Dear editor

The noted karyotypic aberration has not ever been reported in the context of premature ovarian failure. It has not presented at a meeting yet. Authors have no conflicts of interest in the literature. No previous publication similar to this study we have. The case was informed consent to be an issue for report and we have obtained written consent. We believe that this is the first report of this kind in the literature. This is an original case report of interest to the infertility and genetics specialty.

The case was informed consent to be an issue for report and we have obtained written

New Revision based on referees' suggestions and copy-editing by two native English speaking colleagues is ready. These changes -as in below-are also underlined or highlighted in the manuscript.

Any positive history of smoking, chemotherapy or Radiation is presented.

Although there was no positive family history of male mental retardation, infertility or subfertility, premature ovarian failure, tremor and ataxia, we examined her for fragile X syndrome. Results from cytogenetic and molecular studies by Polymerase Chain Reaction (PCR) techniques for fragile X mutations or permutations were negative.

Serum antithyroid (thyroperoxidase antibody), anti-ovarian antibodies (AOA IgG,M&A) and antiadrenal (21 Hydroxylase) antibodies were absent.

Estradiol level was 32pg/ml and serum anti mullerian hormone was 0.34µg/L.

During ultra sonography, one selectable antral follicle by 4.6mm diameter in left ovary was seen.

Robertsonian translocation was sited for the first time in 1964 by Gustavsson,
Ingemar.
Due to weak quality, figure was omitted.