The Capital Region of Denmark

Male reproduction and reproductive disorders.

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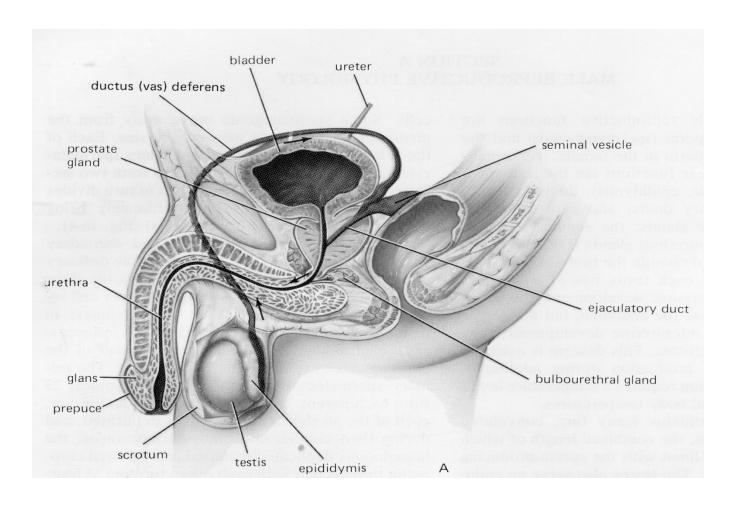


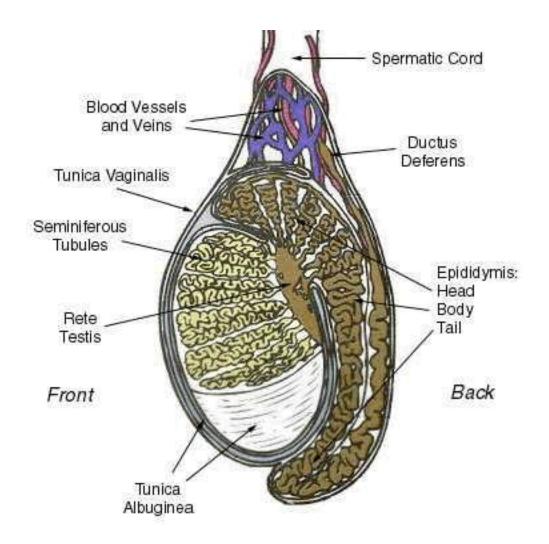
Disposition

- Anatomy and physiology
- Spermatogenesis
- Reproductive hormones
- Semen analysis
- Male infertility
- Work up for male infertility



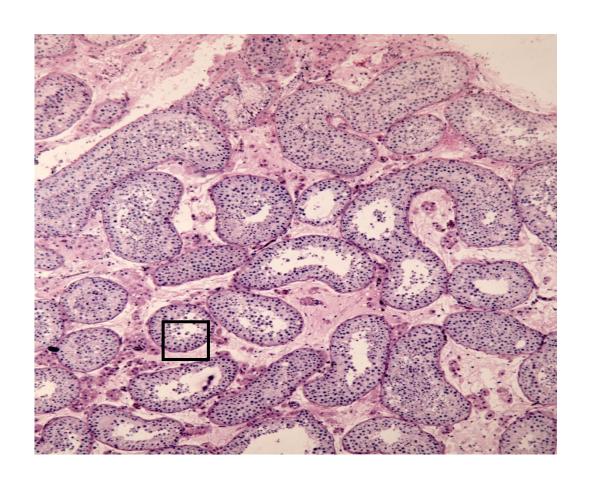
Male reproductive system

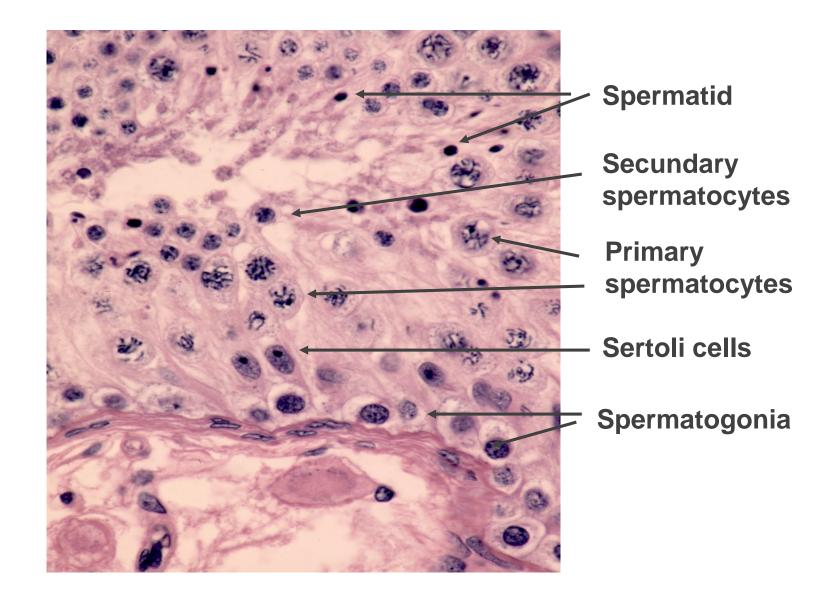


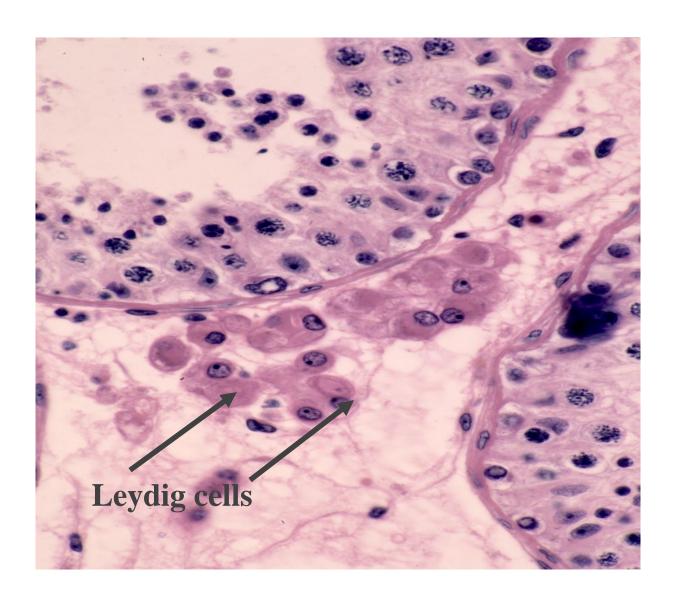




Cross-section of the testis





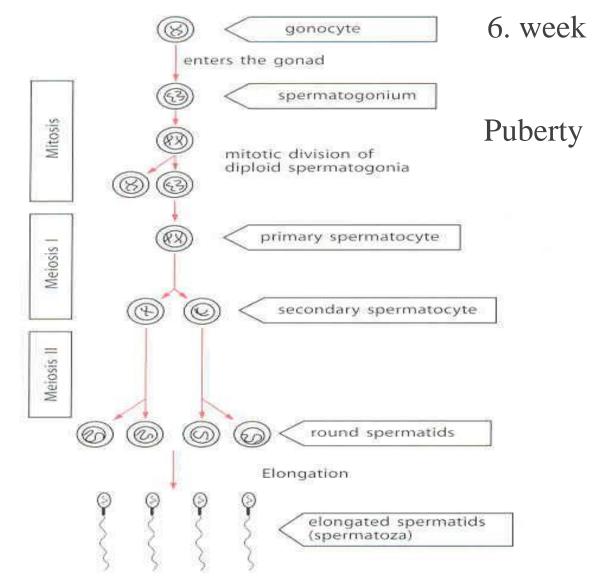




Spermatogenesis

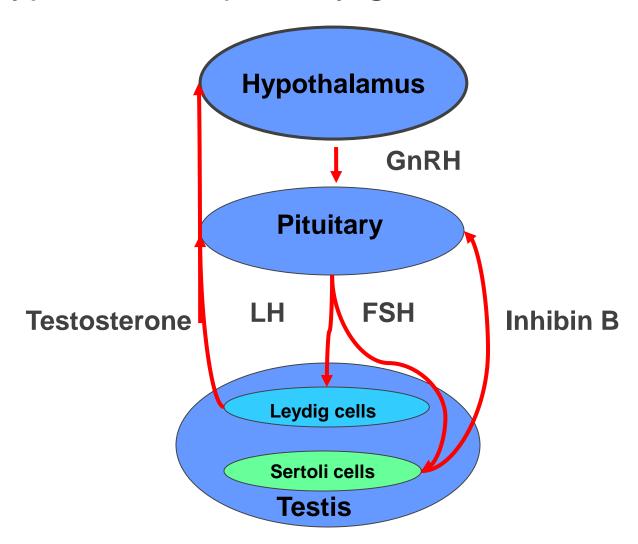
The process where the mature spermatozoa is formed achiving:

- 23 chromosomes by meiotic division and exchange of genes between homologues chromosomes (crossing over)
- the right shape to fertilize the ovum (spermiogenesis).



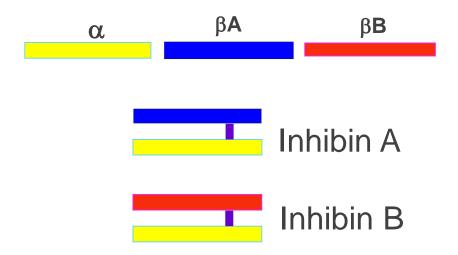


Hypothalamic-pituitary-gonadal axis



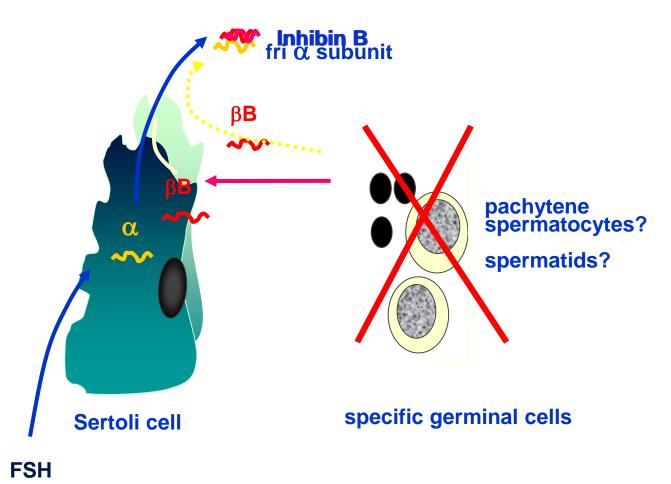


Inhibin subunits

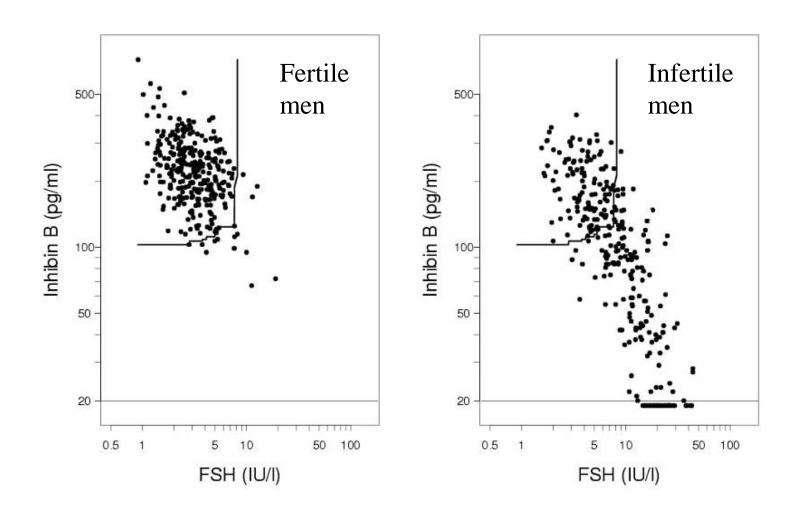




Regulation of Inhibin B production by germinal cells in the adult man



Markers of spermatogenesis





Cut-off values for semen parameters WHO laboratory manual (2010)

Volume 1,5 ml

Sperm concentration 15 mill/ml

Total sperm count 39 mill

• Motile 40%

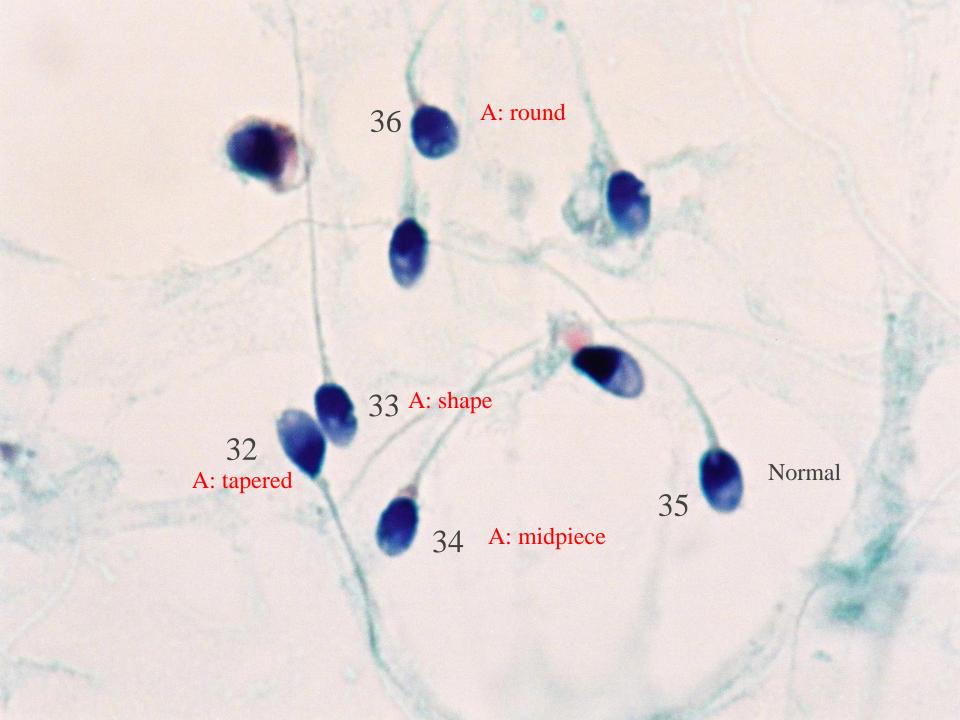
Progressive motile 32%

Morphology
 4% (strict criteria)

Vitality 58% viable

Definitions

- Azoospermia: no sperm cells in the ejaculate
- Oligozoospermia: <15 mill/ml in the ejaculate
- Astenozoospermia: > 40% immotile sperm cells
- Teratozoospermia: < 4% morphologically normal sperm cells





Intra-individual variations in semen quality

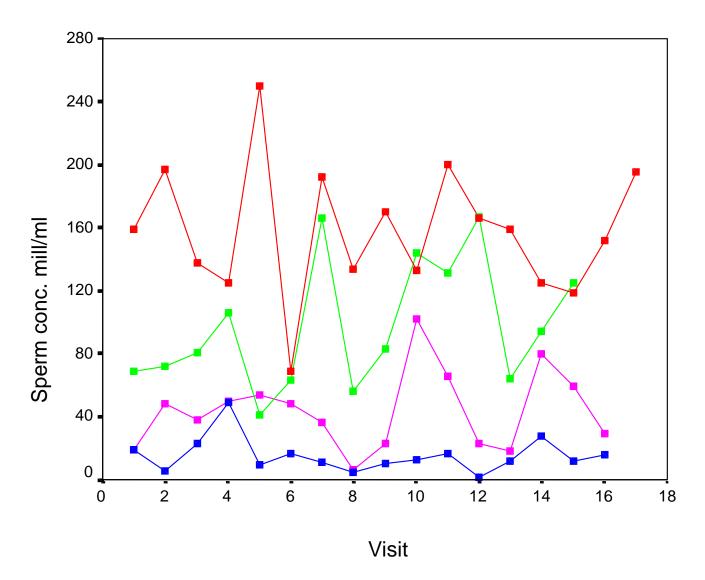
 Evaluation of monthly semen samples during 17 months form 27 men (median age 24,4 y)

Intra-individual variation:

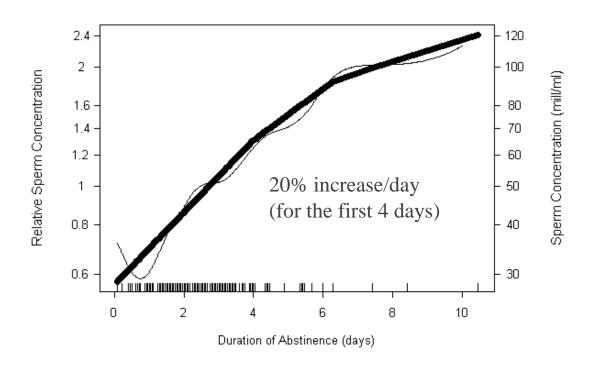
•	Sperm	concentration	61,9%
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• % immotile sperm cells 30,7%

• % normal sperm cells 10.4%



Effect of duration of abstinence on sperm concentration





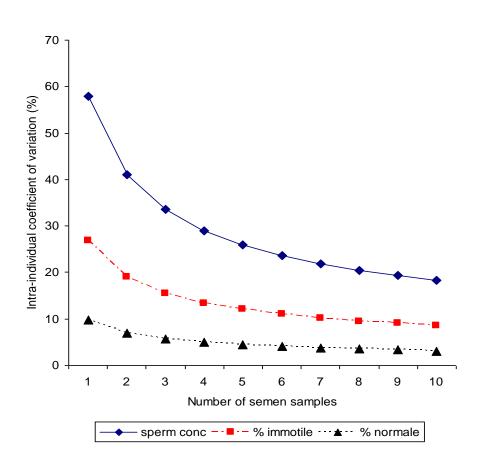
Effect of fever on semen quality

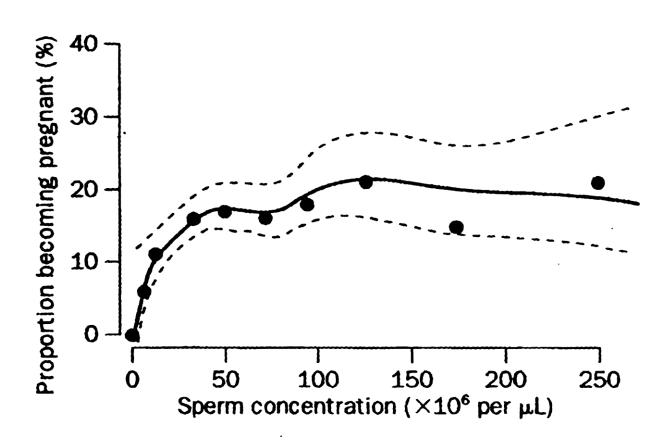
	Fever during mitotic proliferation (day –80 to -57)	Fever during meiotic division (day -56 to -33)	Fever during spermiogenesis (day –32 to -9)	Fever during sperm maturation (day -8 to 0)
Sperm	5.5 (-21.7; 42.0)	-32.6 (-49.9; -9.2)	-35.0 (-50.5; -14.6)	-0.3 (-38.7; 51.9)
concentration	p=0.726	p=0.010	p=0.002	p=0.877
% normal spermatozoa	-2.8 (-7.5; 2.2)	-4.3 (-9.0; 0.6)	-7.4 (-11.6; -3.0)	-1.4 (-8.7; 6.6)
	p=0.269	p=0.084	p=0.001	p=0.730
% immotile	2.7 (-10.5; 17.9)	-6.4 (-18.7; 7.7)	20.4 (6.0; 36.8)	2.0 (-17.5; 26.1)
spermatozoa	p=0.702	p=0.355	p=0.004	p=0.856

[%] and 95% confidence interval



Intra-individual variation in semen parameters: effect of multiple semen samples





Bonde et al. Lancet (1998) 352: 1172-77.







Male infertility causes

- Compromised spermatogenesis
- Obstruction
- Ejaculatory dysfunction
- Other causes



Compromised sperm production

- Hormonal problems
 - Defect in GnRH release (Kallmann's syndrome)
 - Pituitary tumors or hemochromatosis
- Testicular dysfunction
 - Idiopathic
 - associated with cryptorchidism
- Genetic disorders
- Acquired disorders
 - Trauma/orchitis
 - Torsion of the testis
- Exogenous factors

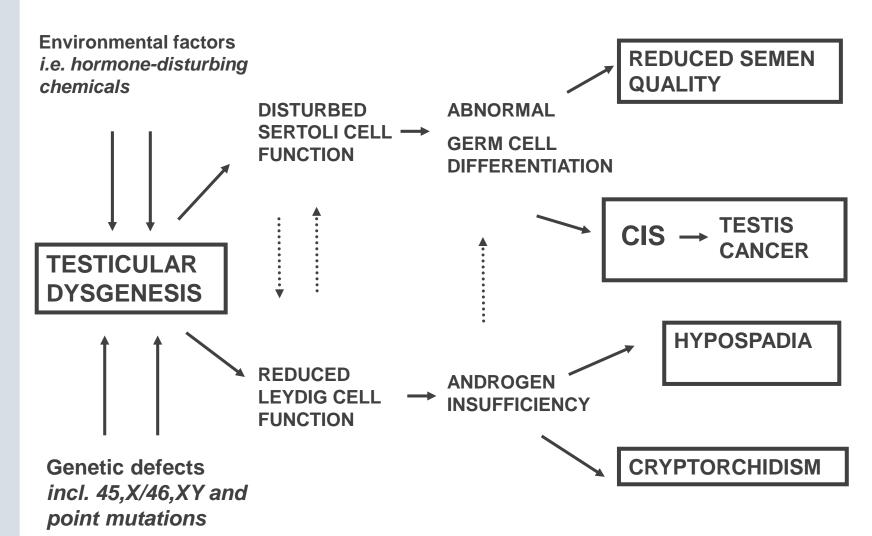


Testicular dysgenesis syndrome (TDS)

- Reduced semen quality
 - Compromised sperm production
 - Spermatogenic arrest
 - Sertoli cell only syndrome
- Cryptorchidism
- Cancer testis/ Carcinoma in situ testis (CIS)
- Hypospadia



Testicular Dysgenesis Syndrome



Skakkebæk et al. Hum. Reprod. 2001

Genetic disorders

- Klinefelter Syndrome (47, XXY)
- Chromosomal translocations
- Androgen receptor gen mutations
- Y chromosome microdeletions



Klinefelter syndrome (47,XXY)

- 0,2% of newborn boys
- 11% of men with non-obstructive azoospermia
- small testes < 5 ml and often azoospermia
- Decreased virilisation
- hypergonadotropic hypogonadism



Autosomal translocations

- 0,5-1% of men with oligo-azoospermia
- Robertsonian/reciprocal
- Balanced/unbalanced embryos
- PGD (preimplantation gene diagnostic)

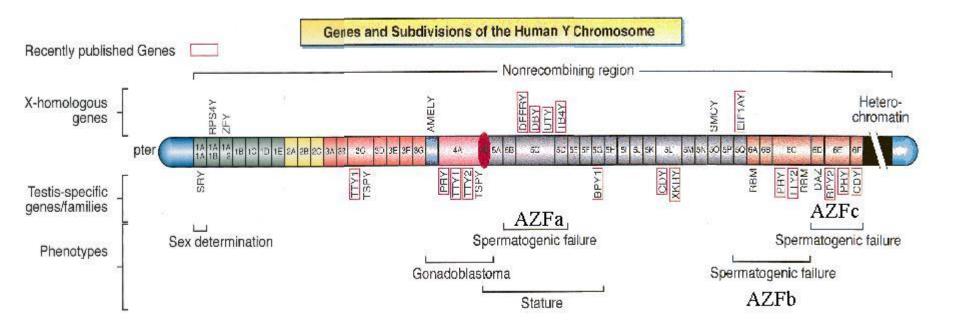


Y chromosome microdeletions

- Frequency:
 - 10% of men with non-obstructive azoospermia and 6% of men with severe oligozoospermia (ESHRE Capri Workshop Group, Hum Reprod Update 2007)
- Localization:
 - 3 AZF regions on Yq: AZFa, AZFb andAZFc
 - Newer modifications of the original classification including b2/b4 and gr/gr

A Functional Map of the Y Chromosome

(from Lahn & Page 1997, Science 278:675)



Note: contrary to this figure, an X-homologue of RBM has recently been described (Nat Gen July 1999)



Exogenous causes

- Irradiation of the testis
- Medicine
 - Salazopyrine
 - Cytotoxic drugs
 - Anabolic steroids



Obstructions of sperm ducts

- Previous genital infections
 - · Chlamydia, gonorrhea
- Urogenital surgery
 - Vasectomy, reconstructive surgery
- Congenital aplasia of sperm ducts
 - Cystic fibrosis or cystic fibrosis gen mutations



CFTR-mutation (cystic fibrosis transmembrane conductance regulator)

- Absent development of seminal duct (vas deferens) and seminal vesicle
- Azoospermia and a small semen volume
- Fertility treatment ICSI/TESA
- Female carrier?



Ejaculatory dysfunction

- Retrograde ejaculation
 - Neuropathy in diabetes
 - Previous prostatic surgery and other pelvic surgery
- Anejaculation
 - Neuropathy
 - Spinal cord injury



Andrological examination

- Clinical examination
 - history
 - objective examination
 - ultrasound scan of the testis
- Laboratory tests
 - semen samples
 - hormone analyses
 - genetic analyses
- Diagnostic testicular biopsy in certain cases

- History
 - Previous maldescensus
 - Infections/surgery
 - Previous conceptions
 - Symptoms
 - Medication
- Objective examination
 - Testicular size
 - Ducts and epididymis
 - Ultrasound scan







Laboratory tests

- Semen analysis
 - Urine analysis for retrograde ejaculation
 - Diagnostic swim-up or gradient centrifugation
- Hormone analysis
 - Inhibin B / FSH
 - LH
 - Testosterone
- Genetic analysis
 - Karyotype
 - Y chromosome microdeletion analysis



Genetic tests

- Routine tests in azoospermia and severe oligozoospermia and whenever ICSI is indicated:
 - Karyotype
 - Y chromosome microdeletion test
- When indicated
 - CFTR mutation analysis



Treatment of male infertility

- Elimination of environmental and lifestyle factors
- Medical treatment
- Surgical treatment
- Assisted reproduction

