Reply: Couples with repeated implantation failure should be investigated and treated differently

Sir,

We thank Drs Annemiek Nap and Johannes Evers for their interest in our review, but we disagree with their conclusion.

The aim of our review (Margalioth et al., 2006) was to summarize, as the title says, the investigation and treatment of repeated implantation failure (RIF) following IVF and embryo transfer. The review intended to provide a summary of all the published articles on this frustrating situation. We have invested our efforts to delineate between evidence-based approaches to other medical solutions suggested only on the ground of robust experience or medical logic and hoped that the intelligent practitioner could benefit from all.

Every IVF unit has a small group of patients who fail repeatedly without a clear reason. We are sure that the reasons for the repeated failure are many and differ from patient to patient. Indeed, as Drs Nap and Evers suggest, RIF patients should be enrolled in well and carefully designed studies, in order to expand our understanding. However, since it is very difficult, if not impossible, to conduct a prospective randomized controlled study on this small group of patients with multifactorial causes, we suggest to learn from the experience of others. We definitely recommend to enroll patients into randomized control studies, but until such studies will be available we believe that patients with RIF should be investigated and treated differently than the population of standard IVF patients.

We do not understand the criticism on our description of various treatment methods. For example, we recommended performing a repeated hysteroscopy. Demirol and Gurgan (2004) described a prospective randomized study on the subject and still Drs Nap and Evers reject the recommendation. Or, on the issue of preimplantation genetic screening (PGS). We described five studies which advocate the use of PGS in cases of RIF and conclude with a review of the literature by Caglar (2005) stating that the data in the literature did not provide firm evidence that patients with RIF will benefit from PGS.

Applying only those solutions that are based on the recommendations of prospective randomized trials will leave a large number of RIF patients without children. It is our belief that as long as the patients are well informed regarding the limitations and risks of the treatments we offer, they have the right to consider them as well.

References


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References


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