

Fertility is Nature's design to propagate the race. Nature may occasionally default and may be responsible for infertility as in absence of uterus, ovary, tubes, sperms or genital malformations. Woman herself may be responsible for infertility due to illegal self-induced abortion or irresponsible sexual behavior. Paradoxically, Gynecologists who are supposed to treat infertility may be responsible for causing infertility due to errors of commission and omission.

Ovarian factors of iatrogenic infertility include premature ovarian failure which may occur after treatment of neoplastic diseases. Female infertility is an obvious and presently irreversible consequence of POF. At present, fertility cannot be restored if the diagnosis is made after complete follicular depletion. In some cases, early diagnosis by genetic investigation may instead lead to advice for early conception or oocyte harvesting and preservation.

On the other hand, ovaries can be mutilated by surgeons during the treatment of polycystic ovarian disease. Because of adhesion formation, chronic pelvic pain and iatrogenic infertility became increasingly associated with bilateral ovarian wedge resection, laparoscopy electrocauterization or laser cauterization take place .

Adhesion rate after wedge resection at laparotomy is 90%, 30% after laparoscopic electrosurgical drilling and 50% after laparoscopic laser vaporization.

Tubal factor infertility accounts for about 20-25% of all cases of infertility. Post partum and post operative salpingitis result in long-term

sequelae in 25% of patients. The most common and serious among these sequelae are tubal factor infertility.

Infertility is thought to be the result of inflammatory damage to the oviduct. It is estimated to occur in 8-17% of all women with 1 episode of disease, and the percentage increases dramatically with repeat episodes of salpingitis. Infertility rates approach 40-60% in women with 3 episodes of disease.

Tuboovarian abscess is a well-recognized complication of acute salpingitis, treatment of tuboovarian abscess includes conservative medical treatment and suspicion of rupture should remain an indication for immediate operation.

Tubal disease may be treated with tubal reparative surgery, although success rates are generally low and are compromised by increased risk of subsequent ectopic pregnancy. IVF is an alternative, especially in patients with markedly damaged tubes.

Fertility patterns after appendicitis can be affected as perforated appendix may result in tubal dysfunction because of peritoneal adhesions after inflammation and a subsequent increased risk for extrauterine pregnancy and female infertility.

The use of laparoscopy in women with suspected appendicitis has been recommended because of fear of tubal dysfunction due to postsurgical peritoneal adhesions after conventional open appendicectomy.

As regard the use of the gynecologists to starch powder as a glove lubricant there are many complications such as: adhesion formation, infertility and chronic pelvic pain so we should be critical of the use of these harmful substances.

Female genital mutilation (FGM), often referred to as 'female circumcision', comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

The immediate and long-term health consequences of female genital mutilation vary according to the type and severity of the procedure performed, Infections that occur after female genital mutilation in childhood might affect the internal genitalia, causing inflammation, scarring, and subsequent tubal-factor infertility.

Adhesions are one of the best hidden secrets or enigmas of modern medicine. The incidence of adhesions has increased with the rise in surgical procedures, particularly gynaecological procedures. It has been shown that between 60% and 90% of women suffer postoperative adhesions following major gynaecological surgery.

Fertility-related complications are common with 15–20% of secondary infertility in women being adhesion-related. Infertility more commonly results from a change of the normal tubo-ovarian relationship, preventing ovum capture and transport.

Adhesion Prevention Strategies include the need for good surgical practice and appropriate use of new anti-adhesion adjuvants.

As regard Uterine factors of iatrogenic infertility we can't ignore intrauterine adhesions after curettage for pregnancy complications, such as missed or incomplete abortion, postpartum hemorrhage, or retained placental remnants. Recently, hysteroscopy can be used to diagnose and treat these adhesions.

Perforation of the uterus by a surgical instrument or insertion is not rare. The best prevention of uterine perforation is a meticulous and well executed insertion technique, done only by an experienced operator and after a careful pelvic examination.

Uterine rupture cannot be adequately predicted among women desiring a trial of labor for Vaginal birth after cesarean section, so physicians should review a woman's history for factors associated with higher rupture rates and give her a balanced understanding of her relative risks, benefits, alternatives, and probability of success.

Septic abortion has many complications leading to iatrogenic infertility. So the prevention and management of the sepsis by eradication of the infection, emptying of the uterus and supportive care for the cardiovascular system and other involved organ systems should take place.

Cervical stenosis may be caused by surgical procedures performed on the cervix such as colposcopy, cone biopsy, or a cryosurgery procedure. Cervical stenosis may impact natural fertility by impeding the passage of semen into the uterus in the context infertility treatments.

Obliteration of the vagina is a serious disability for a young woman as a result from corrosive burns, e.g. permanganate introduced to produce abortion, or as a result of surgical operation.

Iatrogenic drug induced infertility is common nowadays some drugs as alkylating agents, anabolic steroids and Diethylstilbestrol.

Non-steroidal anti-inflammatory drugs may interfere with the release of the mature ovum, leading to an ovulation failure known as the luteinized unruptured follicle syndrome.

Some iatrogenic endocrinopathies can lead to infertility in females as Iatrogenic Post-operative hypothyroidism or after radioactive iodine, also there are iatrogenic hypopituitarism and Cushing syndrome.

There are unsafe traditional methods that may lead to infertility like the use of Crocodile and elephant dung as mechanical barriers or ground betel nut and natron as spermicidal materials and some systemic preparations as Marjoram and Willow tea.

Various traditional practices can lead to a narrowing of the vagina, also known as acquired vaginal stenosis (gynectresia), that makes it difficult for some couples to conceive a child, Scarring from most cases were due to chemical vaginitis from insertion of vaginal pessaries (suppositories) that are caustic, a common practice promoted by traditional healers.