# Men should also go for fertility test

**"Some people still think of fertility as a 'woman's problem,' but according to reports a third of all cases of infertilty involve problems solely with the male partner. Infertility in a man may be the sole reason that a couple can't conceive, or it may simply add to the difficulties caused by infertility in his partner."**

**- Dr Sharda Jain, Secy Gen., Delhi Gynae Forum**

**Of every 100 couples reporting to fertility clinics, 40 per cent are cases of male infertility, 50 per cent are of women, and the remaining 10 per cent of both partners being infertile. So it's essential that men get tested for fertility as well as women. Here are few testing techniques available shared by Dr Sharda Jain**

**Expert Column**

**Causes of male infertility: A.** Normal semen parameters are liquefaction in 30 minutes, volume 2-5 ml, pH 7.2 to 7.8, fructose present, sperm count ? 20 million/ml, sperm motility > 50% grade III, and > 50% sperm of normal morphology. If any of the parameters are abnormal, further evaluation is necessary.

**B.** Usually a general examination does not reveal any abnormality. If the FEATURES ARE DYSMORPHIC, A KARYOTYPE IS OBTAINED. It may be 47, XXY (Klinefelter syndrome). If findings of general examination are normal, and karyotype is 46, XY, andrology examination is done. It may reveal the following abnormalities.

- **VARICOCELE:** there is varicosity of the pampiniform plexus. The diagnosis is unconfirmed by Doppler studies. It is treated by high ligation of spermatic vein or excision of the plexus.
- **ATROPHIC TESTES:** it may be developmental or acquired, as in bilateral mumps orchitis. The testes feel small. Exact volume of each testis is measuresd by an orchidometer. If a biopsy shows absence of seminiferous tubules and spermatogenesis, the treatment is artificial insemination with donor semen (AID) or adoption. But now sperm retrival techniques can help you to father your own child in good 70 - 80 % cases. Stem cell therapy is presently experimental but shown to have good promise in few reported cases.
- **CHRONIC EPIDIDYMITIS:** broad spectrum antibiotics and an NSAID are given. If it is found to be tuberculous, it is treated appropriately.

**C.** If the SEMEN VOLUME IS LOW (< 1.5 ML) and the man has abstained from coitus for the prescribed 5 days before the test, his urine is examined for sperm. Presence of sperm in semen suggests retrograde ejaculation. In the absence of retrograde ejaculation, the man is treated with testosterone (T) if his sperm T level is low. If the volume remains low, a sperm concentration technique is used, and that sample is used for AIH.

**D.** If other semen parameters are normal in presence of high volume (> 5 ml), no further treatment is required. If any parameters are abnormal, a sample is obtained for AIH by split ejaculate or swim-up technique.

**E.** HIGH VISCOSITY is managed by sperm washing and intrauterine AIH.

**F.** AGGLUTINATION OF SPERMATOZOA may be due to antisperm antibodies, which are detected by immunological tests. Treatment with glucocorticoids is not very satisfactory.

**G.** PRESENCE OF PUS SELLS is due to infection of accessory glands. Appropriate antibiotic is given after microbiologic studies.

**H.** IF FRUCTOSE IS ABSENT, the vasa deferentia are palpated. If they are found to be absent, a sample for AIH or in vitro fertilization (IVF) is obtained by epididymal aspiration.

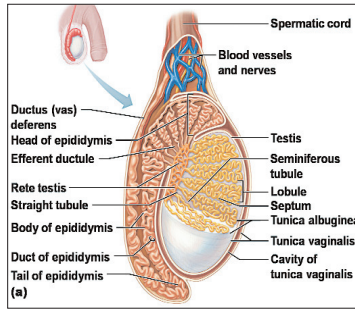
**I.** If there is AZOOSPERMIA, or all parameters are abnormal, including oligozoospermia , sperm FSH, LH, and T levels are estimated.

**J.** IF HORMONE LEVELS ARE NORMAL, TESTICULAR BIOPSY is done. If spermatogenesis is arrested or absent, adoption or AID is advised. If it is normal, vasography is done. Obstruction in a vas is treated by microsurgical reversal of the obstruction. Or Sperm retrieval an then IVF-icsi . Absence of vasa is managed by aspiration of a spermatocele and the sample is used for AIH of IVF.

**K.** HIGH LEVELS OF FSH, LH AND LOW LEVEL OF T INDICATE TESTICULAR FAILURE. The treatment is adoption or artificial insemination with donor semen .

**L.** HIGH LEVEL OF FSH AND NORMAL LEVELS OF LH AND T ARE DUE TO ISOLATED GERMINAL CELL FAILURE.

**M.** Low levels of FHS, LH, and T are evaluated by serum prolactin assay and CT scan of head. If both are normal, the condition is idiopathic. It is treated by human menopausal gonadotropin.there is definase role of stem cell therapy. High PRL level and normal CT scan are treated with bromergocriptine, repeating the CT scan after 6 months for a pituitary microadenoma. If a pituitary tumor




is found (high PRL level, tumor in sella turcica), the patient is referred to a neurosurgeon for treatment. Medical treatment is the key/ surgery is usely not done.

**N.** NORMAL FSH AND HIGH LH AND T LEVELS ARE DUE TO ANDROGEN INSENSITIVITY. The treatment is adoption or AID.

**O.** Empiric forms of treatment are as follows:

- Stimulation: clomiphene, tamoxifen, hMG / hCG, testosterone, mesterolone, testolactone.
- Antioxidative therapy: vitamin E
- Mast cell blockage: ketotifen
- Immunomodulatory therapy: zinc
- Improving microcirculation: pentoxifylline
- Rebound therapy: testosterone
- Stem Cell Therapy is showing promise In early experimental work & work trying.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