

MALE FACTOR INFERTILITY WITH AZOOSPERMIA TREATED BY TESE AND ICSI, REVIEW IN TAICHUNG VETERANS GENERAL HOSPITAL

Tsung-I Lin¹, Hwa-Fen Guu¹, Ya-Fang Chen¹, Yu-Chiao Yi¹, Yen-Ping Ho¹, Li-Yu Chen¹, Wei-Ru Lin¹, Ming-Jer Chen¹

¹ Taichung Veterans General Hospital (Taiwan)

Purpose: In couples where the men present azoospermia, TESE (testicular sperm extraction) and ICSI (Intra-cytoplasmic sperm injection) was applied to treat their problems. We reviewed the outcome of all the azoospermia patients who received TESE and couples received ensuing ICSI

Materials and methods: This is a retrospective study of 60 azoospermia men who received TESE in the Center for Reproduction Medicine in TCVGH from June 2001 to February 2009. Meanwhile, 54 cycles of ICSI were performed in 34 couples. We evaluated pathology of TESE and live birth rate after the following ICSI treatment.

Results: Sixty azoospermia patients received TESE. Normal spermatogenesis or fair spermatogenesis was found in 11.7% (7/60). Hypospermatogenesis, hypoplasia or spermatogenic arrest accounted 21.6% (13/60). Fibrosis, atrophy or no spermatogenesis was reported in 16.7% (10/60). The others belonged to no pathology group (as already confirmed by the gynecologist or urologist) in 50% (30/60). Thirty-four TESE patients who then underwent 54 ICSI treatments, with LBR of 25.9% per oocyte retrieval cycle and 41.2% per couple. In 21 patients without pathology report, fertilization rate was 49.0% and clinical pregnancy rate was 29.2%, live birth rate was 29.2% per cycle. In 13 patients with pathologic report as normal spermatogenesis vs hypospermatogenesis: the fertilization rate was 50.6% vs. 55.2%, clinical pregnancy rate 20.0% vs. 40.0%, live birth rate 15.0% vs. 40.0% per cycle. There were no statistical differences in the female age (30.3 y/o, 32.0 y/o, 27.5 y/o), fertilization rate (49.0%, 59.5%, 49.2%), final clinical pregnancy rate (29.2%, 20.0%, 40.0%) and live birth rate (29.2%, 15.0%, 40.0%) in the non-report, normal spermatogenesis and hypospermatogenesis groups.

Conclusion: The TESE-ICSI treatment seems a successful treatment to help couples when the men present azoospermia. However, pathologic report is not an effective prognostic factor in predicting the outcome in this study.