# MALE INFERTILITY

## ESSAY

Submitted for partial fulfilment of

**The Masters Degree in Obstetrics and Gynecology**



**By**

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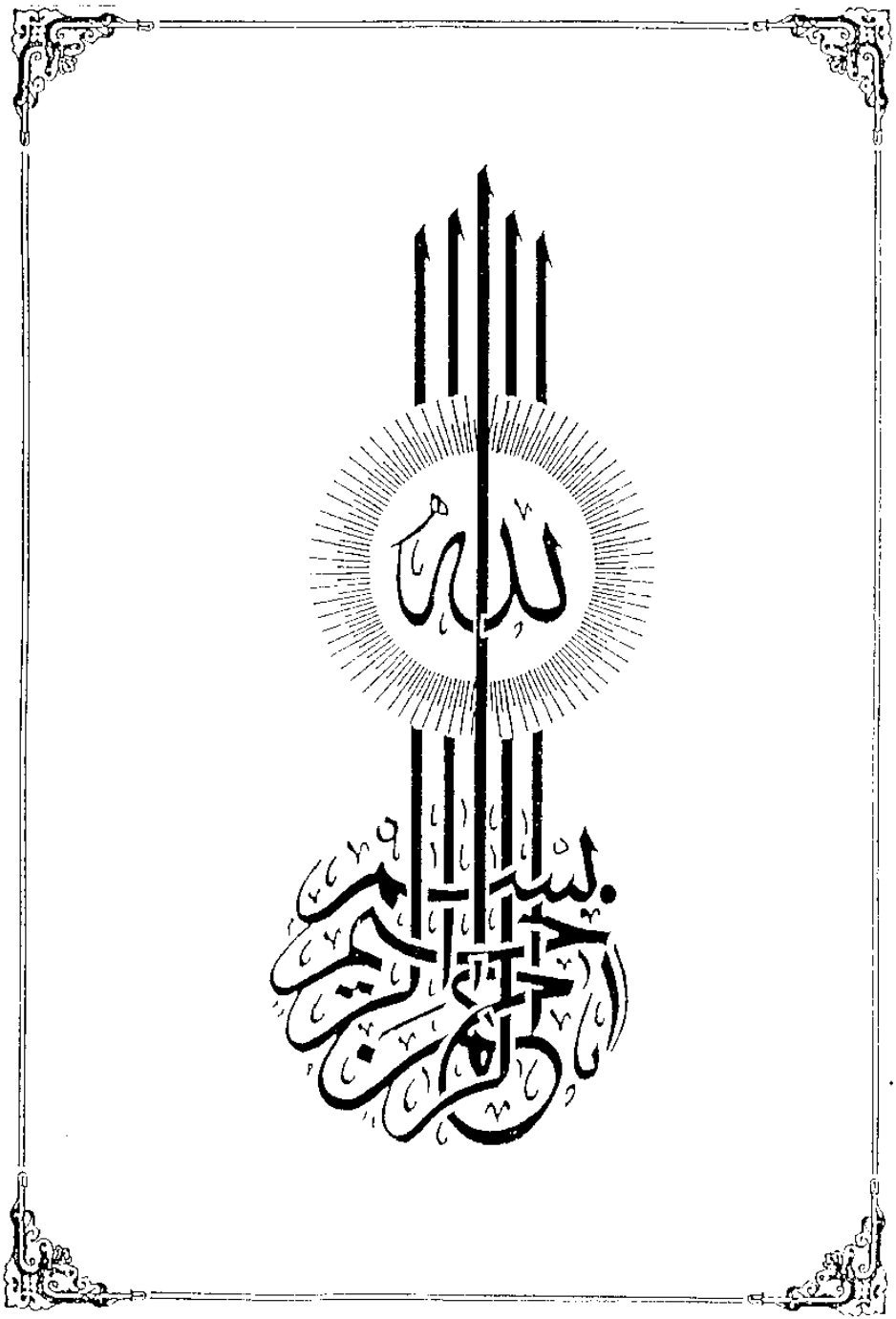

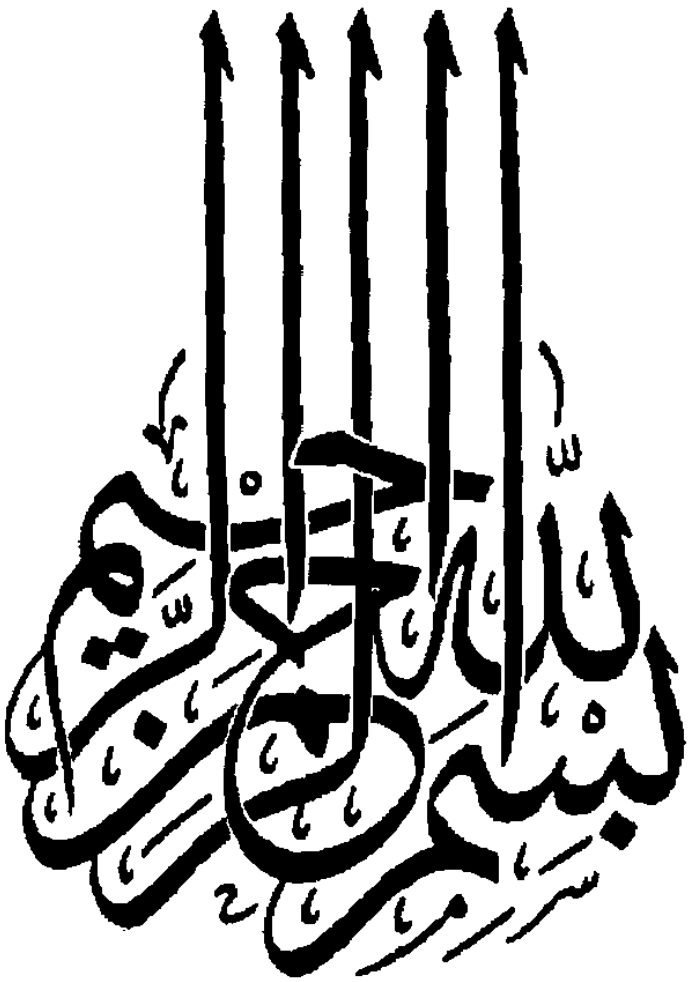

بسم الله الرحمن الرحيم

«لِلَهِ مُلكُ السَمَوَاتِ وَالأَرَضِ يَخلقُ مَا يَشَاءُ يَهَبُ لِمَنَ يَشَ
إِنَاثاً وَيَهبُ لِمَنَ يَشَاءُ الذُكوَرَ ، أَو يُزَوِجُهُم ذُكرَاناً وإِنَ
وَيَجعلُ مَن يَشَاءُ عَقِيماً إِنَهُ عَلِيمٌ قَدِيرٌ»

صدق الليه العظيم

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# *Introduction*

# INTRODUCTION

Concepts regarding the evaluation and management of the infertile male have evolved since the mid-1970's primarily because of the development of new methodology. Nevertheless, the cause of male infertility is often obscure and the clearly defined causes are infrequent and rare (*Howards,* 1978).

Male infertility is common. It is estimated that 10–15% of marriages are childless and another 10–15% of couples have fewer children than desired. It is generally estimated that in 30–50% of such cases, the man is infertile which for the general population equals about 5–10% of married men.

Infertility should be viewed as a problem of the couple, marginal male infertility can often be compensated by excellent female fertility, and vice versa. Therefore, it is strongly advisable for the female partner to undergo fertility evaluation (*Sharlip,* 1988).

The treatment of male infertility has been advanced by developments in the assays used to asses sperm function. Methodologies for sperm preparation and augmentation of motility and potential

fertilizing ability and the various assisted reproductive techniques. These have made it possible for fertilization to be achieved even when apparently severe seminal deficits (*NAACOGS*, 1992).