



Recurrent Pregnancy Loss (RPL)

The definition of recurrent pregnancy loss (RPL) in the United States is two or more consecutive failed clinical pregnancies documented by ultrasound or histopathology, while, in the United Kingdom, the definition is as having three or more consecutive early pregnancy losses. Up to 50 percent of cases of recurrent pregnancy loss lack a clear etiology.

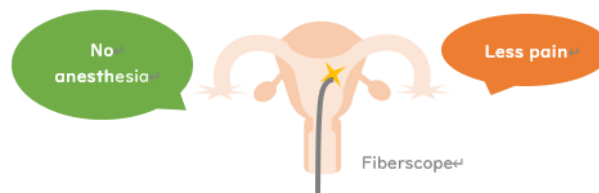
The causes of RPL are diverse and require a lot of testing.

Assessment of the Uterine Anomalies

There are several modalities that can be used to identify congenitally and acquired uterine anomalies, some of the valuable tools are the following:

- **Hysteroscopy (HFS)**

COST: ¥12,000~+TAX



- **Hysterosalpingogram (HSG) / Saline infusion sonohysterography (S-HSG)**

COST: ¥30,000~+TAX

Genetic Evaluation

Karyotype assessment of the couples has to be offered to recognize underlying balanced, reciprocal, or Robertsonian translocations or mosaicism that might be transmitted to the fetus, causing RPL. Though these tests are of low yield and expensive, one should consider evaluating the karyotypes of the couples with RPL.

COST: ¥36,000~+TAX (for person)





Coagulation Factors

Investigations for antiphospholipid antibody syndrome must be undertaken. Measurement of anticardiolipin antibody, lupus anticoagulant, and anti-beta 2 glycoprotein should be done for patients with RPL.

Some studies have reported that anticardiolipin antibody and lupus anticoagulant has been associated with pregnancy loss, and testing for APAS for patients with RPL is recommended.

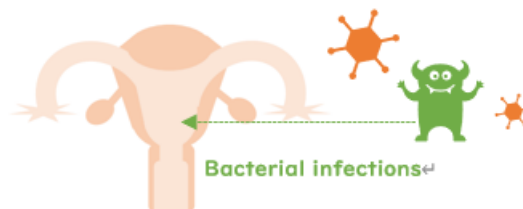
Protein C deficiency, protein S deficiency, and factor X.II deficiency are known to be related to pregnancy loss, but there are still not well understood. If an abnormality is found in the coagulation system examination, a low-dose aspirin may be used to prevent blood clots.

COST: ¥51,000~+TAX

Intrauterine environment

Endometritis is defined as an infection or inflammation of the endometrium. The normal endometrium does not harbour any microorganisms, but microbes from the cervix and vagina can ascend upwards and lead to inflammation and infection of the endometrium. Chronic endometritis is a silent disease usually diagnosed on the workup of secondary amenorrhoea and infertility. Hysteroscopy and pathological examination are effective diagnoses. In addition, the search for intrauterine microflora has recently attracted attention.

COST: ¥15,000~+TAX





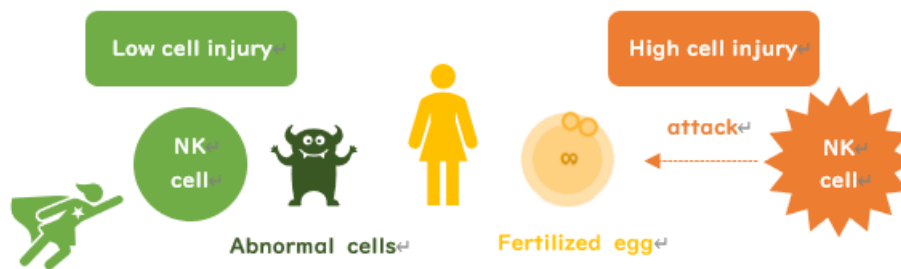
Immune-related factors

In the process of implantation of an embryo in the uterus, the maternal immune response is an important process.

Half of the embryo consists of components derived from itself, and the other half from males. In order for implantation to take place, it is necessary not to attack what is not half of oneself. However, there are cases where the mother is in a state of excessive immunological rejection of the embryo. If this attack is strong, it can interfere with the implantation and development of the embryo.

In this way, pregnancy is established by a delicate balance in the body called immune tolerance. It has been reported that cytokines and NK cells derived from white blood cells are associated with RPL. We support this theory and recommend active medical intervention. Blood tests are performed to measure and evaluate the cytokines and NK cell activity expressed to determine the treatment plan.

COST: ¥70,000~+TAX



Endocrinological Factors

Endocrine diseases such as thyroid disease and diabetes are also considered to be causes of RPL. We will follow up you while consulting with internal medicine.

COST: ¥21,000~+TAX