ABSTRACT

Prevalence of hypothyroidism is 2-4% in women of reproductive age group. Hypothyroidism can affect fertility due to anovulatory cycles, luteal phase defects, hyperprolactinemia, and sex hormonal imbalance.

Aim and Objectives:

To study the prevalence of clinical/subclinical hypothyroidism in infertile women and the response of treatment of hypothyroidism on infertility.

Materials and methods:

A total of 150 infertile women visiting the infertility clinic for the first time were investigated for thyroid stimulating hormone and prolactin. Infertile women with hypothyroidism alone or with associated hyperprolactinemia were given treatment for hypothyroidism with thyroxine 25-150 microgram.

Results:

Of 150 infertile women, 45 had hypothyroidism - 40 subclinical and 5 clinical hypothyroidism. After treatment for hypothyroidism, 30% conceived - 17% of hypothyroid infertile women conceived within 6 weeks to 3 months, and 83% conceived within 3 months to 1 year.
Conclusion:

Measurement of TSH and PRL should be done at early stage of infertility check up rather than going for more expensive tests or invasive procedures. Simple, oral hypothyroidism treatment for 6 weeks to 1 year can be of great benefit to conceive in otherwise asymptomatic infertile women.