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Brief Report

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Male infertility in a developing community

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Abstract

Owing to the worldwide problem of male infertility, the author investigated it. Note was taken of papers published in from several countries. It was concluded that the Nigerian slant is that males in their 30s sought the answer to their infertility. All showed non-functioning tubules.

Key words: Testis, infertility, biopsy, age, tubular lesions.

Introduction

Male infertility is a worldwide problem. Thus, there is evidence of it from several countries as diverse as Japan,[1] UK,[2] Brazil,[3] Germany,[4] Egypt,[5] and USA.[6,7] In order to investigate it from Nigeria, help was received from a Birmingham (UK) group which stipulated that the establishment of a histopathology data pool facilitates epidemiological analysis.[8] Therefore, let me use the one established at Enugu for the Igbo ethnic group in South Eastern Nigeria.[9] It is to be noted that this is part of a resent series concerning such parts of the body as inflammatory breast carcinoma,[10] thyroid epidermal cyst[11] and neurofibroma in infancy.[12]

Materials and Method

From 1970, the author was the pioneer pathologist in the Regional Laboratory established at Enugu by the Government. All results were stored personally. They were analyzed by the author as to male infertility. Accordingly, the clinical or other investigations are missing in the series. The questions asked and answered are in respect of cases submitted with epidemiologic data such as age, sex, and complaints.

Results

Table 1. Epidemiological data on infertile testes.

No	Initials	Age	Duration (yrs)	Lesions
1	OA	34	3	Tubular hyalinization
2	OV	36	4	Tubular hypoplasia
3	OP	32	5	Tubular sclerosis
4	OM	36	3	Tubular sclerosis
5	ON	34	5	Tubular fibrosis and sclerosis
6	OD	32	1	Tubular sclerosis
7	OS	33	3	Tubular hypoplasia, hyelminthiasis
8	UL	30	5	Tubular hypoplasia

Discussion

Undoubtedly, male infertility was heralded strongly in UK thus: "It is important on any qualitative research that gives voices to male perspectives and concern."[2] In this context, the above Table shows that concern about sterility was concentrated among the 30 to 36 age group! In like manners, the pathological processes were limited to tabular dysfunction. In particular, inflammation was absent, although tuberculosis of this organ was published elsewhere.[13-15] Perhaps, as has been queried in Japan,[1] there is a genetic predisposition to the condition. A glance at the initials demonstrates that family names did not show up.

Incidentally, smoking of cigarette has been queried.[5] There was no evidence incriminating smoking in this community.

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