

Do Basal Luteinizing Hormone and Luteinizing Hormone/Follicle-Stimulating Hormone Ratio have Significance in Prognosticating the Outcome of *In vitro* Fertilization Cycles in Polycystic Ovary Syndrome?

Dear Editor,

We would like to share ideas on the publication “Do basal luteinizing hormone and luteinizing hormone/follicle-stimulating hormone (LH/FSH) ratio have significance in prognosticating the outcome of *in vitro* fertilization (IVF) cycles in polycystic ovary syndrome?” Singh *et al.* noted that “*The elevated basal day 2/3 LH and LH/FSH ratio do not impair the outcome of GnRH antagonist protocol treated IVF/intracytoplasmic sperm injection cycles in polycystic ovary syndrome women.*”^[1] Regarding the diagnostic value of basal day 2/3 LH and LH/FSH ratio, there are many confounding factors that might affect the result. First, certain genetic polymorphisms can have an effect. In a report by Deswal *et al.*, luteinizing hormone and LH receptor gene polymorphisms played important role in determining LH and LH/FSH ratio.^[2] Furthermore, assay interference might occur and result in aberrant LH and LH/FSH ratio.^[3] Segal *et al.* reported that heterophile antibodies are examples of those interferences.^[3]

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Conflicts of interest

There are no conflicts of interest.

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