

## MARY AND HER MOTHER

I had met Mary for the first time when she was 19 years old and pursuing a modeling career in Chicago. She came to my office because of chronic pelvic pain and what I call, an “almost consultation” for infertility.

Her principal complaint was severe, often unbearable pelvic pain, especially at time of ovulation in mid-cycle. It all sounded like endometriosis, however she also had a history of a ruptured dermoid cyst at age 12. This is, a usually benign, ovarian tumor, also called a teratoma, which can contain tissue from various body parts. For example, it is not unusual to find hair or a tooth in these tumors. But they may also contain thyroid tissue, muscle, nerves or other body components. Unfortunately, they usually also contain a cheesy and very caustic fluid which fills the tumor’s often quite cystic spaces. If one of these spaces leaks and this fluid escapes into the pelvis, it will lead to severe peritonitis and often to excessive pelvic adhesions, also called “scar tissue”

Mary was hospitalized after such a rupture, required surgery in which her left ovary was completely removed and was, according to her history, very sick for quite a number of days. Following her discharge, the gynecologist who performed her surgery told her mother that he was worried about Mary’s future fertility.

When she relayed these facts, I became worried, too, and decided to perform a laparoscopy. While Mary’s principal reasons for seeing me had been her pain, she was obviously concerned about her fertility because, as she stated, “I have been sexually active without any protection for over two years.” And in a more concerned voice she added, “Shouldn’t I have gotten pregnant at least once during that time?”

She was, of course, correct that there was at least reason to be concerned and unfortunately, the laparoscopy confirmed our worst suspicions. During a laparoscopy a small incision is made in the umbilicus and a three to ten millimeter wide scope is

inserted into the abdominal cavity which allows the surgeon to look directly at the pelvic organs. The procedure is usually performed under general anesthesia, though, especially if performed with scopes of sizable diameters, can also be done under only local anesthesia or with intravenous sedation.

Mary's pelvis was a mess. Her ruptured dermoid cyst had obviously caused havoc and all of her pelvic organs, including her bowels, were now baked together. We call this a frozen pelvis, and this diagnosis for all practical purposes, also means a diagnosis of confirmed infertility.

When I told Mary of these findings after she woke up from her anesthesia, she was not surprised. "I knew it," she said as tears started streaming down her cheeks. "I knew it all the time. I just didn't want to acknowledge it."

"What now, doc," she went on to ask me and I explained to her that she, most likely, would need in vitro fertilization (IVF) in order to conceive.

Not surprising, considering the fact that she worked as a model, Mary was very attractive, even stunning. Almost six feet tall, with darkish blond hair and aristocratic features, she, despite her young age, expressed strength in her look as well as her speech. It was, therefore, no surprise to me that, approximately seven years later, when our paths once again crossed, she had become a very successful businesswoman at the tender age of 26.

Mary decided to leave Chicago shortly after I had performed her laparoscopy. She moved back to New York City, where her parents were living. While in Chicago she had a boyfriend who also worked as a model but was primarily a pre-med student at the Chicago campus of the University of Illinois. Their long distance relationship did not survive for very long after Mary had left Chicago. I found out about their break-up five years later, when an invitation to a wedding arrived at my office.

I had to look up Mary's chart to remember who she was. My memory for names has never been very good. Once I saw her chart, I, however, immediately recalled every detail of her medical history and, not surprisingly, I also immediately recalled her appearance. She was simply too exceptional to forget!

When Mary was questioning her own fertility, as a routine, we also had tested her boyfriend's semen. His name was, therefore, on her chart. With chart and wedding invitation on my desk, I, of course, recognized that the lucky groom had to be a new love in Mary's life.

He turned out to be quite a well-known Broadway actor who recently had gotten his first significant part in a Hollywood movie. His name was Pete, though friends called him Anthony, and he and Mary had been together for almost two years before deciding to tie the knot. I learned about all of this when I called Mary to congratulate her on her marriage and to give regrets for not being able to attend the wedding. I was scheduled to give a lecture in Rome on exactly that day, a longstanding commitment I could not break.

To receive this wedding invitation had been a surprise since patients usually do not involve me in family affairs. Moreover, I had not even been successful in helping her fertility and had practically only been the bearer of bad news.

Mary, in fact, addressed all of this immediately on the phone. "You were probably surprised about my invitation after so many years," she said after I had identified myself and even before I could tell her the reason for my call. "I just wanted you to know that without you I would not be where I am today. And that's why I wanted you to be at my wedding."

She then went on to explain that the findings on laparoscopy had been catastasis for her. "It was like I had grown up overnight. Up to that point, life had been so easy. Everything I tried worked, I made lots of money, had a nice boyfriend and terribly good

times. And, suddenly, after you told me about the findings at laparoscopy, I understood that all of this was not very important. What really seemed to be important, more than ever, was being healthy and having a family.

She decided to move back home, abandoned her modeling career and decided to go back to school. Three years later, she had a degree in computer sciences and was off on a highly successful career, helping fashion houses to computerize their business efforts. By the time of her wedding, Mary was the sole owner of a highly successful computer consulting company and was seriously considering taking her business public.

Approximately three months after the wedding I could not attend, Mary called me to help her find a fertility specialist in New York City who could help her to get pregnant through IVF. I recommended two individuals at separate institutions and recommended that she “interview” both before choosing the one she liked best. Both were highly qualified and headed large programs, but I have always felt that in this field of medicine, probably more so than elsewhere, personal chemistry between patient and physician was important.

I did not hear from Mary for over two years after I had given her my recommendation when, to my surprise, one day I saw her name on my Chicago appointment schedule. She looked more stunning than ever when, shortly thereafter, she set across from me at my office in the Bloomingdale’s Building on Chicago’s Michigan Avenue.

She was now 29 years old and those years, since I had seen her last, had even enhanced the beauty of her face and her aristocratic bearing. Impeccably dressed in what had to be a designer suit, she, nevertheless, still exuded the friendliness of her old days as soon as she started to speak, belying a degree of separation and distance which, in a first impression, she now projected as consequence of her very obvious maturation.

“I have tried it all, over and over again, and nothing has worked,” were the words that brought us to the reason for her visit after some initial and introductory chit-chat. “I have done six IVF cycles, first with one of the physicians you recommended. And after he couldn’t get us pregnant, I switched to the other doc for the last two cycles. And he couldn’t do it either,” she continued.

“Now, we have four embryos left. They are frozen and that is it! If those embryos won’t do it for us, then we will adopt.”

Mary, indeed, had undergone six egg retrievals in these two years since we had spoken last. The thick pile of medical records she handed me added to the fact that, fitting her character, she had made a every possible effort to conceive. I started browsing through the many pages that described her various IVF cycles, as she continued to describe her experience:

“When I first started, I was convinced I would be pregnant right away. After the first IVF cycle failed, I still believed with full confidence that it would happen the second time around. However, when the second cycle, once again, resulted in a negative pregnancy test, I was devastated. Even though my doctor advised otherwise, I knew it was my fault, and I became progressively more convinced that I would never be able to have children. If it wasn’t for my husband, Anthony, and all the doctors, I would already have given up. They convinced me to go on. And now, I have had six retrievals and embryo transfers and I’ve had enough! “No more”, she exclaimed, becoming progressively more agitated, while supporting her words with rapid movements of her delicate hands through the air which appeared intended to repel any arguments to the contrary.

“Then why are you here,” I asked in as gentle a voice as I could, feeling both anxious and guilty at the same time.

Sitting across an infertility patient who has failed repeated treatment efforts, is probably one of the single most difficult situations in our specialty. One feels guilty over the failures, whether one has been the treating physician or not. Of course, the guilt is even more pronounced if the treatment failure were the consequence of one's own doing. As much as we physicians understand that we will not always be successful, when we do have to face failure, it is still our failure.

As I was now sitting across from Mary, who I had not seen in almost 10 years, I felt this guilt racing through my body, first producing a very particular feeling in my abdomen, which is then followed by a general malaise of self esteem that needs to be immediately consciously combated.

Hadn't I recommended those New York physicians to her? And wasn't she, therefore, indirectly accusing me of being responsible for her failure to conceive? Was this the reason, she had come all the way to Chicago, to hold me responsible for her situation."

Mary, fortunately, interrupted my selfflagelating thoughts when, after a brief pause, she continued by saying: "I have made up my mind. I'm not going to waste our last four embryos on myself. I know I cannot get pregnant. I want my mother to get pregnant for me."

And as she spoke those words, from one moment to the other, she leaned back in her chair, - all of the agitation that seemed to have occupied her body just seconds earlier was gone, and her face reflected an almost miraculous shine of being content.

"I know it is possible," she followed up calmly. My mother is healthy, she is willing to do it, she has had four pregnancies and two healthy children. Yes, I know it's quite a while ago! But I know it will work, and I want you to do it for us."

It is hard to describe my feelings at this point. Relieve, for not being accused of causing her misery, was quickly followed by concern about what I was getting myself into. We, of course, were doing quite a lot of egg donations from one woman to another. We also had widely propagated the concept of embryo adoption, in which couples donate, usually cryopreserved, embryos to other recipient couples.

However, I had never done anything even close to what Mary was asking me to do at that point.

I decided to play for some time by asking her about her mother's medical history.

"You don't have to ask me," Mary said, "you can ask my mother directly. She is outside in the waiting room. Why don't we bring her in?"

As one should have expected from Mary, she was well prepared and had made all necessary preparations. Her mother was willing to participate in Mary's plan. She was 53 years old and basically healthy.

I decided to treat her like a 53 year-old oocyte or embryo recipient. This meant that she had to undergo considerable testing before we would consider getting her pregnant with her daughter's embryos. We required medical clearance from her internist, stating that she was physically in good enough shape to go through pregnancy. We also mandated a consultation with a perinatologist, a high-risk obstetrician, who had to advise her of the risks of conception at her age and, also, clear her medically for pregnancy. And finally, we insisted that mother, daughter, and son-in-law be evaluated by a psychologist or psychiatrist to convince us that they could mentally manage the potential consequences of either success or failure of this endeavor.

We received all of these medical clearances within a few weeks. During that time period, Mary, her husband and Mary's parents also completed all the necessary legal documentation that was required by New York state law.

At this point, we already had a fully functioning center on Manhattan's Eastside, which Mary was not aware of when she and her mother had made the special trip to Chicago to see me. Since I was every week for at least a few days in New York, they decided to have the embryos transferred to our New York center.

We transferred Mary's remaining four embryos in their frozen state from her last physician's center to our Madison Avenue facility. Three weeks later, Mary's mom had all four embryos uneventfully inserted into her uterus. The embryos looked excellent when they were thawed out and all four survived the freezing process. I was cautiously optimistic since our pregnancy rate in donation cycles was very high. However, this case was different from other donation cycles. There was no very young egg donor! Mary was young but, maybe, something was wrong with her eggs since she had failed so many IVF cycles, herself. There was also no donor couple involved that had successfully conceived and now donated their leftover embryos. In such cases, the pregnancy of the donating couple proves the quality of their embryos. Maybe Mary's embryos weren't good after all! She had failed IVF, herself, over and over again!

Mary called me almost daily over the 10 days, following up on her mom's embryo transfer. There were many questions to be asked about the process, her mother and the medications her mother was taking. Mostly, however, there was a need for reassurance: Periodically, there was nothing for Mary to do. She received no medications, while her mom was taking hormones to support a possible early pregnancy. She had no restrictions, while her mother was supposed to take it easy. Yet, it was her, Mary's, potential pregnancy!

Anthony, Mary's husband, later told me that he had gone through some rough weeks with her during earlier treatment cycles. Nothing compared, however, to those ten days, when everybody was waiting for mom's first pregnancy test.

When the day arrived, the whole family came to our office early in the morning to accompany mother for the blood test. I had to promise to call Mary as soon as the lab result was available, whether it was positive or negative.

Two hours later we had a positive pregnancy test. The levels were, in fact, so high that we suspected a multiple pregnancy. A week later we, indeed, saw a twin gestation on ultrasound. One of the gestational sacs failed, however, to develop and, so mom, ended up with only a singleton pregnancy.

She had a rather uneventful pregnancy and delivered, at age 54, a healthy boy. I had wanted to attend the delivery but was, once again, out of town giving a lecture. I have seen Mary's son, Philip Claudio, many times since. At the time of this writing, he is five years old and lives with his mother and father in California. I never asked Mary what she has told him or what plans they had about telling him about mother and grandmother. Or isn't it his birth-mother?

He, however, is clearly Mary's son: he is beautiful, smart and already a computer whiz, just like mother.