key points

SELECTED BY
Dr Linden Ruckert
GP, London

Sperm dysfunction is the most common cause of infertility and affects one in fifteen men. Up to one in five 18-year-olds are classed as sub-fertile. There are no drug treatments to enhance sperm function that have been shown to be effective in controlled trials, and IVF and ICSI are the only treatment options.

Information should be obtained from the man regarding previous conceptions, surgery likely to affect fertility, such as vasectomy, drug use, including illicit use, for example steroids for bodybuilding, and age. If the couple have been trying to conceive for more than 12 months a semen analysis should be performed.

In some cases the semen analysis result is very helpful, for example in patients with azoospermia or when many motile sperm are present in the ejaculate. However, the majority of men fall between these extremes, and for these patients semen analysis is only moderately predictive of future fertility. Generally, the chance of conception is decreased with lower semen parameters (for example a sperm concentration below 10 million per ml), but this is not always the case.

Semen analysis has a wide variation in standards. The same man can be categorised as either a semen donor or as sub-fertile, depending on the laboratory used for analysis.

The following treatments are not recommended by NICE:

- Men with varicoceles should not be offered surgical treatment.
- Men with semen abnormalities should not be offered antioestrogens, gonadotrophins, androgens, bromocriptine or kinin-enhancing drugs.
- Steroid treatment should not be given to men with antisperm antibodies.
- Antibiotic treatment is not recommended for men with leukocytes in their semen unless a specific infection is identified.

The national live birth rate is 20 per cent per treatment cycle started for IVF, and 23 per cent for ICSI.

Studies have shown no obvious health problems in children conceived as a result of ICSI. Some forms of male fertility are clearly genetic. In such cases, the genetic abnormality can be passed on to the sons. As ICSI is a relatively new technique (the first children were born in 1992), the fertility of these boys remains unknown, but it is presumed that they will be sub-fertile.