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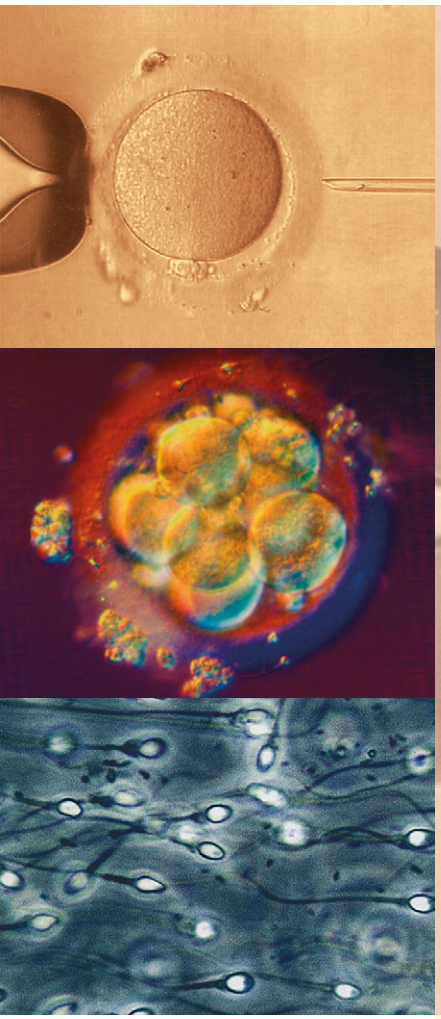

Editorial: Diagnostics in Assisted Fertilisation and Reproductive Genetics

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Diagnostics in Assisted Fertilisation and Reproductive Genetics


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Reproductive medicine deals with human reproduction and reproductive problems. The field not only intersects with genetics, gynecology, andrology, and urology but it also touches on questions of ethics and law. Due to the field's impressive progress, female and male infertility are no longer an inevitable fate but have become individually treatable.

Parallel to the continuous improvement of assisted reproductive technologies (ART), we see a heightened awareness of the relationship between infertility and underlying or resulting genetic risks for the desired offspring.

Paying tribute to this development, the German Society for Reproductive Medicine (DGRM) placed the focus of its recent course in continuing education on the clinical, cytogenetic and molecular-genetic aspects of reproductive genetics. Last year's DGRM School was held on September 27, 2008 at the Medical Center of the University of Regensburg. Among the 50 participants were physicians in reproductive medicine, geneticists as well as other scientists.

According to the guidelines of the German Medical Association, a genetic family history should be compiled prior to a couple's infertility treatment. In case of an evident risk, genetic counseling needs to be advised. In cases of severe oligoasthenoteratozoospermia, non-inflammatory azoospermia, genetically determined diseases, fertility disorders in the family, recurrent miscarriages and stillbirths, recommending genetic counseling is obligatory. Polar body diagnosis (PBD) also requires prior genetic counseling. PBD is a successful and meanwhile established method for the diagnosis of monogenic diseases and thus an effective support for genetic carriers of hereditary diseases to bear healthy children. A clinically validated polar body analysis for aneuploidy testing of all 23 chromosomes will soon be available, marking yet another advancement in the clinical practice of IVF treatment.

It goes without saying that physicians in the field aim at achieving an intact pregnancy and the subsequent birth of a healthy child after as few treatment cycles as possible. However, since in vitro fertilisation (IVF) cannot surpass nature, the pregnancy rate per embryo transfer worldwide amounts to approximately 30 %, independent of whether two or three embryos are transferred. The age of the female patient population attempting treatment has increased dramatically over recent years. Since we know that oocyte aging causes the accumulation of chromosomal imbalances, aneuploidy rates between 70 to 80 % must be expected in women past the age of 40. Therefore we would like to assume that the birth rate after embryo transfer from tested euploid oocytes will rise – possibly at the expense of cycles not leading to an embryo transfer, however.

The seven review articles in this issue certainly transmit the highly relevant and interesting topics of the course.

Our thanks go to the authors!

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