

EDITORIAL

IPREVENTION AND REDUCTION OF MALE INFERTILITY IN PRESENT AND NEXT GENERATIONS.....

Infertility is one of the leading reasons for gynaecological consultations globally and perhaps the commonest gynaecological diagnosis in developing countries such as Nigeria. It is becoming more acceptable to use the term Sub-fertility to describe the same old condition which can either be primary or secondary. Most often, the female partners seek medical help first even though both male and female partners contribute to fertility. Depending on facility and population, 15-50% of infertile couples suffer from male infertility.

It is worrisome to know that male factor contributes significantly to its rising incidence. Commonly, causes of male infertility include erectile dysfunction, obstructive diseases of the male reproductive tracts, endocrine abnormalities, genetic disorders among others, in this piece we are more concerned about how underlying factors directly/indirectly culminate in sub-fertility in men. It suffices to say that most often than not, assisted reproductive techniques are offered to couples whenever the diagnosis is made.

We should start considering other modalities when outright causes are idiopathic or if a diagnosis of 'Unexplained Male Infertility' rises. An often overlooked disorder in such men is Obesity. Weight control is an essential component of lifestyle modification that has far reaching benefits on almost all systems. Reduction in alcohol consumption, cigarette smoking, avoiding recreational drugs are also recommended. Other occupational and environmental risks may be modifiable in order to improve outlook.

Genetic diseases are not routinely investigated for in Infertility management and often times, assisted

conception is offered without excluding them. When ICSI is offered, Y chromosome microdeletions have the potential of genetic transmission. Abnormalities detected on seminograms such as azoospermia, oligospermia might be due to such underlying chromosomal abnormalities. Our laboratories should be prepared to include genetic diagnosis at evaluation so as to halt abnormalities that ordinarily would have been prevented by nature. Pre-implantation and Prenatal diagnosis are important in safeguarding the health of their offspring in future.

The role of other medical disorders and their treatment in male sub-fertility may discover cheaper and more acceptable interventions. This will increase research opportunities for medical and allied professionals that will be of regional relevance. Nigeria has witnessed proliferations of many fertility centres and priority should be placed on standard practices with local medical references.

Male infertility is on the rise despite the improvement in reproductive technology; by and large it is most relevant and important to stem the tide. Prevention is not only better but also cheaper than cure!

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