

INTERTILE MEN WITH TESTICULAR FAILURE: ANDROGEN DEFICIENCY MUST RECEIVE EQUAL ATTENTION AS FERTILITY TREATMENT

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Purpose: Experience in the management of three men with testicular failure is reviewed. Fertility treatments, both fertilization of the partner's ovum with donor sperm or adoption, are directed to meet the couple's desire for a child but the obvious androgen deficiency in these men is often neglected. Although male factors are involved in about 50% of all cases of infertility more is known of female contributory factors. Testosterone deficiency has important health implications in men with testicular failure. This paper urges attention to this problem.

Materials and methods: A, B and C presented between 2001 and 2008. Their case histories and treatment are reviewed.

Results: A and B had mumps in their teenage years. A, 34 years old presented when his wife consulted for subfertility. B, 41 years old, was seen elsewhere for fertility treatment and discontinued treatment when it was established that there was testicular failure. He presented to us when he experienced weakness and loss of libido for two years. He also has diabetes but this is well controlled. C who is 27 years old complained of difficulty in sustaining penile erection. Both he and his wife were concerned that this sexual dysfunction precluded them from having a child. Chromosome study showed that he had Klinefelter's Syndrome. There was evidence of virilization in all three but less in C. All had testicular volume approximately 3mls. Semen analysis in all 3 patients showed azoospermia. Serum FSH (IU/L) was 19.2, 33.7 and 70.2 in A, B and C respectively. Serum testosterone (nmol/L) was 4.0, 3.5, and 7.0 in each A, B and C. A's wife conceived with donor sperm through IVF/ICSI. B and his wife chose not to pursue treatment or adoption. C and his wife are considering their options. A, who was seen in 2001 was put on oral Testosterone Undecanoate and reported little effect experienced. After his wife delivered the baby, he was lost to follow-up. B and C were started on and continued treatment with Injection Testosterone Undecanoate. Both reported growth of facial hair and required to shave, but not before. B felt fitter, his strength had improved and libido returned to normal. C no longer had difficulty with erections and reported increased volume of ejaculate.

Conclusion: Mumps and congenital factors are not the commonest causes of male infertility but are important causes of testicular failure. As shown by the 3 men presented, the couple's response to male reproductive failure is varied. Psychological studies of the impact of infertility and treatment on men are few. Present attention on testosterone deficiency and reported health benefits of replacement therapy in older men must not distract focus on androgen deficiency in relatively young men such as these presented. Testosterone is essential for male secondary sexual characteristics and function. It also has anabolic effects in bone and muscle. Patients B and C reported positive effects of therapy on their quality of life. The fertility clinic has potential to diagnose and direct holistic treatment for infertile men with testicular failure and should endeavor to do so.