Letters to the Editor

Estimation of spontaneous pregnancies in patients after unsuccessful ICSI treatment

Dear Sir,

We read the article by Almagor et al. with great interest (Almagor et al., 2001). This article aimed to provide data about the occurrence of spontaneous pregnancies in cases of severe oligo-asthenozoospermia. This is a very interesting topic, since there is currently no prospective study available on the occurrence of a spontaneous pregnancy in relation to semen parameters. This may be due to the fact that people seek medical help only when they realize that they have a fertility problem. However, such pregnancies are roughly estimated by follow-up of couples who have undergone unsuccessful ICSI treatment for severe male infertility. We wish to draw attention to the calculation method used in the article by Almagor et al. 2001. In their study the authors calculated the occurrence of spontaneous pregnancies in 85 couples who underwent 119 ICSI treatment cycles. Twenty-seven clinical pregnancies were obtained after the ICSI treatment. Another five of these patients conceived spontaneously after discontinuation of their ICSI treatment cycle.

The authors calculated the spontaneous pregnancy rates in all 85 patients undergoing ICSI treatment. However, in order to calculate the spontaneous pregnancies, the authors also included the 27 couples (32%), who became pregnant after ICSI. This underestimates the real treatment-independent pregnancy rate. Furthermore, couples whose ICSI-treatment result in pregnancy may also later have a spontaneous pregnancy. In a paper we published earlier (Osmanagaoglu et al., 1999), we estimated the occurrence of spontaneous pregnancies in a similar way. However, we feel that we underestimated for the reasons given above. It would have been better to calculate the spontaneous pregnancy rate after excluding couples with treatment-related pregnancies.

In the article by Almagor et al. 2001, patients were re-enrolled after achieving a treatment-independent pregnancy. This may then result in an overestimation of the spontaneous pregnancy rate in severe oligo-asthenozoospermic patients. To our minds, the above remarks would condition a better idea of the possibility of achieving spontaneous conception in the series of Almagor et al. 2001.

References


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Dear Sir,

We appreciate the interest of Dr Osmanagaoglu and colleagues in our report (Almagor et al., 2001). Their comments bring up the question of accurate estimation of spontaneous pregnancy rates in couples with severe oligoasthenozoospermia.

We agree with their suggestion that the true rates of spontaneous pregnancy in severe male infertility ought to be determined in couples that are not being treated by assisted reproduction modalities. However, for obvious reasons, such a study group is not likely to be attainable.

Our intention was to assess the rate of spontaneous pregnancies in couples with severe oligoasthenozoospermia who underwent ICSI treatments. We assumed that the chance
achieve a spontaneous pregnancy is not influenced by the outcome of ICSI. Therefore, all the study participants were included in the calculation of spontaneous pregnancy rates. Assumption is supported by the fact that the spontaneous pregnancy group included both ICSI-successful and unsuccessful couples. Further investigations of larger groups for longer periods of follow-up may clarify whether or not ICSI therapy affects the occurrence of spontaneous pregnancies in couples with severe oligoasthenozoospermia.

Reference

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