

| CD138 Test: Detecting Chronic Endometritis

The CD138 test is used to diagnose chronic endometritis—a mild but persistent inflammation of the uterine lining that can interfere with embryo implantation and increase the risk of miscarriage. Because this condition often presents without noticeable symptoms, testing is essential for women facing fertility challenges.

- ⇒ A small sample of the endometrial lining is collected through a biopsy.
- ⇒ The sample may be obtained through a blind biopsy with a Pipelle or a directed biopsy performed during diagnostic hysteroscopy.
- ⇒ The procedure is quick and minimally invasive, often done in a doctor's office without anaesthesia.
- ⇒ The risks are very little. Mild pelvic pain and bleeding are the most common. Uterine infection is a very rare complication.
- ⇒ In some cases we required preparation for this test and may need to be timed with your cycle. The coordinators will send you instructions before booking your test.
- ⇒ The sample is then analysed in a laboratory to detect CD138-positive plasma cells, which indicate inflammation.

Who Should Consider This Test?

This test is recommended for patients who have:

- ⇒ Repeated implantation failure after IVF or other fertility treatments.
- ⇒ Unexplained pregnancy loss (recurrent miscarriages).
- ⇒ Suspected uterine infections, which may cause subtle inflammation without obvious symptoms.

The test can be performed between days 6–12 of your natural cycle, or during your hysteroscopy and biopsy.

The cost is €300 if done at the same time as your hysteroscopy, or €600 if carried out as a separate procedure.

If chronic endometritis is detected, treatment (usually a course of antibiotics) can help restore a healthy uterine environment, improving the chances of a successful pregnancy.

Currently, there is no single “perfect” diagnostic test. In fact, the medical literature reveals ongoing controversy and a lack of consensus regarding when to use one test over another. In many cases, it may be appropriate to perform multiple tests, as their interpretation greatly depends on the individual clinical context. These tests can provide complementary insights, and the decision to use them should be tailored to each patient's unique history, presentation, and fertility journey.