A word from the editor

Welcome to the last issue of *JOGECA* for 2014 and indeed the first issue with me as the Editor-in-Chief. We are also pleased to announce that this is our first online issue as we join the African Journal Online (AJOL) platform.. This move should increase our visibility across the globe. This issue has interesting observational studies which I believe you will find informative. The editor's pick for this issue are the two articles on investigating infertility.

Sub-fertility remains one of the main reasons couples visit gynaecologists. Successful treatment of a sub fertile couple can be very satisfying not only to the patient but also to the gynaecologist. However, this is not always the case as the success rate can be as low as 30% even in the best hands. There is therefore need to adequately investigate and prepare the patient prior to any fertility treatment to optimise the outcome (1).

In this issue of the journal, Ajayi and colleagues (2) present their series from a private fertility unit in Lagos, Nigeria on the utility of hysteroscopy prior to *in-vitro* fertilisation (IVF). Interestingly, the authors report that a significant (61.1%) proportion of women have pathology detected on routine hysteroscopy prior to IVF. This could have otherwise been missed and maybe interfered with the success of treatment. Some of the pathology found included; Intra-Uterine Adhesion (IUA) (338, 30.3%), sub-mucous fibroid (173, 15.5%), endometrial polyps (146, 13.1%), endocervical adhesions (36, 3.2%), intra-uterine septum (26, 2.3%), endocervical polyps (14, 1.3%) and endometritis (2, 0.2%). Based on these findings the authors recommend routine hysteroscopy prior to IVF. This conclusion can however be challenged as this was merely an observational study with inherent limitations and bias. The main bias in this study was patient selection. The sample size was arrived at using a consecutive sampling technique, meaning all patients who presented within the study period were included in this review. It is also not clear whether the patients were referred with this specific pathology for treatment prior to fertility treatment or whether the findings were incidental. The former is a phenomenon which is common in tertiary institutions, as they tend to have selected patients with specific conditions who are not a true representation of the entire population.

It is also premature to conclude whether diagnosing and treating these conditions contributed to an increased success for IVF. This can best be answered by a well powered randomised controlled study. The study, however, opens up our thinking on the need for further work in the area of diagnostic workups prior to IVF that may result in improved outcomes.

The article by Gichunuku and colleagues (3) also present very interesting data on the accuracy of hysterosalpingogram (HSG) in detecting the commonest cause of fertility i.e. tubal blockage at a tertiary hospital in Nairobi, Kenya. HSG remains the most affordable and available way of assessing tubal patency. However the procedure can be very uncomfortable and often women do not tolerate it well (at least in my experience). This may result in false negative results that may lead to unnecessary interventions (4). On the other hand dye laparoscopy is not easily available, requires further training in minimal access surgery and additional investment in equipment, however, it offers better visualisation of not only the fallopian tubes but also other pelvic structures (5). Hysterosalpingogram could accurately detect tubal blockage with a sensitivity of 74% and a specificity of 70%. It's sensitivity in detecting tubal adhesions was 17.9% with a specificity of 85.7%; and 80% sensitivity and specificity of 76% for hydrosalpinx (4). The debate therefore is whether the methods are complementary or supplementary. This question is partly answered in this issue of the journal.

In the obstetric field, Admani and his group (6) remind us of predictors of successful induction of labour. We often induce labour with the aim of achieving a vaginal delivery. The period between the start of the process and eventual outcome can be filled with lots of anxiety and uncertainty. We can now learn from the work done at Kenyatta National Hospital, Nairobi among post term pregnancies that multiparty, birth weight and cervical score are the best predictors of successful induction and not necessarily the choice of the method of induction. Interesting the gestational age did not have any effect though this may need to be studied further probably by a randomised control trial.

I hope you find the articles in this issue

interesting. I also encourage you to submit your work to JOGECA, and hope to see more high level studies done in the region being published in this forum. My office is open to assist anyone who has data they would like to make sense of and publish. I would particularly encourage the postgraduate trainees to submit their thesis for publication. If we do not share our work then no one will ever know our experience and knowledge on the subject, and we will have no authority to defend our management styles. In the scientific world, that which has not been formally published does not exist, even if it has worked for ages. I wish you all a pleasant reading and do not hesitate to send a letter should you want to comment, disagree or support the findings published in this journal.

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Editor-in- Chief

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