

Andrology

Editorial

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The study of human fertility or sterility used to be a relatively easy matter. The sperm count and motility, and sometimes the pH and fructose content of the seminal fluid were the only possible parameters for consideration.

Research had led to rapid evolution in this field. Spermatogenesis is a highly complex subject and in spite of recent progress, it is still not well understood.

Spermatogenesis must be perfect. For the spermatozoae it is essential to have normal function of the epididymis, seminal vesicles and of the prostate gland.

These organs (testicles, epididymis, seminal vesicles and prostate) are regulated by hormones. Any alteration in the action of hormones leads not only to disturbance in spermatogenesis but also to serious problems in the function of the genital tract and its accessory glands.

Genital infections, whether manifest or latent, may have far reaching consequences on fertility. Infections, such as urethritis or orchitis or acute prostatitis, are clinically obvious, and can be treated, but have damaging consequences. Similar considerations exist with chlamydiae infections, which may progress slowly or even imperceptively, but still lead to irreversible damage to the delicate genital tract.

A fertile sperm can only be produced by an anatomically perfect male genital apparatus. Each part of the apparatus is essential for correct spermatogenesis: testicles, epididymis, seminal vesicles and prostate, as well as the accessory glands. A normal hormonal environment is essential for the proper function of the genital apparatus. Infection of part or whole of the genital apparatus makes it difficult for the spermatozoa to mature or to migrate in the genital tract.

Fertilisation is an astonishingly complex physiological activity. A lot of progress is still to be made, both in diagnosis and therapy, for a better understanding of this elementary function, and hence to be better able to treat sterile patients, or patients with reduced fertility.

References

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