

### Editorial Commentary

A warm welcome to the Jul-Sep '21 issue of JHRS! The issue includes a narrative review, original articles addressing diagnostic and therapeutic areas of infertility and assisted reproduction followed by three interesting case reports.

A narrative review by Sudhakar *et al.* details a variety of genetic disorders associated with male factor infertility and brings into focus the need for a population-specific genetic testing. Two of the original articles by Kumawat *et al.* and Naghshband *et al.*, respectively, address the possible role of certain diagnostic markers in the diagnosis of insulin resistance and metabolic syndrome in women with polycystic ovarian syndrome (PCOS). They add to the available pool of knowledge regarding the varied manifestations of PCOS within the Indian subcontinent. A cross-sectional study by Lawal addresses the association between Vitamin D3 and anti-Mullerian hormone. The findings suggest a similar incidence of Vitamin D3 deficiency in both fertile and infertile population and a lack of association between Vitamin D3 concentrations and ovarian reserve in Nigerian women. Genital tuberculosis is an important cause of female infertility, and the article by Sharma *et al.* explores the role of ultrasonography as a diagnostic aid to the composite reference standard. A study by Karthikeyan *et al.*, evaluating the role of bacteriospermia, identifies a high percentage of infertile men harboring infections in semen. However, it does not find a significant association between such infections and abnormal semen parameters.

A retrospective study by Sharma *et al.* attempts to look at the role of GnRH agonist as a trigger in intrauterine insemination (IUI) cycles in comparison to human chorionic gonadotropin. The authors have found a similar pregnancy rate with both therapeutic interventions. However, it is imperative to note that the number of follicles developing in response to ovarian stimulation remains a crucial factor in maintaining the safety of IUI cycles.

A prospective study by Gupta *et al.* addresses the not so often evaluated parameter of ejaculatory abstinence and its impact on outcomes of assisted reproductive technology (ART) cycles. It shows a higher clinical pregnancy in frozen embryo transfer cycles with embryos originating from sperms obtained following a minimal ejaculatory abstinence. A study by Shanti *et al.* analyses the role of oocytes, sperm, and uterus on the outcome of intracytoplasmic sperm injection

and highlights the importance of oocyte quality on the treatment outcome. Geller *et al.* explore the possible role of artificial intelligence in embryo selection in ART. This article draws our attention to the increasing and inevitable role of technological advances in the field of medicine. Singh *et al.* in a retrospective study analyse the impact of seasons on ART outcome. This study from India finds no impact of different seasons of the year on livebirth following ART. Pregnancy in women of advanced maternal age is an area of concern to all of us. An article by Osaikhuwumwan *et al.*, through a retrospective analysis, reveals a similar rate of pregnancy complications in younger women using their own eggs for ART in comparison to older oocyte recipients. Multiple gestations and not maternal age appear to be the most important underlying factor for maternal and foetal complications in both the groups studied. Patel *et al.* in a cross-sectional study look at the prevalence of sexual dysfunction in infertile couples and the importance of addressing this issue before any medically assisted reproductive treatment.

Two case reports by Nigam *et al.* address effective treatment options for OHVIRA syndrome and Robert's uterus; while Mannur *et al.* report the occurrence of ovarian hyperstimulation syndrome in a woman with recurrent empty follicle syndrome. A letter to the editor and reply from the authors provide an interesting and informative discussion on a previously published article in the journal.

It is known that nearly 25% of all published literature is retrospective in nature, principally consisting of retrospective chart review (RCR). Poor methodological standards in such studies are an important reason for manuscript rejection.<sup>[1]</sup> The experience of the editorial team of JHRS is in line with the above observation. It is my understanding that a certain lack of awareness prevails regarding the methodological aspects of retrospective studies. Many may believe that RCRs are exempted from ethics committee approval, informed consent from patients whose data are used for the study, and a sample size estimation. Any or all of these may contribute toward the rejection of such manuscripts. It is my sincere advice to all involved in clinical research, to familiarise themselves with the methodological norms for retrospective studies to minimize rejection of otherwise well-conducted studies.

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