# TSH and AMH in Infertile Women

## Thesis

Submitted for Partial Fulfillmentof Master Degree in Obstetrics and Gynecology

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2017



سورة البقرة الآية: ٣٢



Then, I would like to express my deepest gratitude to **Dr.Hazem Mohamed Sammour** Professor of Obstetrics and Gynecology, faculty of medicine Ain-Shams University for dedicating so much of his precious time and effort to help me complete this work.

Indeed, words do fail me when I come to express my unlimited appreciation to **Dr. Wessam Magdi Abuelghar** Assistant Professor of Obstetrics and Gynecology, Faculty of Medicine Ain-Shams University who was always there to help me, to encourage me and very kindly offer me his valuable remarks in every step of this work.

I am deeply indebted to **Dr. Nermine Essam El-Din Abd El-Salam** Lecturer of Obstetrics and Gynecology, Faculty of Medicine Ain-Shams University for her guidance and unlimited assistance throughout this work.

I would like to express my deepest thanks to **Dr. Ahmed**Mohamed Abbas Lecturer of Obstetrics and Gynecology,

Faculty of Medicine Ain-Shams University.

I would like to thank My family especially My wife for their support.

Finally, thanks to all **My patients** who supported me and gave hand to the success of this work.

Haitham Hassan



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### List of Abbreviations

**ACTH** : Adrenocorticotropic hormone

**ACVR1** : Activin A receptor, type I

**AE-PCOS**: Androgen Excess and Polycystic Ovary

**Society** Syndrome Society

**AES** : Androgen Excess Society

**AFC** : Antral follicle count

**Alk** : Activin receptor-like kinase

**AMH** : Anti-Müllerian hormone

**AMHR2** : Anti-Müllerian hormone specific type 2

receptor

**ANOV** : Anovulation

**ART** : Assisted Reproductive Techniques

**ASRM**: American Society for Reproductive

Medicine

**AUC** : Area under the curve

β : Regression coefficient

**BMI** : Body mass index

**BMPR**: Bone morphogenetic protein receptor

**BMPs**: Bone morphogenetic proteins

**CAH** : Congenital adrenal hyperplasia

**CI** : Confidence Interval

**CL** : Corpus luteum

#### E List of Abbreviations &

**CNS** : Central nervous system

**DF** : Degree of freedom

**DHEA-S**: Dehydroepiandrosterone sulfate

**DHT** : Di-hydro-testosterone

**DIT** : Diiodotyrsine

**DNA** : Deoxyribonucleic acid

 $\mathbf{E}_1$  : Estrone

E<sub>2</sub> : Estradiol

**ELISA** : Enzyme-linked immunosorbent assay

**ESHRE**: European Society of Human

Reproduction and Embryology

**FSH** : Follicle-stimulating hormone

**GH** : Growth hormone

**GnRH** : Gonadotropin-releasing hormone

**GnRH-A**: Gonadotrophin - releasing hormone

analogue

**HCG**: Human chorionic gonadotropin

**HMG** : Human menopausal gonadotropin

**HRP**: Horseradish peroxidase

**IBM**: International Business Machines

Corporation

**ICSI** : Intra-cytoplasmic sperm injection

**IGF-1** : Insulin-like growth factor-1

#### 🕏 List of Abbreviations 🗷

**IGFBP-1**: Insulin - like growth factor-binding

protein-1

**IgG**: Immunoglobulin G

**IR** : Insulin resistance

**IV** : Intravenous

**IVF** : In Vitro Fertilization

**IVM** : In Vitro Maturation

J : Youden index

**LH** : Luteinizing hormone

**MHPG** : 3-Methoxy-4-hydroxyphenylglycol

MIS : Müllerian-inhibiting substance

MS : Metabolic syndrome

**MIT** : Monoiodotyrosine

**NIH** : National Institutes of Health

**OHSS** : Ovarian **hyperstimulation** syndrome

**OR** : Odds ratio

**PCO**: Polycystic ovaries

**PCOD** : Polycystic ovary disease

**PCOM** : Polycystic ovary morphology

**PCOS** : Polycystic ovary syndrome

**P-value**: Probability value

**RI** : Resistance index

**ROC** : Receiver operating characteristic

#### 🕏 List of Abbreviations 🗷

**R-Smads**: Receptor - regulated small mothers

against decapentaplegic proteins

SC : Subcutaneous

**SD** : Standard deviation

**SE** : Standard error

**SHBG** : Sex hormone-binding globulin

**SMADs** : Small mothers against decapentaplegic

proteins

SPSS: Statistical Package for the Social

**Sciences** 

**T3** : Triiodothyronine

T4 : Thyroxine

**TAI**: Thyroid autoantibodies

**TBG**: Thyroxine Binding globulin

**TBOAb**: Thyroid peroxidase antibodies

**TBPA**: Thyroxine binding prealbumin

Tg : Thyroglobulin

**TgAb** : Thyroglobulin antibodies

**TGF-β** : Transforming growth factor-beta

**TMB**: Tetramethylbenzidine

**TRH** : Thyrotropin-releasing hormone

TRβ2 : Thyroid hormone receptor β2

**TSH**: Thyroid-stimulating hormone

TTR : Transthyretin

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# TSH and AMH in Infertile Women

# Protocol of Thesis

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#### Introduction

Infertility is defined as the inability of a couple to achieve pregnancy over an average period of one year (in women under 35 years of age) or 6 months (in women above 35 years of age) of unprotected sexual intercourse. Infertility can be due to female, male reasons or both. It can be either primary or secondary (*Cooper et al.*, 2010).

Thyroid dysfunction and autoimmune thyroiditis are known adverse risk factors for pregnancy as well as fertility, regardless of the presence of disease in women of reproductive age (*Krassas et al., 2010*). In particular, hypothyroid women are at an increased risk of menstrual disorders and infertility because of altered peripheral estrogen metabolism, hyperprolactinaemia and abnormal release of gonadotropin-releasing hormone (*Krassas et al., 2010*).

The prevalence of subclinical hypothyroidism characterized by aberrant high serum thyroid-stimulating hormone (TSH) levels with normal free thyroxin (FT4) levels in infertile women are reported to be approximately 20% and it is a primary cause of subfertility(*De Groot et al.*, 2012).

Indeed, average TSH levels in infertile women were reportedly higher than those in normal fertile women. And elevated serum TSH levels were associated with diminished ovarian reserve in infertile patients (*Michalakis et al.*, 2011). Moreover, although levothyroxine replacement therapy for subclinical hypothyroidism in infertile patients remains debatable, thyroxin supplementation may improve fertility to successful pregnancy(*Velkeniers et al.*, 2013).

This data suggests that hypothyroidism is strongly correlated with infertility (*Velkeniers et al.*, 2013).

On the other hand, female fecundity decreases with increasing age, primarily because of decreased ovarian function. Anti-mullerian hormone (AMH) is a dimeric glycoprotein belonging to the transforming growth factor-beta (TGF-B) super family, which act on tissue growth and differentiation. It is produced by the granulosa cells from pre-antral and small antral follicles. Ovarian research after oophorectomy showed that serum AMH levels were closely correlated with the number of primordial follicles; therefore, AMH is a suitable biomarker of ovarian age in women of reproductive age (*Hansen et al.*, 2011).

Expectedly, ovarian function may be affected by impaired thyroid function, however this association has not been studied enough.

#### Aim of the Work

#### **Research hypotheses:**

In infertile women of reproductive age, serum TSH levels maybe elevated and serum AMH levels maybe decreased.

#### **Research question:**

In infertile women, is there any association between serum TSH levels and serum AMH levels?

#### Aim of the work:

The aim of this study is to evaluate the association between thyroid function and serum AMH levels.