

INFERTILITY– DIAGNOSIS, TREATMENT

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Abstract:

Infertility is the absence of pregnancy within a period of one year in sexually active couples without the use of contraceptives (WHO, 1995).

About 25% of couples do not get pregnant for a year. Of these couples, 15% are medically treated for infertility and 5% remain childless. With the help of modern reproductive technologies (ICU), this indicator has decreased even more

Prognostic factors

The main factors affecting the prognosis of infertility:

- * Duration of infertility.

- Primary or secondary infertility.

- * Spermogram results.

- * Age and fertility status of the couple (female).

During the urogenital examination, the urologist should examine any urogenital changes in men for their effect on fertility. This applies to any man who has been diagnosed with a change in sperm quality. Diagnosis begins before initial treatment. (Drugs, Surgery, Artificial Insemination).

2. Diagnosis

Enter

When evaluating male fertility, it is necessary to pay attention to diseases such as varicocele, testicular and epididymis disorders, genital obstructions, prostate and seminal vesicle anomalies. (1. Table) If a man is diagnosed with any disease, it is appropriate to evaluate the fertility of his partner at the same time.

The disease in andrological examinations is indicated by changes in the semen analysis. Therefore, since seed analysis is considered to be the main factor of treatment, it is recommended to create laboratory conditions that meet all standards during work.

Spermogram frequency



If the indicators correspond to WHO indicators, it will be enough once. But if there is a change in at least two analyses, there is a need for other andrological examinations.

The importance of this is to distinguish the forms of oligozoospermia (< 15 million spermatozoa/ml), asthenozoospermia (< 40% active spermatozoa) and teratozoospermia (< 14% of normal spermatozoa). Unfortunately, these three pathologies often occur in the form of oligo-astheno-teratozoospermia (OAT) syndrome. The danger of this OAT syndrome (< 1 million/ml) is similar to that of azoospermia (absence of spermatozoa in the separated ejaculate), which is an increase in the volume of obstruction in the male reproductive organs and is related to heredity.

3. Hormonal tests

It is important that attention has been paid enough to the fact that the lack of function of the endocrine glands occupies the main place among the general public. Hormonal screening includes evaluation of follicle-stimulating hormone (FSH), luteinizing hormone (LH), and testosterone levels. If there is a conclusion that azoospermia or OAT state has appeared, then it is necessary to determine the presence of obstruction. FSH values and normal testicular size can predict obstruction. Because 29% of men have defects in spermatogenesis even when FSH is normal.

2.3.1 Hypergonadotrophic hypogonadism (excess FSH/ LH).

Advanced primary testicular disorders are mainly caused by excessive production of gonadotropin and affect spermatogenesis separately, but do not harm the general endocrine system. The reasons may be:

- * Button - Klinefelter's syndrome (sometimes with gynecomastia), anorchia, enzyme defects in the synthesis of androgens and cryptorchidism.

- * Acquired - from orchitis, testicular torsion, castration and cytotoxic therapy.

2.3.2 Hypogonadotropic hypogonadism (FSH/LH deficiency).

Dysfunction of the parathyroid gland or hypothalamus leads to a decrease in the amount of gonadotropins. These are the results of the following:

Key abnormalities - isolated FSH and LH secretion suppression (Kallmann's syndrome, complaints of anosmia), isolated LH secretion suppression, idiopathic hypopituitarism and delayed puberty are observed.



Acquired anomalies are generally caused by complex dysfunctions or iatrogenic effects in the hypothalamus or parathyroid glands. (Gonadotropin-releasing hormone agonists and anti-androgens)

If hypogonadotropic hypogonadism is suspected, medical evaluation should include an MRI of the prostate gland and an LHRH stimulation test.

Microbiologic evaluation abnormalities include urinary tract infections, urinary tract infections, prostatitis, epididymitis, ejaculatory infections, and sexually transmitted diseases. From the clinical point of view, the reason for the appearance of white mine cells in the semen analysis has not been determined. Low volume of ejaculate (hypospermia) indicates the presence of a partial obstruction in the ejaculate, which can be caused by a chronic infection of the prostate or seminal vesicles. Genital infections can cause the release of free radicals with spermatotoxic properties. Gonorrhea and chlamydia can also cause obstruction in the epididymis and vas deferens.

3.1 Advice (consultation)

Lifestyle also affects sperm analysis: for example, alcoholism, taking anabolic steroids, doing sports (marathons, weightlifting) and raising the internal temperature of the testicles (clothing, sauna or high work conditions). Several drugs inhibit spermatogenesis.

Medical (hormonal) treatment

No studies have shown that hormonal therapy (human menopausal gonadotropin (NMG)/chorionic gonadotropin (NSG), androgens, anti-estrogens, prolactin inhibitors, and steroids) helps reduce infertility rates in idiopathic OAT. However, some endocrinological disorders can be treated medically:

- * Decreasing the level of testosterone - injecting testosterone; introduced testosterone brings spermatogenesis to physiological indicators. IT IS PROVEN IN SCIENTIFIC ARTICLES THAT TESTOSTERONE CANNOT BE USED FOR STERILITY IN THE MODERN MEDICAL APPROACH.

- * Hypogonadotropic hypogonadism - pulse therapy with GnRH. In addition, NSG and NMG can be given.

- * Hyperprolactinemia - dopamine agonists.

Corticosteroids are not prescribed if antibodies are found in his sperm, because the burden of proof is the effect.



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