Editor’s Choice

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Welcome to this, the first issue of 2010; Human Reproduction’s 25th year of publication. In this first issue the ‘Editor’s Corner’ article by Deputy Editor Hans Evers describes the ‘citation classics’ for our subspecialty as has previously been done for ‘dermatology’, ‘surgery’ and ‘general medicine’. From the assumption that the number of citations an article receives is a reflection of its impact on a specific field, the so-called ‘citation classics’ have been determined for articles in journals represented in the 2008 ISI Impact Factor listings for ‘Reproductive Biology’. It certainly makes great reading, even though I cannot personally endorse all of the recommendations for the perfect ‘citation classic’ recipe (at least not the one relating to the choice of co-author!) (p. 2).

Several contributions in this issue deal with outcome studies after some form of Assisted Reproductive Technology (ART). Blastomere biopsy is done in view of Preimplantation Genetic Diagnosis (PGD) or Preimplantation Genetic Screening (PGS) and its potentially harmful effect requires careful study in large series of children born. The report on a consecutive series of 581 children born after blastomere biopsy indicates that embryo biopsy does not add risk factors to the health of singleton children born after PGD–PGS. Perinatal death rate was increased in multiple pregnancies and needs to be carefully monitored (p. 275). In a separate ‘Editorial Commentary’ accompanying the article, Joe Leigh Simpson discusses the relevance and limitations of PGD–PGS follow-up studies, reaching the conclusion that ‘whatever controversy surrounds the efficacy of PGD in increasing pregnancy rates, patients may be informed that PGD is safe’ (p. 6).

Prepubertal boys have no semen or mature spermatozoa, which poses a challenge for fertility preservation in case of treatment of cancer causing gonadal damage. In a pilot study testicular biopsy cryopreservation was offered to families of prepubertal boys with newly diagnosed malignancy. Sixteen of 21 (76%) families consented to testicular biopsy indicating acceptability of the procedure. No adverse effects were observed indicating the safety of this approach (p. 37). Vitrification of metaphase II oocytes has been reported to hold promise for oocyte preservation, which can be important in countries where a limited number of oocytes can be inseminated and embryo cryopreservation is illegal, as well as in oocyte donation and fertility preservation prior to cancer treatment. A prospective randomized sibling-oocyte non-inferiority study indicated that oocyte vitrification procedure followed by ICSI is not inferior to fresh insemination procedure with regard to fertilization and embryo development. Furthermore clinical pregnancy is compatible with this procedure (p. 66).

A pilot study evaluated the efficacy of norethisterone acetate in treating pain and gastrointestinal symptoms in women with colorectal endometriosis. Most patients with bowel endometriosis experienced pain relief and had fewer gastrointestinal symptoms (p. 94).

The third phase of a longitudinal study of the quality of parent–child relationships and the psychological adjustment of children of lesbian and single heterosexual mothers indicated that at early adulthood these children continue to function well as they enter adulthood (p. 150).

The recent description of the derivation of embryonic stem (ES) cell-like cells from adult human testis was confirmed (dep354). The easy accessibility and ethical acceptance as well as the non-tumorigenic and autogenic nature make these cells an attractive alternative to human ES cells for future stem cell therapies.

The prevalence and the risk factors of several types of obstetric hemorrhagic complications were studied in 6730 singleton ART births in the Victoria (Australia). In comparison with the general population, obstetric bleeding disorders are more frequent with singleton births after IVF, ICSI or GIFT. The exploratory analysis of factors which may be at the origin of this complication reveals that events around implantation may be responsible and that suboptimal endometrial function is the critical mechanism (p. 265).