MALE FACTOR IN STERILITY

by

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The study and treatment of the barren Union have been traditionally entrusted to the gynaecologists because the wife has always been the most keenly interested in the off spring. Formerly, she alone shouldered the responsibility for the barren marriage, today however, it is realised that the male is just as likely to be at fault, as is his mate. It is now generally appreciated that a thorough study of both is essential for rectification of the childless union.

The entire field of human male fertility (definitions, etiology and therapy) remains in a state of groping development that has gathered momentum only in recent years. It is unfortunate that relatively few workers have devoted, or are devoting, a concerted effort to solve the multitude of problems associated with a clinical speciality, that means so much, in the emotional sense, to such a large number of patients.

This paper presents the clinical aspects of male factor in infertility.

Material and Methods

The present series consists of a study of 618 male partners of infertile couples, who attended sterility clinic of the Postgraduate Institute of Medical Education and Research, Chandigarh, during the years January 1971 to July 1974.

The criteria of selection of male factor responsible for infertility are—

(1) The female counterpart in each case is found normal on clinical examination and investigations i.e. basal body temperature findings, endometrial biopsy, tube testing, and hystero-salpingography.

(2) Confirmation of Azoospermic state by several semen analysis.

(3) Testicular biopsy to ascertain damage and the state of spermatogenesis.

(4) Radiological seminogram using contrast medium.

(5) Estimation of total urinary gonadotrophins and 17-Ketosteroids.

A detailed history was elicited in every case regarding hereditary, dietetic, habits, operation on genitalia, and local and systemic diseases. They were examined clinically in respect of local and systemic pathology. Semen samples were collected from the individual by masturbation after two days of abstinence, in a clean sterile test tube and examined macroscopically and microscopically within one hour of ejaculation. The result of semen analysis were analysed under following headings:

(i) Quantity of semen, (ii) Number

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Fetoproteins in Liquor Amnii in Normal—Kelkar and Magar pp. 494-498

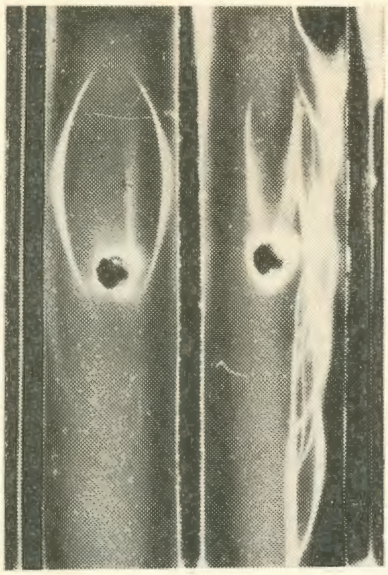

Fig. 1

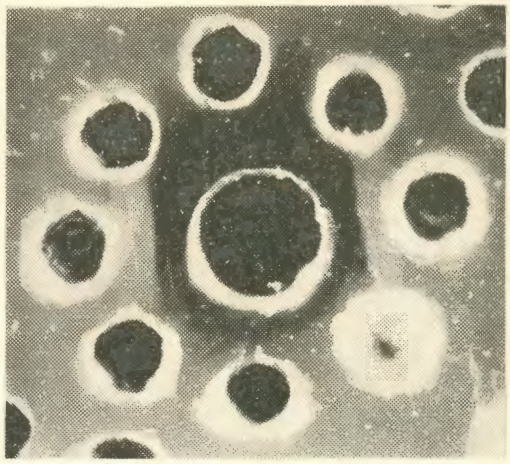

Fig. 2

Alpha-fetoprotein in liquor amnii. = normal pregnancy; o = anancephaly; * = some other abnormality; 1 = abortion with blighted ovum; 2 = abortion; 3 = twin abortion; 4 = accidental haemorrhage; 5 = macrated foetus; 6 = twins.

An Electrophoretic Study of Serum Proteins—Gupta et al. pp. 499-502

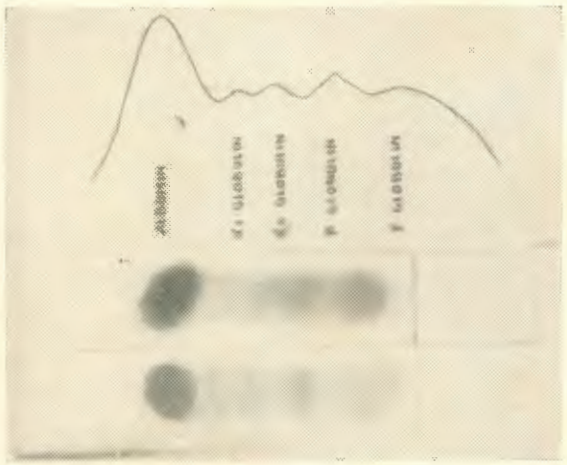

Fig. 1
Shows comparison of electrophotograms of normal healthy non–pregnant to normal pregnant women.

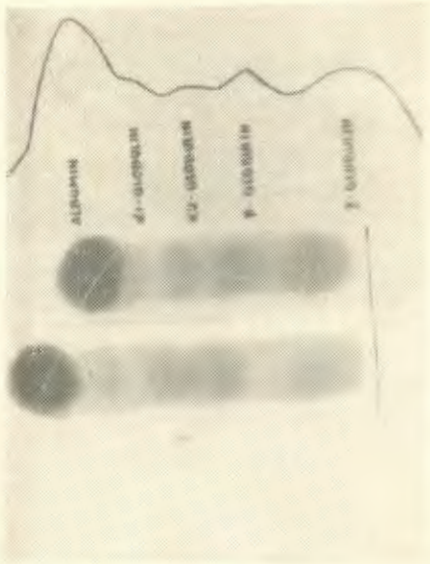

Fig. 2
Shows comparison of electrophotograms of normal healthy non-pregnant women to group III A.

An Electrophoretic Study of Serum Proteins—Gupta et al. pp. 499-502

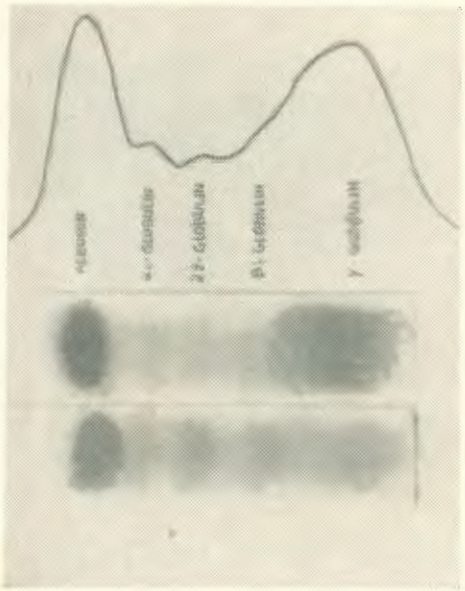

Fig. 3
Shows comparison of electrophotogram of normal healthy non–pregnant women to group III B.

Infertility and Amenorrhoea Following Abortions—Chakravorty and Gun pp. 520-524

Fig. 1
Corporeal synechiae in a case who had post-abortal curettage twice for persistent bleeding.

Fig. 2
Cervico-corporeal synechiae in a case of induced abortion.

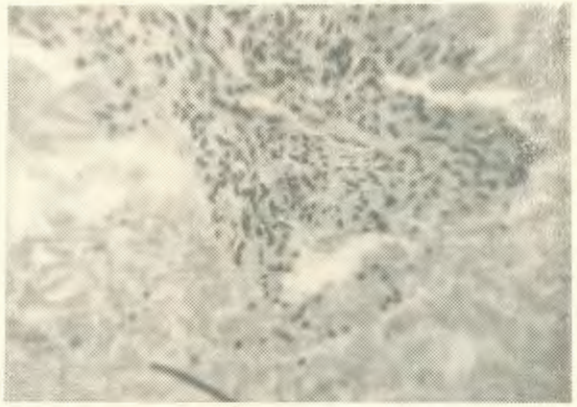

Fig. 3
Fibrotic endometrium in a case who had corporeal synechiae. (H & E. Stain).

Fig. 1
Specimen of total exenteration including parametrium and lymph nodes. Arrow indicates catheter in the urethra; the bladder has been opened up.

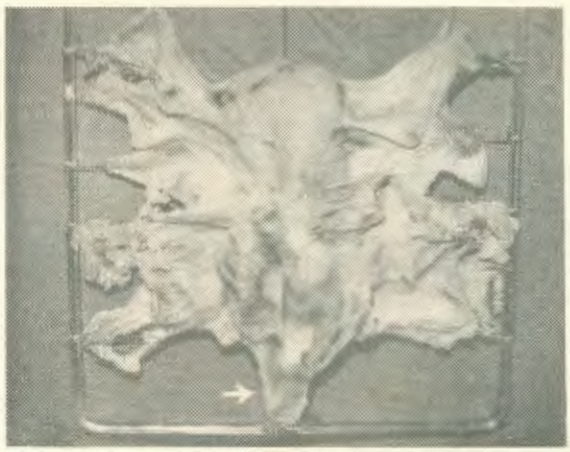

Fig. 2
Same specimen, posterior view; arrow indicates rectum.

Fig. 3
Patient had anterior exenteration with sigmoid conduit. Bag has been fitted to permanent colostomy.

Fig. 4
Patient had posterior exenteration 1 year before this photograph was taken. Stoma of colostomy is seen in the picture.

Surgical Treatment of Advanced Carcinoma Cervix—Chakravorty pp. 540-546

Fig. 5
Same patient (Fig. 4) 6 years after posterior exenteration and is now in perfect health with out recurrence. Stoma of colostomy has retract ed, but colostomy is functioning well.

Indirect Metastatic Spread of Carcinoma Cervix—Jaiswal and Mathur pp. 547-549

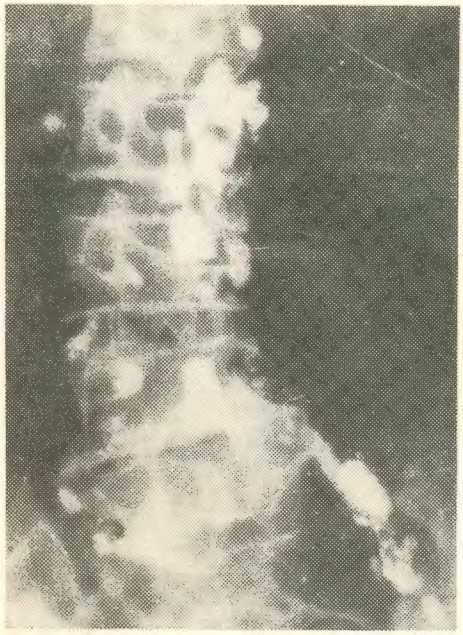

Fig. 1
Lymphogram showing involved para-aortic and common iliac lymph nodes. The lymph nodes are enlarged having marginal filling defect giving moth eaten appearances.

Fig. 2
Patient treated for carcinoma cervix came in follow up having enlarged left cervical lymph nodes. The biopsy showed metastases from carcinoma cervix.

Fig. 3
Patient treated for carcinoma cervix came in follow up with multiple nodule in both breasts. Later the biopsy proved metastases of cancer cervix.