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## Diminished Ovarian Reserve – A Difficult Diagnosis!

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Diminished Ovarian Reserve is one of the more difficult fertility problems that a patient can have. That is because these patients are much more difficult to help in achieving pregnancy since the normal tools to achieve pregnancy and infertility treatments aren't as effective. Some patients will likely have at most a few years of potential fertility left, so the situation is urgent. Some may have limited or no fertility left, but the process of finding this out, at times, involves a process of trial and error.

A woman is born with one to two million eggs. Although she will only ovulate three to four hundred of them, the rest will essentially wither away until there are none left. She will then be menopausal. Most of the time, the eggs are in a protected state with a small group of them constantly being released from this protection. We do not know what causes the ovary to change the status of these eggs, so we refer to it as a women's biological clock. Those eggs that have left this arrested state will go on and ovulate provided they receive optimal hormonal stimulation. If they don't get this stimulation, they soon undergo an actively defined degeneration (called apoptosis).

How is diminished ovarian reserve detected?

After years of research and fertility testing, one way to define decreased ovarian reserve is when a woman has fewer than 25,000 eggs in her ovaries. Statistically, this occurs around age 38. Female fertility is still present until around 42 years old and, for most women, therapy to achieve pregnancy is still a reasonable thing to do.

Menopause (no eggs) occurs around age 51. However, these numbers are only averages and these events have a distribution around these averages. For example, many women don't experience menopause until well past age 51. Similarly, about 10% of all women will have decreased ovarian reserve by age 32. In a practice such as the Fertility Clinic, where women are self-selected to come here on the basis of not being able to get pregnant, the incidence of decreased ovarian reserve is even higher.

How important is family history in determining diminished ovarian reserve?

Fertility specialists agree that women with certain histories need to be especially concerned about their reproductive health and potential.

Of greatest concern is a family history of:

- early menopause
- certain chemotherapies and pelvic radiation
- pelvic surgery and pelvic infection,
- severe endometriosis
- smoking: related to dose (packs per day) and duration (number of years)

Call FVRM at 920-560-5585 or your personal primary care physician with questions or for the most appropriate treatment option for your situation.