Correlation between Prolactin, Anti-Muller Hormone, Ingibin A and Ingibin B in infertile women

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Introduction. Infertility is acquiring a proportion of global epidemic with the prevalence rate of approximately 8-12%. As per study, published at the end of 2012 by WHO. One in every four couples in developing countries had been found to be affected by infertility. There are many causes of infertility and many times the cause of infertility goes unknown. Some of the most common causes of female infertility are age, polycystic ovaries, complications from being infected with sexually transmitted diseases, smoking, and being underweight or overweight.

Hormones	main group	control group	p value
prolactin, ng/ml	18.8±1.4	11.6±1.5	p<0.05
Ingibin A, ng/ml	102±17.2	42±4.2	P<0.05
Ingibin B, ng/ml	66.3±9.9	102±34	p>0.05

Conclusion Although, AMH is low in both group, but correlation between hormones are different. Currently, AMH should not be used alone as the marker of ovarian reserve. Hence, assessment of serum prolactin, Ing A and Ing B levels are mandatory in the work up of all infertile women.

Background: The objective of our study was to identify the correlations between the anti-Mullerian hormone (AMH), Ingibin A (Ing A) and Ingibin B (Ing B) and prolactin in infertile women. Materials and Methods

Materials-Methods The mean levels of AMH, Ing A and I: In this prospective study, 92 infertile (main group) and 8 reproductive healthy (control group) women were assessed.

Results: AMH level was lower than 1ng/ml in all women. AMH, Ing A and Ing B and prolactin were determined on days 2-3 of the patients' menstrual cycles. Results: The mean levels of Ing A, Ing B and prolactin are shown in table. The levels of prolactin was significantly higher in main group (p<0,01). And there was a significantly elevated positive correlation between Ing B and AMH (k=0,310, p<0.01) and Ing A (k=0,354 p<0.001) in infertile women. We observed a negatively correlation between prolactin and IngA (k=-0,312, p<0.05) in infertile women. But, Ing A negatively correlated with Ing B (k=-0,394, p<0,01) in reproductive healthy women.

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