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AMH in PCOS and ART outcome

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AMH is a dimeric glycoprotein of TGF-ß family, and is produced by the preantral and antral follicles of the ovary. AMH is extensively used as a marker of ovarian reserve and a predictor of ovarian response to stimulation with gonadotropins. Levels of AMH have been found to be two to threefold times higher in women with PCOS. Hence currently it is being debated as a marker for PCOS.

AMH is known to correlate positively with oocyte yield & hyper-response and negatively with cycle cancellations and poor response. Some studies suggest a positive corelation between AMH and clinical pregnancy, ongoing pregnancy and live birth rates. In younger patients, high AMH translates into a higher implantation rate, although results from some studies have found that AMH is a poor predictor for live birth. A recent meta-analysis has shown that AMH adds some value in predicting live birth independent of age, even though its predictive accuracy is poor. A positive corelation has also been found between AMH and pregnancy outcomes in women with PCOS undergoing In Vitro Maturation (IVM).

AMH values in any age group do not correlate with miscarriage rates. It should never be used alone as a criterion for denying fertility treatment to a patient, as there is no single cut-off for AMH level at which pregnancies do not occur.

With the evolution of better AMH assays and technologies, AMH is an important marker for PCOS women undergoing infertility treatment.

Experience from our Center in India will be presented.

[1] Gyanaecworld, Mumabai