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Latent genital tuberculosis adversely affects ovarian reserve in infertile women

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There is increasing evidence indicating to the presence of genital tuberculosis in its latent form in up to 30% women with infertility. Current evidence shows that its presence is detrimental to fertility and its treatment improves the clinical outcomes of various fertility treatments including IVF. The detection rate is extremely low with the conventional diagnostic modalities such as histopathology and microscopy and culture. Using immunohistochemistry and DNA PCR to identify *Mycobacterium tuberculosis* in a large group of women with a diagnosis of unexplained infertility, endometrial sampling shows the presence of MTB in one-third of the women investigated. It is noted that Indian women undergoing IVF for infertility tend to be poor responders at an earlier age than their Western counterparts. An evaluation of the available data in nearly 800 women shows a strong correlation between latent genital tuberculosis and reduced ovarian reserve as noted by a low AMH level. Possible molecular mechanisms involved are being evaluated.

Biography

Padma Rekha Jirge, MRCOG (UK), FICOG trained as Clinical Research Fellow at Assisted Conception Unit, Royal Infirmary, Glasgow. She is the Scientific Director of Sushrut Assisted Conception Clinic-a reputed private tertiary referral centre for infertility in Kolhapur, India. She has 7 publications in international journals; serves as a reviewer for the Journal of Human Reproductive Sciences and is part of a Special Interest Group for Indian Society for Assisted Reproduction, to devise clinical guidelines for infertility management in India.

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