Gynecology and Reproductive Endocrinology

DHEA can restore the function of the ovaries – A series of 5 cases and a review of the literature

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Abstract

We study the impact of the dehydroepiandrosterone (DHEA) by the women with diminished ovarian reserve and very low DHEA-S in the blood.

Design

In vivo study. The paper also presents a review of the literature regarding diminished ovarian reserve and the use of dehydroepiandrosterone.

Patients

We present a description of 5 patients with diminished ovarian reserve (DOR). Patients reported because of problems with getting pregnant. Infertility lasted for several years. The patients disagreed on IVF for ethical and religious reasons. All of the presented patients were diagnosed with diminished ovarian reserve (very low AMH or high FSH, elevated estradiol concentration on day 3 of the cycle). We found also a very low DHEA-S concentration.

Interventions

The patients were given dehydroepiandrosterone.

Main Outcome Measures

After several months of treatment (3-6 months), the patients became pregnant. None of them had procedures for in vitro fertilization.

Results

Five patients gave birth to healthy children.Our experience with DHEA is much bigger, but these 5 cases are very well documented. The obtained results indicate that DHEA supplementation in conditions of its deficiency improves the functioning of the ovaries and increases the chance of pregnancy.

Conclusions

1. In some cases the aging of the ovaries can be delayed by administering of dehydroepiandrosterone (DHEA).

2. This effect occurs specially when the endogenous concentration of DHEA-S is reduced.

3. In the case of reduced ovarian reserve, DHEA-S concentration should be determined.

4. The question remains open as to whether we should not mean DHEA in the blood of infertile men (does DHEA-S deficiency interfere with sperm maturation?)

Biography

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Publication

1. Lin LT, Cheng JT, Wang PH, Li CJ, Tsui KH. Dehydroepiandrosterone as a potential agent to slow down ovarian aging. J Obstet Gynaecol Res 2017; 43: 1855-62.

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