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LUTEINISED UNRUPTURED FOLLIOCLE SYNDROME (LUF)

WHAT IS LUF

LUF occurs when despite a normal follicular growth pattern the follicle fails to rupture. All the other processes seem to work and a rise in luteal phase (day 21) progesterone is observed as in a normal ovulatory cycle. There is uncertainty about the frequency of occurrence of LUF. Some believe that it occurs in most women from time to time and just a bit more often in women with fertility problems. It may be more common in obese women. Others believe that it is a separate entity causing infertility.

HOW IS IT DIAGNOSED

LUF is diagnosed by ultrasound scan. A scan showing failure of the follicle to rupture in the second half of the cycle and an ovulatory progesterone at the same time is sufficient to make the diagnosis.

Other causes of failure of the follicle to rupture such as adhesions should be excluded before treatment. If the ovary is bound down by adhesions from previous surgery or infection or previous or current endometriosis then the follicle may be mechanically prevented from releasing its contents.

WHAT IS THE TREATMENT

In the first instance an injection of hCG would be given once the follicle is 18mm. hCG has similar effects to LH and when given by injection ensures a sufficiently large LH surge effect. The follicle is then rescanned after 7-9 days to ensure rupture. If the follicle does not rupture then the next alternative is to remove the egg physically during a cycle of IVF. There is no evidence that eggs from LUF diagnosed women have any worse fertilisation or embryo producing abilities.

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