

## COITAL DYSFUNCTION ASSESSMENT WITH THE ANALYSIS OF CERVICAL FACTOR IN INFERTILITY

by

V. C. KARANDE

M. S. SHETH

and

M. Y. RAVAL

### SUMMARY

Coital dysfunction is a much neglected factor in the management of infertility. This is a study of 40 cases of functional infertility. Along with analysis of the cervical factor, the couple was interviewed and given advise regarding timing and technique of coitus.

Coital dysfunction was noted in 7 cases (18%) Eight pregnancies have resulted so far. Thus with simple advise and personal attention the success rate in an infertility workup can be improved.

### Introduction

The sexual revolution is a decade old in the West. The situation here in India however is much different. Coital dysfunction is a very common factor contributing to infertility and inspite of this, it is totally ignored during an infertility workup.

### Material and Methods

This is a study of 40 patients in the Department of Obstetrics and Gynaecology of the K.E.M. Hospital and Seth G.S. Medical College from December 1982 onwards.

All the patients came for infertility. Routine tests on blood, urine, stools were carried out plus x-ray chest, husband's

semen analysis and a pre-menstrual dilatation and curettage with laparoscopy. Only patients with no abnormality were considered for further study. This included cervical factor analysis along with a detailed interview for coital dysfunction.

Cervical factor assessment (Insler and Lunenfeld 1978) included serial cervical mucus studies to pinpoint ovulation using *Insler's Score* (Table I) Patients with a score of 8 or more further underwent a post-coital test (PCT). Any physical abnormality in the cervix was noted. The PCT was evaluated according to W.H.O. — Criteria (1976). Along with the count, the sperm motility and any other abnormality e.g. agglutination were noted. Patients with an abnormal PCT were further analysed with a Miller-Kurzrok test (M-K test) (moghissi 1979) using the slide method. Cross-Match tests were done if the M-K test was abnormal. (Figure I).

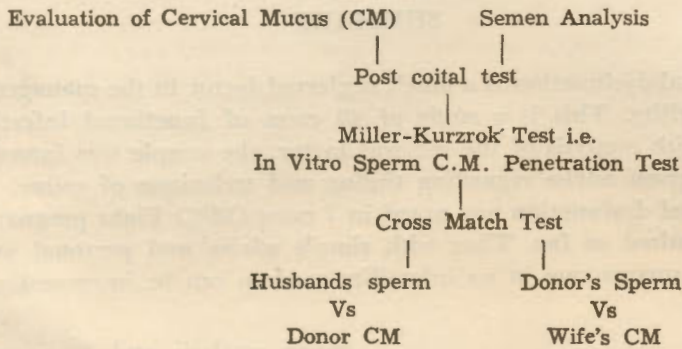
*From: Department of Obstetrics and Gynaecology, K.E.M. Hospital and Seth G.S. Medical College, Parel, Bombay 400 012.*

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TABLE I  
Inslers score for evaluation of cervical mucus

	SCORE			
	0	1	2	3
Amount of mucus	None	Scant	Dribble	Cascade
Spinbarkeit	None	Slight	Moderate	Complete
Ferning	None	Linear	Partial	Pronounced
Cervix	Close		Partially open	Gaping

Figure I: Steps in evaluation of cervical factor in infertility.



The marital history of every couple was questioned in detail. Details regarding frequency of intercourse, timing and difficulties like dyspareunia, premature ejaculation were noted (Schellen 1983). Patients with a normal PCT were advised regarding planned relations. This included intercourse in the peri-ovulatory period in the male superior position. The male was instructed not to withdraw immediately after ejaculation and the woman to lie down with a pillow below her back for atleast 15 minutes.

The patients were followed up regularly.

#### Results

Sixty PCTs were done on 40 cases of which 25 had normal and 15 had abnormal PCTs. Patients with obvious abnor-

malities of the cervix such as erosion or severe leucorrhoea were labelled as abnormal without repeating the test three times.

Erosions, Leucorrhoea and cervicitis were the commonest causes for an abnormal PCT. (Table II).

TABLE II  
Analysis of Cases With Abnormal PCT

Erosion	5 cases
Leucorrhoea	5 cases
Cervicitis	2 cases
Unknown	5 cases

The total is more than 15 as 2 cases had more than one abnormality. Of the 5 cases labelled as 'unknown', 3 had a normal M-K test (Kramer). In 2 cases, the M-K test was abnormal with there being no phalanx formation and the sperms

agglutinating or dying. In these, we believe the cause to be 'immunological' as the crossed M-K test was normal. However, at present we do not have the facilities to carry out these immunological tests and hope to include them in a future report.

A definite dysfunction in the coital factor was found in 7 cases (18%). The complaints being dyspareunia and premature ejaculation. (Table III). We did not come across any case of impotence, probably because they present with the psychiatry department.

abnormal PCT which was normal on repetition could not keep relations due to this (Masters and Johnson 1970).

8 pregnancies (20%) have resulted so far.

All 8 patients had a normal PCT and no sexual dysfunction. They all conceived within 2 months of investigation and advice regarding timing and technique of coitus. One case however, aborted subsequently.

TABLE III  
Detailed Analysis of Patients With Coital dysfunction

Case	PCT	Coital Factor	Comment
1.	Normal	Dyspareunia	—
2.	Normal	Dyspareunia	—
3.	Normal	Premature ejaculation	—
4.	Abnormal	Dyspareunia	Leucorrhoea
5.	Abnormal	Dyspareunia	Leucorrhoea
6.	Abnormal	Dyspareunia	MK Test abnormal
7.	Abnormal	Dyspareunia and premature ejaculation	Crossed MK test normal

Of the patients with coital dysfunction 3 cases had a normal and 4 cases had an abnormal PCT.

*Frequency of Coitus*: was only 1-2/week in 28 couples. This is less than the optimal of 4/week stated by (Kistner, 1979).

*Misconception* regarding the timing of coitus are common. Four couples felt that the time just after menses was the most fertile period.

At this stage we would like to mention that the class of patients coming to our hospital have an income averaging less than Rs. 500/- (i.e. U.S. dollars 50) per month and live in one room tenements.

Overcrowding is another factor which limits coitus. Three patients who had an

#### Discussion

Cervical factor analysis and study for coital dysfunction should be done simultaneously in all cases of infertility. This will decrease the time to advise the anxious couple and to bring about a pregnancy rate of 15% with simple advice regarding coital technique and timing. Further analysis and treatment of both these factors can increase this fertility rate to 25%.

This so called 'normal' infertile couples are obviously *not* normal (Mozley, 1976) or they would not have an infertility problem. This unknown factor needs further research and actually far from being a good prognosis, this factor offers a poor prognosis.

Acknowledgement

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Of the patients who had a normal cervical mucus test and a normal sperm count, 50% were able to conceive. This is in contrast to the 10% of the patients who had a normal cervical mucus test and a normal sperm count but who were unable to conceive. This finding is similar to that reported by Kramer (1977) in his study of 100 couples. He found that 50% of the couples who had a normal cervical mucus test and a normal sperm count were able to conceive, while only 10% of the couples who had a normal cervical mucus test and a normal sperm count but who were unable to conceive were able to conceive. This finding is also similar to that reported by Insler and Lunenfeld (1978) in their study of 100 couples. They found that 50% of the couples who had a normal cervical mucus test and a normal sperm count were able to conceive, while only 10% of the couples who had a normal cervical mucus test and a normal sperm count but who were unable to conceive were able to conceive.