

tom), according to the elevated rate related to the symptomatology, the value of the equation lies in identifying the response to the treatment. We classify the response into no response, partial response, and full response to the treatment. Again, this equation can predict whose premenopausal syndrome will develop into menopausal syndrome.

Conclusions: This newly introduced equation can predict menopausal syndrome and response to treatment both simply and easily.

A New Ratio: Urinary Etiocholanolone/Androsterone as an Indication of Sexual Interest in Postmenopausal Women

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Background: Although the role of testosterone in women's interest in sex after menopause has been suggested, it appears not to be related to testosterone. Testosterone is converted to its active dihydrotestosterone by an enzyme 5 α -reductase.

Objective: To introduce a new ratio for detection of sexual interest in postmenopausal women.

Methods: Thirty postmenopausal women experiencing a loss of interest in sex were studied for 5 α -reductase activity through its urinary product etiocholanolone to 5 α product. Androsterone of androstenedione and 30 women with no loss of sexual interest after menopause were used as controls; hormone replacement therapy was started (using prepack-C = 0.625 conjugated estrogen, 0.15 norgestrol).

Results: A ratio of more than one indicates a higher loss of interest, and this ratio will be reversed after estrogen therapy and a rate <1. There is no loss of interest and less response to estrogen therapy. The urinary etiocholanolone/androsterone ratio has a positive predictive of 0.91 and a negative predictive value of 6.6 in determining which women will experience a loss of interest in sex following menopause and which will respond to estrogen therapy.

Conclusions: A new ratio will now determine sexual response at menopause, and it can measure the effect of treatment.

Effect of Serotonin in the Regulation of Postmenopausal Gonadotropin

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Objective: To determine the effect of serotonin receptor blockade on gonadotropin secretion in pre-menopausal and post-

menopausal women. Fifteen premenopausal normal cycling women (mean age 43 ± 3.2) were at the middle and late follicular phases. Fifteen postmenopausal women with mean age 50.5 ± 4.6 were not receiving hormonal replacement with low estradiol concentration (<40 pg/mL). Blood was drawn to estimate luteinizing hormone (LH) and follicle stimulating-hormone (FSH) levels. Androsterone 10 mg (serotonin receptor blockade) was injected. Blood samplings were repeated 10, 25, 45, and 60 minutes after injection.

Results: In all, premenopausal women showed no changes in LH, or in FSH secretion after serotonin receptor blockade: 33.2 ± 2.3 FSH before and after 30.4 ± 1.9 ($P > 0.05$). Luteinizing hormone: 34.2 ± 1.9 before, after 31.7 ± 2.3 ($P > 0.05$, not statistically significant). Postmenopausal—LH: before 44.9 ± 2.2 , after 20.3 ± 4.1 ($P < 0.01$, highly statistically significant); FSH: 41.8 ± 1.1 before, after 31.1 ± 2.7 ($P < 0.05$, statistically significant). Postmenopausal women displayed a significant decrease in LH and FSH, but was more highly statistically significant on LH.

Conclusions: There was no significant impact of serotonin premenopausal gonadotropin secretion. It seemed that serotonin was not involved in the regulation of gonadotropin secretion. But, in postmenopausal women, we found for the first time a decrease of FSH and a significant decrease of LH after serotonin receptor blockade. Regarding this, we hypothesized that serotonin was involved in the regulation of postmenopausal LH to a greater extent and to a milder extent FSH secretion. This will open a new era in the management of postmenopausal women.

Laparoscopic Intraovarian Autoinjection of the Tubal Fluid in Unexplained Infertility: A New Modality

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Background: The most frustrated patients and the most frustrating to take care of are couples with unexplained infertility.