ovarian insufficiency and male factor infertility: A case report and management strategies

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ABSTRACT

Introduction: Premature ovarian insufficiency (POI) is the loss of normal ovarian function before the age of 40 years, which affects approximately 1% of women. It is characterized by amenorrhea with hypoestrogenic and hypergonadotropic conditions, causing infertility. **Case Description:** A 36-year-old woman, was referred for secondary subfertility. Her first spontaneous pregnancy was 9 years ago. She has been having irregular menses for a year. There were raised follicular stimulating hormone and luteinizing hormone, 30.94 IU/L and 15.6 IU/L, respectively; low oestradiol level of 18.35 pmol/L. The anti-Mullerian hormone (AMH) was 0.336 pmol/L. Semen analysis was severe oligoasthenoteratozoospermia (OAT). Hormone replacement treatment (HRT) was initiated, followed by natural and mild stimulation IVF cycles. On the fifth IVF cycle, two oocytes were retrieved and fertilized. Cleavage-stage embryos were transferred. The pregnancy progressed well and she had induction of labour at 38 weeks gestation for gestational diabetes mellitus on metformin. She delivered a 2.7 kg baby girl. **Discussion:** POI is rare and the majority of cases were of unknown aetiology. Some causes include genetic predisposition, autoimmune and enzymatic disorders, infections, and iatrogenic. Reduced fecundity in POI is due to a premature decrease in the follicle number, an increase in follicle destruction, or poor follicular response to gonadotropins. Besides oocyte donation, the management strategies include HRT, ovulation induction, ovariectomy for ovarian tissue cryopreservation, followed by *in vitro* activation (IVA), and immediate ovarian stimulation and *in vitro* fertilization. Therefore, pregnancy is possible in some POI patients in which ovarian stimulation with hormone replacement should be considered.

A case of complex mullerian anomaly

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ABSTRACT

Introduction: Mullerian anomaly is a rare congenital condition resulting from malformation of the female genital tract. We present a case of a complex Mullerian anomaly managed in our center. **Case Description:** A 23-year-old, nulliparous, Rungus lady with no medical problem, came to us with a complaint of abnormal menses and primary infertility for two years. Pelvic ultrasound revealed a septate uterus with a broad fundus and bilateral polycystic ovaries. Both kidneys were normal. External genitalia were unremarkable with a normal vagina and a single cervix. MRI showed a complete septate uterus which extended from the fundus to the internal os. Diagnostic laparoscopy and hysteroscopy revealed an endocervical septum which was resected. However, there was no access to both uterine cavities. The uterus was broad at the fundus. Both fallopian tubes and ovaries were normal. Her hysterosalpingogram showed 2 uterine cavities of equal sizes with patent bilateral fallopian tubes. The patient was counselled for corrective surgery via a minimal approach technique, to improve her fertility chances and to allow a proper endometrial assessment. Laparoscopy-guided metroplasty using resectoscope was performed successfully and IUCD was inserted to ensure patency. **Discussion:** Due to the wide variety of possible Mullerian anomalies, there is no standardized one-for-all management. Diagnosis requires a multi-modalities approach. Surgical plans are challenging and usually tailored to an individual's condition based on the clinician's experience. This makes reporting such cases paramount for others' reference.