

Coping With Male Infertility

Over the last couple of years, there has been a sharp rise in infertility cases of which 50% are attributed to male partner. Though most of the issues can be addressed, major challenge is with azoospermia- zero sperm count.

Azoospermia is the absence of sperm in the ejaculate, a condition which makes a male infertile. The male partner needs to have a certain sperm count, which deems him fertile without which he cannot impregnate his female partner naturally.

A male should have a minimum sperm count of at least 15 million per millilitre of semen. Sperm count less than 15million is termed as oligospermia which can be addressed by various treatments like clomiphene citrate, anti-oxidants, intra-uterine insemination, IVF etc.

Since there are no sperms at all in azoospermia, none of the above treatments work. That's when it is crucial to identify the exact cause and type of azoospermia.

There are two main types of azoospermia:

Obstructive & Non-obstructive.

In normal conditions, testicles produce sperms and a tube called epididymis stores them. Sperms then move into the vas deferens where they mix with semen produced from the seminal vesicles which further mix with prostatic gland secretions. Finally, semen moves out through the urethra and penis.

Obstructive azoospermia:

sperm production is normal but outflow tract is blocked. Infections of prostate, testicles, or epididymis can block the male reproductive system. In some cases, males are born with prostate cysts or missing portions of their vas deferens. Surgical procedures like hernia repair can also block outflow tract.

Non-obstructive azoospermia:

abnormal production, normal outflow tract. Seen when there is abnormal functioning of the testicles or abnormal reproductive hormones. Genetic causes like extra X



chromosome, missing genes on the Y-chromosome can also cause azoospermia. In some cases, there is inadequate development or maturation of the sperm. Some of the other factors are chemotherapy, trauma, diabetes, sickle-cell anaemia, steroid intake and exposure to toxins.

Diagnosis

Detailed medical history, Physical examination, Hormonal assay, Genetic screening, scrotal ultrasound & Testicular Biopsy whenever needed, will help us to differentiate obstructive from non-obstructive azoospermia.

Treatment

Depending on the type of azoospermia counseling, hormonal treatment, reconstruction of obstruction, surgical sperm retrieval, assisted reproductive techniques(ICSI) are suggested. Donor sperm is advised in extreme unavoidable cases.



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