

My thesis I called Thyroid disease and reproductive disorders

women. It is a subject standing at the interface between gynecology, immunology and endocrinology.

Reproductive interested me during the compulsory optional courses: Immunology female reproduction and reproductive immunology. His seminary work I was writing to topic antibodies against sperm.

Now I have decided to address the topic of the thyroid gland. A reason - in the future I like to pay in gynecology and obstetrics, with which the topic is very closely related.

In most developed countries, it is still a current issue declining birth rate. One reasons for the shift of family planning in higher age categories, then it is lower number of children in families, but also is a big contributor of reduced reproductive ability pairs.

According to statistics of infertility in economically developed countries is increasing and at present currently affects 10-15% of couples, ie every 7 to 10 pair (Ventruba, 2001).

The causes of infertility is involved in 30-35% only man and woman only 35-40%.

A combination of factors of both partners is present in 25% of infertile couples, and it is necessary to note that in both men and women can occur more causes simultaneously. Only 5% of couples to seek medical help to detect apparent cause sterility (Ventruba, 2001).

Inability to conceive and carry a child can have many causes, the most common by Ventruba include: ovarian factor of 25-40%, 25-40% tuboperitoneální factor, endometriosis 15-25%, uterine factor of 5-7%, 3-4% of cervical factor, cervical factor of 3-4% immunological factor of 2-3%, 1-2% psychogenic effects (Ventruba, 2001).

As I said above, reproductive disorders in women can have many causes, its share them also have thyroid disorders. Correlation between serum TSH and fertility in women has led to the fact that some workplaces include thyroid investigations between screening tests for sterility and infertility.

Thyroid disorders are several times more common in women than in men. Them

documented the close relationship between the thyroid gland and reproductive abilities. As hypothyroidism and hyperthyroidism can - even in preclinical stages - cause:

1) menstrual cycle to anovulation

- 1-2) infertility (change the character of cervical mucus, affect the motility fallopian tubes)

3) repeated failure patients in the IVF program

4) recurrent spontaneous abortions (impact on the implantation of the egg)

5) fetal prematurity

6) postpartum thyroiditis (Novak, 2003)

According to literature data, hypothyroidism occurs in 2-3% of the population, with thyrotoxicosis 0.2-0.5% of the population. There are significant regional differences in pay between women and disability ratio

men 4-6:1. The number does not include the so-called subclinical disturbances (subclinical hypothyroidism

and subclinical thyrotoxicosis), which are about as common as overt forms (German, Zamrazil 2001).

Autoimmune thyroid disease - subclinical forms occur

with a frequency of 4% (3.5% hypothyroidism, hyperthyroidism 0.5%) (Novak, 2003).

Thus, when we add 3% of hypothyroidism and thyrotoxicosis 0.5% and 4% of subclinical forms, it turns out 7.5% of the population affected by some form of thyroid disorders. Already

I mentioned the influence of thyroid gland on fertility in women and a higher prevalence of thyroid in women. Therefore, in my opinion, this number is sufficient justification

the importance of the topic of my thesis. Considering the relatively easy options

Monitoring of thyroid function and subsequent treatment options, there is a possibility

investigation of thyroid function in patients treated for infertility treatments

even before it fails and other more demanding treatments. Reasons

investigation, of course, are not only economic.