INTRODUCTION

Recurrent pregnancy loss (RPL) is one of the most frustrating and difficult areas in reproductive medicine because the etiology is often unknown and there are few evidence-based diagnostic and treatment strategies. ***(Michimata et al .,2003)***

Couples with pregnancy loss need sempathy and understanding. , early pregnancy loss, especially when recurrent, is an emotionally traumatic experience, similar to that associated with stillbirth or neonatal death ***(Reindollar. 2009).***

Recurrent pregnancy loss (RPL) is usually defined as the loss of three or more consecutive pregnancies prior to 20–weeks of pregnancy (***Jerzak et al .,2003 and Rai , Regan. 2006)***. It affects up to 5% of fertile couples ***(Sata et al., 2003).***

RPL can be classified into primary recurrent spontaneous aborters and secondary recurrent spontaneous aborters. Primary recurrent spontaneous aborters are those who have lost all previous pregnancies and have no live birth. Secondary recurrent spontaneous aborters are those who have at least one successful pregnancy irrespective of the number of pregnancies losses ***(Ansari et al., 1998 and Paukku et al., 1999).***

Epidemiological studies suggest that the risk of subsequent pregnancy loss is approximately 24% after two clinical pregnancy loss , 30% after three and 40% after four consecutive spontaneous abortions ***(Rey et al., 2003)*** In the vast majority of the cases, the etiology is unknown and several hypotheses have been proposed on the basis of available data. The causes could be chromosomal ***(Rubio et al., 2003)***, genetic ***(Takakuwa et al.,2003)***, anatomical , endocrinological, placental anomalies, infection ***(Matovina et al .,2004)***, smoking and alcohol consumption, exposure to environmental factors such as lead, mercury, ethylene oxide and ionizing radiations ***(Polifka , Friedman .1991)*** and stress factors ***(Palomba et al., 2007)*** In addition to these, certain autoimmune and alloimmune factors ***(Yamada et al., 2004)*** may also play major role in the immunologic failure of pregnancy in women with RPL .

Several treatments have been suggested in these cases, including paternal leukocyte transfusion ***(Taylor and Faulk .1981)*** , trophoblast membrane vesicle extracts ***(Jonson . 1988)***, seminal plasma suppositories ***(Stern and Coulam. 1993)*** and I.V. immunoglobulin immunotherapy (IVIG) (***Chong et al., 1995; Christiansen et al., 2002; Yamada et al., 2004).***

However, all these treatments have not received general acceptance because controversial results have been published. A recent meta-analysis has shown that none of these therapies showed significant effects on patients with unexplained RPL ***(Scott . 2003 and Reindollar . 2009).***