

# Anti Mullerian Hormone and its relevance

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## INTRODUCTION

**A**nti-Müllerian hormone (AMH) is a hormone which is produced and secreted by reproductive tissues, including the testicles in males and the ovaries in females. It is synthesized in early pregnancy and before the delivery of a baby. This hormone may be referred to as Mullerian-inhibiting hormone; or Mullerian inhibiting factor; or Mullerian-inhibiting substance [1]

It has been reported that AMH is produced by the testicles in boys, which promotes the growth and improvement of other male reproductive organs. It has been noted that, the concentration of AMH continues to be high in males till puberty and it begins to decrease after the stage of puberty [2].

On the other hand, Anti-Mullerian Hormone inhibits the development of female reproductive organs [3]. The AMH level in young girls continues to be decreased until puberty when the ovaries start to produce it and levels increase. AMH will constantly decrease over their reproductive years, becoming very low and eventually undetectable after menopause. AMH is necessary for a woman during her childbearing years [4].

In women, AMH may be used to evaluate ovarian function and fertility; as well as evaluation of polycystic ovarian syndrome (PCOS), or to evaluate the effectiveness of ovarian cancer treatment. Similarly. It has been reported to be used to evaluate the presence of nonspecific external sex organs (ambiguous genitalia) and/or function of the testicles in a male infant [5].

## ANTI MULLERIAN HORMONE TEST RELEVANCE

An Anti-Mullerian Hormone test is a type of a blood test, which is performed to evaluate the functioning of the ovaries in

females. This test evaluates the ability of a female in producing eggs and its fertilization for pregnancy. It also contributes in testing the ovarian reserve which includes how many potential egg cells a woman has left [6].

It has been reported in female that, AntiMullerian Hormone test are used for various diagnosis which include to predict the start of menopause, and to find out the reason for early menopause. In the same vein, AMH test helps to monitor types of ovarian cancer in women as well as to find out the reason for the amenorrhea or the lack of menstruation [7]. Similarly, it is used to diagnose the causes for missed or delay in menstruation in young girls at the age of 15. It checks infants with genitals that are not clearly identified as male or female and it helps in diagnosing polycystic ovary syndrome (PCOS) [8].

Furthermore, AMH test could be ordered on a woman who will be undergoing assisted reproduction procedures such as *in vitro* fertilization (IVF); the concentration of AMH present is associated to her likely responsiveness to therapy. A decreased level of AMH reflects poor ovarian response, indicating that a decreased number of eggs would be retrieved after ovarian stimulation [9].

It has been reported that during a woman's childbearing years, a reduced concentration of AMH may imply low ovarian reserve with diminishing fertility, resulting in minimal or less responsiveness to IVF treatment. It may imply premature ovarian failure [10].

An elevated level of AMH is often seen with PCOS but is not diagnostic of this condition. Elevated AMH could imply an increased or even excessive responsiveness to IVF and a need to tailor the procedure accordingly. A decreasing level and/or significant decline in AMH may signal the imminent onset of menopause [11].

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Negative to low levels of AMH are normal in a female during infancy and after menopause [12].

When AMH is used as a tool to monitor an AMH-producing ovarian cancer, then a decrease in AMH indicates a response to treatment and an increase may indicate cancer recurrence.

In a male infant, absence or low levels of AMH may indicate a problem with the AMH gene that directs AMH production and may be seen with absent or dysfunctional testicles. Lack of male hormones may result in ambiguous genitalia and may cause abnormal internal reproductive structures. Normal levels of AMH and androgens in a male infant whose testicles have not descended imply that they are present and functional but not physically located where they are supposed to be [13].

## DISORDERS OF THE ANTI-MULLERIAN HORMONE

If the amount of AMH is insufficient during the development of a baby in the fetus, then both male and primary female organs may develop. A baby born with ambiguous genitalia may not be instantly recognized as either male or female [14].

In conclusion, Anti-Müllerian hormone appears to be the best endocrine marker for assessing the age-related decline of the ovarian pool in healthy women; thus, it has a potential ability to predict future reproductive lifespan.

## REFERENCES

- Pellatt L, Rice S, Mason HD (2010). Anti-Müllerian hormone and polycystic ovary syndrome: a mountain too high?. *Reproduction*. **139** (5): 825–33.
- Kollmann Z, Bersinger NA, McKinnon BD, Schneider S, Mueller MD, von Wolff M (2015). Anti-Müllerian hormone and progesterone levels produced by granulosa cells are higher when derived from natural cycle IVF than from conventional gonadotropin-stimulated IVF. *Reproductive Biology and Endocrinology*. **13**: 21
- Dewailly D, Andersen CY, Balen A, Broekmans F, Dilaver N, Fanchin R, Griesinger G, Kelsey TW, La Marca A, Lambalk C, Mason H, Nelson SM, Visser JA, Wallace WH, Anderson RA (2014). The physiology and clinical utility of anti-Müllerian hormone in women. *Human Reproduction Update*. **20** (3): 370–85
- Place NJ, Hansen BS, Cheraskin JL, Cudney SE, Flanders JA, Newmark AD, Barry B, Scarlett JM (2011). Measurement of serum anti-Müllerian hormone concentration in female dogs and cats before and after ovariectomy. *Journal of Veterinary Diagnostic Investigation*. **23** (3): 524–7
- Dumont A, Robin G, Cateau-Jonard S, Dewailly D (2015). Role of Anti-Müllerian Hormone in pathophysiology, diagnosis and treatment of Polycystic Ovary Syndrome: a review. *Reproductive Biology and Endocrinology*. **13**: 137.
- Broer SL, Eijkemans MJ, Scheffer GJ, van Rooij IA, de Vet A, Themmen AP, Laven JS, de Jong FH, TeVelde ER, Fauser BC, Broekmans FJ (2011). Anti-müllerian hormone predicts menopause: a long-term follow-up study in normoovulatory women. *The Journal of Clinical Endocrinology and Metabolism*. **96** (8): 2532–9
- Visser JA, de Jong FH, Laven JS, Themmen AP (2006). Anti-Müllerian hormone: a new marker for ovarian dysfunction. *Reproduction*. **131** (1): 1–9.
- Hagen CP, Aksglaede L, Sørensen K, Main KM, Boas M, Cleemann L (2010). Serum levels of anti-Müllerian hormone as a marker of ovarian function in 926 healthy females from birth to adulthood and in 172 Turner syndrome patients *The Journal of Clinical Endocrinology and Metabolism*. **95** (11): 5003–10
- Weenen C, Laven JS, Von Bergh AR, Cranfield M, Groome NP, Visser JA, Kramer P, Fauser BC, Themmen AP (2004). Anti-Müllerian hormone expression pattern in the human ovary: potential implications for initial and cyclic follicle recruitment. *Molecular Human Reproduction*. **10** (2): 77–83.
- van Disseldorp J, Faddy MJ, Themmen AP, de Jong FH, Peeters PH, van der Schouw YT, Broekmans FJ (2008). Relationship of serum antimüllerian hormone concentration to age at menopause. *The Journal of Clinical Endocrinology and Metabolism*. **93** (6): 2129–34.
- Rico C, Médigue C, Fabre S, Jarrier P, Bontoux M, Clément F, Monniaux D (2011). Regulation of anti-Müllerian hormone production in the cow: a multiscale study at endocrine, ovarian, follicular, and granulosa cell levels. *Biology of Reproduction*. **84** (3): 560–71.
- HAMPL R, Šnajderová M, Mardešić T (2011). Antimüllerian hormone (AMH) not only a marker for prediction of ovarian reserve. *Physiological Research*. **60** (2): 217–23.
- Rzeszowska M, Leszcz A, Putowski L, Hałabiś M, Tkaczuk-Włach J, Kotarski J, Polak G (2016). Anti-Müllerian hormone: structure, properties and appliance. *Ginekologia Polska*. **87** (9): 669–674.

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