

# *INFERTILITY*

# INFERTILITY

- ◉ Infertility is apparent failure of couple to conceive.
- ◉ Absolute inability to conceive is called as **STERILITY**
- ◉ Infertility is divided into 2
  - 1) primary infertility
  - 2) secondary infertility.
- ❖ Primary infertility- If conception has never occurred.
- ❖ Secondary infertility- If pt failed to conceive after having previous conception

# FEMALE INFERTILITY

# ETIOLOGY

## **Cervical factor 5% --**

1. chronic cervicitis.
2. Immunological factor anti-sperm antibodies.

## **Uterine factor 10%--**

1. Fibroid
2. Synechiae Asherman syndrom.
3. Vigorous curetag.
4. Peripural sepsis.
5. Unfavorable endometrium.

## **Tubal factor 30%--**

1. Alter motility.
2. Salpingitis

## **Pelvic causes 5%--**

1. Endometriosis
2. Adhesions by kinking tubes
3. PID

## **Ovarian causes 30-40%--**

1. Dysovulatory cycles.
2. Anovulation(PCOD)
3. Corpus luteum insufficiency.

## **Unexplained infertility 15%**

# *MALE INFERTILITY*

# INVESTIGATIONS

## ◎ History—

- i. Age
- ii. previous children
- iii. duration of infertility
- iv. Use of contraceptives
- v. H/O previous marriage
- vi. Coital timing and frequency

**Occupation**

**Addiction**

## **Medical history**

**T.B , STDs , D.M , Mumps etc**

## **Operative history**

**hernia , vericoccele , scrotal  
operatives etc**



# GENERAL EXAMINATIONS

- 1) Height
- 2) Weight/obesity
- 3) Secondary sexual characters
- 4) Thyroid enlargement

# LOCAL EXAMINATIONS

Scrotum --

scar

volume

place

Epididymis

enlargement

Rectal exam

prostate

# SPECIAL INVESTIGATIONS

- Routine

  - Urine

  - Blood

  - BSL

- Special

  - semen analysis

  - testicular biopsy

  - hormonal assays

  - immunological test

  - chromosomal study

  - patency of duct

# SEMEN ANALYSIS

## ◉ NORMAL VALUES

Volume- >2ml

pH - 7.2 to 7.8

sperm count - 20 million/ml

total count - >40 million.

motility - 50%

morphology >14% normal

viability 75%

viscosity <3

# ABNORMALITIES

Aspermia- no semen

Azoospermia - no sperm in semen

Oligospermia - low sperm count

Asthenospermia- no motility

Necrospermia- dead sperm

Teratospermia- abnormal morphology

# INVESTIGATION

## □ HISTORY—

- 1.Age
- 2.Obst history.
3. Menstrual history
4. H/O T.B
- 5.H/O D.M Thyroid.
- 6.Previous use of contraceptives.

# EXAMINATION—

1. Height
2. Weight
3. B.P
4. Hirsutism
5. Thyroid lump
6. Breast for any secretions.
7. P/A Swelling due to ut. Fibroid.
8. Bimanual pelvic examination to exclude gynecological cause.

# Special Investigations—

## Tests of tubal patency

1. HSG
2. Lap. Chromotubation
3. Sonosalpingography.
4. Ampillary and fimbrial salpingoscopy.

## Test of Ovulation

1. BBT
2. Endometrial biopsy.
3. Fern test.
4. USG
5. Hormonal study.