



Case of 38 Years old Nulligravida with Primary Infertility with a Known Case of Diabetes Mellitus Came for *in vitro* Fertilization

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Introduction: The term "Primary infertility" refers to a couple's inability to conceive a child. Endometriosis: affects mostly women in their 30s and 40s, with roughly 40% of women suffering from endometriosis. This occurs when the uterine lining is discovered outside of the uterus. Endometriosis will make it difficult to conceive. Not everyone aspires to be a parent, but for those who do, the inability to produce a child is a heart-breaking reality. Many of us spend a significant portion of our lives trying to avoid unintended pregnancies, assuming that when we are ready to have a family, it will have happened naturally. We tend to believe that transiting from preventing pregnancy to planning conception and childbirth will be relatively painless and orderly. As a result, the inability to conceive is a major life stressor that can wreak havoc on otherwise happy couples.

Case Presentation: She is a case of 48 yr. Primary Infertility nulligravida comes with DM. For 20 Year diagnostic hysteroscopy done. Ultrasonography done. A complete blood investigation is done. She is a history of Hypertension for 1 month and insulin-dependent diabetes for one 1year.

Conclusion: This study emphasized the opportunity of strengthening public health and hospital-

based health promotion programs (e.g., smoking, obesity STIs, etc.). Furthermore, detecting, avoiding, and controlling modifiable risk factors through increased awareness, screening, and early management of chronic diseases may help to reduce the incidence and severity of chronic diseases.

Keywords: Primary infertility; diabetes; in-vitro IVF; nulligravida.

1. INTRODUCTION

Primary Infertility refer to a couple who has never been able to conceive is said to be infertile. Endometriosis: affects mostly women in their 30s and 40s, with roughly 40% of women suffering from endometriosis. [1,2,3] This occurs when the uterine lining is discovered outside of the uterus. Endometriosis will make it difficult to conceive. While not everyone aspires to be a parent, for those who do, the inability to conceive a child is heart- breaking reality. Many of us spend a significant portion of our lives trying to avoid unintended pregnancies, assuming that when we are ready to have a family, it will happen naturally [4,5,6]. We tend to believe that transitioning from preventing pregnancy to planning conception and childbirth will be relatively painless and orderly. As a result, the inability to conceive is a major life stressor that can wreak havoc on otherwise happy couples. [7,8].

2. PATIENT INFORMATION

A 48-years-old multigravida H/O Diagnostic hysteroscopy is done, k/c/o Diabetes mellitus for two-year report Inj. Insulin with body mass index (BMI) 24.67kg /m², visited our hospital.

2.1 The Patient's Primary Worries and Symptoms are as Follows

A 48-year-old women with primary infertility, DM, and h/o hypertension has been on tab Amlodipine 5mg for one month and has been admitted for IVF Procedure.

2.2 Medical, Family, and Psycho-social History

There was no history of bladder and bowel symptoms. She is primary infertility with nulligravida with k/c/o DM with hypertension for one month on a tab. Amlodipine 5mg in her previous records and had a history of Hysteroscopy done in the year 2020 patient is a staff nurse by occupation

and had resumed her work 15 days after hysteroscopy.

2.3 Clinical Findings

Important clinical findings include a thorough physical examination (PE).On general examination, patient was conscious, oriented and there is an associated high-risk factor DM and Hypertension.

2.4 Timeline

The patient was primary infertility with k/c/o DM with hypertension and her procedure of hysteroscopy was done before one year. The medication started for hypertension Tab. Amlodipine 5mg OD and for DM Inj. Insulin is continued after admission her radiological investigation is done ultrasonography and x-ray and total blood investigation done.

2.5 Diagnostic Evaluation

Physical Examination, laboratory testing, imaging, and surveys are of diagnostic testing. Repeated Ultrasonography and X-ray did, all blood investigation did complete Hemogramand Urine tests were accomplished. Challenges in diagnostic (such as access to testing, financial, or cultural).

2.6 Prognosis

Primary Infertility with DM with hypertension for IVF procedure.

2.7 Therapeutic Intervention

In the present case study, she received Inj. Insulin and Tab. Amlodipine 5mg and all other investigations are done for confirmation for IVF procedure. Her embryo transfer was done.

2.8 Modifications to the Therapeutic Intervention (With Justifications)

No challenges were reported in the context of therapeutic intervention.

2.9 Outcomes

Despite all care patient are good, the patient's IVF report is positive according to the Beta HCG test. She was given discharge on the 40th day of the post-embryo transfer period. A telephonic post-embryo transfer follow-up was taken on the 47th day. She was advised to strictly avoid traveling and heavy work. Advised to take complete bed rest. There is a complete restriction for traveling.

3. DISCUSSION

In Indian culture, fertility (the ability to have offspring) has a good social value, whereas infertility has a negative social value. Couples who are unable to have children an acceptable period after marriage were looked down upon by their families and society [9].

Even relevant medically, we often presume that people in committed partnerships want to start a family. Women's ability to give birth is frequently associated with their femininity. Genetic and generational legacies are expected to be passed on by both men and women. Failure to "hold up their end of the deal" by either partner can be heart-breaking, embarrassing, and emotionally damaging. These sentiments are exacerbated by the persisting stigma against addressing infertility. Even though great gains have been achieved in treating this rather common problem, infertility is rarely discussed publicly. 48.5 million couples worldwide suffer from infertility. The role of numerous aetiological factors in infertility varies depending on the demographic. Our goals were to find out about the reproductive characteristics, causes, and results of women seeking infertility treatment [10,11].

4. CONCLUSION

The most prevalent cause of infertility is a tubal factor, which is followed by endometriosis and ovarian factor. The gold standard approach for determining tubal status is diagnostic laparoscopy. When it comes to diagnosing endometriosis and pelvic adhesions, laparoscopy outperforms ultrasonography. Though it is an invasive procedure, complications are minimal with an experienced hand and advanced anesthesia. Diagnostic laparoscopy is recommended in all infertile women.

CONSENT

As per international standard or university standard, patient's consent has been collected and preserved by the authors.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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