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# Contributors

**Gabriella Avellino MD**

Brown Alpert Medical School. RI, USA

**Tolulope Bakare MD**

University of Texas Southwestern Medical Center,  
Department of Urology, Dallas, TX, USA

**Robert E. Brannigan MD**

Northwestern University Feinberg School of Medicine,  
Chicago, IL, USA

**Ettore Caroppo MD**

ASL Bari, U.O. Fisiopatologia della Riproduzione Umana  
e PMA, PTA “F Jaia,” Conversano, Bari, Italy

**Jessica L. Chan MD**

Division of Reproductive Endocrinology and  
Infertility, Center for Fertility and Reproductive  
Medicine, Division of REI, Department of  
Ob/Gyn, Cedars-Sinai Medical Center, Los Angeles,  
CA, USA

**C. Yan Cheng MD PhD**

The Mary M. Wohlford Laboratory for Male  
Contraceptive Research, Center for Biomedical Research,  
Population Council, New York, NY, USA

**Jeremy T. Choy MD**

Division of Endocrinology, Gerontology, and  
Metabolism, Stanford University School of Medicine,  
Stanford, CA, USA

**Caleb A. Cooper MD**

University of Chicago, Chicago, IL, USA

**Christopher J. De Jonge PhD HCLD (ABB)**

M Health Fairview, University of Minnesota,  
Minneapolis, MN, USA

**Darius J. Devlin, Ph.D.**

Regulatory Scientist at Biopharma Global

**Michael L. Eisenberg MD**

Department of Urology, Stanford University School of  
Medicine, Stanford, CA, USA

**J. Scott Gabrielsen MD PhD**

Department of Urology, University of Rochester,  
Rochester, NY, USA

**Ramy Abou Ghayda MD MPH**

Division of Urology, Brigham and Women’s Hospital,  
Boston, MA, USA

**Joshua A. Halpern MD MS**

Northwestern University Feinberg School of Medicine,  
Chicago, IL, USA

**Brooke A. Harnisch MD**

Division of Urology, UCONN Health, Farmington,  
CT, USA

**Stanton C. Honig MD**

Department of Urology, Yale School of Medicine, New  
Haven, CT, USA

**James M. Hotaling MD, MS, FECSM**

Division of Urology, Department of Surgery, University  
of Utah Health, Salt Lake City, UT, USA

**Stuart S. Howards MD**

University of Virginia, Department of Urology,  
Charlottesville, VA, USA

**William J. Huang MD, PhD**

Department of Urology, Taipei Veterans General Hospital,  
School of Medicine, College of Medicine, National Yang  
Ming Chiao Tung University, Taipei, Taiwan

**Caroline Kang MD PhD**

James Buchanan Brady Foundation Institute of Urology,  
Weill Cornell Medical College, New York, NY, USA

**Sanjay S. Kasturi MD**

New Jersey Urology, Vineland, NJ, USA

**Martin N. Kathrins MD**

Division of Urology, Brigham and Women's Hospital, Boston, MA, USA

**Roger K. Khouri Jr MD**

University of Texas Southwestern Medical Center, Department of Urology, Dallas, TX, USA

**Sarah C. Krzastek MD**

Virginia Commonwealth University, Division of Urology, & McGuire VA Medical Center, Division of Urology, Richmond, VA, USA; University of Virginia, Department of Urology; Charlottesville, VA, USA

**Dolores J. Lamb HCLD PhD**

Brady Foundation Department of Urology, Center for Reproductive Genomics, Center for Reproductive Medicine, Englander Institute for Precision Medicine, Weill Cornell Medical College, New York, NY, USA

**Larry I. Lipshultz MD**

Scott Department of Urology, Baylor College of Medicine, Houston, TX, USA

**Millissia Ben Maamar PhD**

Center for Reproductive Biology, School of Biological Sciences, Washington State University, Pullman, WA, USA

**Martin M. Matzuk MD**

Department of Pathology & Immunology and Center for Drug Discovery, Texas, USA

**Mahmoud Mima MD**

University of Illinois at Chicago, Department of Urology, Chicago, IL, USA

**Craig S. Niederberger MD FACS**

Department of Urology, UIC College of Medicine, & Department of Bioengineering, UIC College of Engineering, University of Illinois at Chicago, Chicago, IL, USA

**Robert D. Oates MD FACS**

Boston University School of Medicine, Department of Urology, Boston Medical Center, Boston, MA, USA

**Samuel J. Ohlander MD**

Department of Urology, University of Illinois at Chicago College of Medicine, Chicago, IL, USA

**Rodrigo Lessi Pagani MD**

Department of Urology, University of Illinois at Chicago College of Medicine, Chicago, IL, USA

**Alexander W. Pastuszak MD PhD**

Division of Urology, Department of Surgery, University of Utah Health, Salt Lake City, UT, USA

**Darshan P. Patel MD**

Division of Urology, Department of Surgery, University of Utah Health, Salt Lake City, UT, USA

**Premal Patel MD FRCSC**

Section of Urology, Department of Surgery, University of Manitoba, Winnipeg, MB, Canada

**William D. Petok PhD**

Department of Obstetrics and Gynecology, Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, PA, USA

**Margareta D. Pisarska MD**

Division of Reproductive Endocrinology and Infertility, Center for Fertility and Reproductive Medicine, Division of REI, Department of Ob/Gyn, Cedars-Sinai Medical Center, Los Angeles, CA, USA

**Gail S. Prins PhD**

Department of Urology, University of Illinois at Chicago, Chicago, IL, USA

**Nahid Punjani MD MPH**

Englander Institute for Precision Medicine, Weill Cornell Medical College, New York, NY, USA

**Saneal Rajanahally MD**

UGA, Stockbridge, Spivey Station, Sandy Springs, & Atlanta GA, USA

**Ranjith Ramasamy MD FACS**

Department of Urology, University of Miami Miller School of Medicine, Miami, FL, USA

**Heather E. Ross Esq**

Ross & Zuckerman, LLP, Northbrook, IL, USA

**Cappy M. Rothman MD**

Center for Male Reproductive Medicine, Century City, CA, USA

**Jay I. Sandlow MD**

Professor and Chair Director, Male Infertility and Andrology Fellowship  
Department of Urology  
Medical College of Wisconsin  
Milwaukee, USA

**Mitchel C. Schiewe MS PhD**

Ovation Fertility, Newport Beach, CA, USA

**Peter N. Schlegel MD**

Department of Urology, Weill Cornell Medicine, New York, NY, USA

**Richard A Schoor MD FACS**

Private Practice Urology, Smithtown, NY, USA

**Mark Sigman MD**

Alpert Medical School of Brown University, Providence, Rhode Island, USA

**Cigdem Tanrikut MD FACS**

Shady Grove Fertility, Department of Urology, Georgetown University School of Medicine, Washington, DC, USA

**Michael Skinner PhD**

Center for Reproductive Biology, School of Biological Sciences, Washington State University, Pullman, WA, USA

**Ryan P. Smith MD**

University of Virginia, Department of Urology, Charlottesville, VA, USA

**Rebecca Z. Sokol MD, MPH**

Medicine and Obstetrics and Gynecology, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA

**Ronald S. Swerdloff MD**

Division of Endocrinology, Department of Medicine, The Lundquist Institute and Harbor-UCLA Medical Center, Torrance, CA, USA

**Susan Talamini MD**

Department of Urology, University of Illinois at Chicago, Chicago, IL, USA

**Danielle Velez MD**

Department of Urology, University of Illinois at Chicago, Chicago, IL, USA

**Kelly Walker, MD, MBA**

Medical Director  
Posterity Health

**Christina C. L. Wang MD**

Division of Endocrinology, Department of Medicine, The Lundquist Institute and Harbor-UCLA Medical Center, Torrance, CA, USA

**Lingling Wang BSc MSc**

Center for Biomedical Research, Population Council, New York, NY, USA

**Sahar Wertheimer MD**

Southern California Reproductive Center, CA, USA

**Siwen Wu MD**

Center for Biomedical Research, Population Council, New York, NY, USA

**Fiona Yuen MD**

Division of Endocrinology, Department of Medicine, The Lundquist Institute and Harbor-UCLA Medical Center, Torrance, CA, USA



# Foreword

The fifth edition of *Infertility in the Male* continues to be the gold standard in the field of infertility urology. The editors represent three generations of pioneers and leaders in the field. Within the text, each has brought their own editorial skills and writing acumen. This classic is up-to-date, as in the past. This is a rapidly changing field stimulated by the introduction to society of in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and microsurgical epididymal sperm aspiration (MESA). Forty years ago, infertility in the male was a sleepy, not very interesting pursuit. Today it is exploding with new information, cures, and insights. As in many fields, genetics has had a profound effect. Surgical procedures, as well as basic science research, has changed hyperbolically.

Assembled authors is the who's who in the field of urology. It includes basic scientists, translational scientists, and super clinicians. The 31 chapters cover all imaginable topics. The book serves as a manual for the novice and a reference source for the experienced practitioner, as well as a well-organized convenient source of information when information desired on a single topic is wanted.

The opening shot over the bow, by the editors, entitled "why do we care for the male" gives an overview philosophical approach, as well as a historical perspective for treating male infertility.

The text is interestingly divided into anatomy, both microscopic and gross, physiology, diagnosis and workup, including the female, and therapeutic modalities.

Highlights include genomics and epigenomics of male reproduction, the environment and male infertility, and

cryopreservation of sperm, including in prepubescent males.

Practical contributions include surgical sperm extraction, oncofertility, and contraception. Examples of how this text has grown and kept up with the times include chapters on inheritance of male infertility, advanced diagnostic approaches to male infertility, and future directions.

The book is beautifully illustrated and there is a uniformity in the style of writing that makes it easy to read and comprehend the content.

I quote from the fourth edition's Foreword:

"This fourth edition of *Infertility in the Male* certainly disproves the call to arms of the reproductive medicine community: when, in 1992, ICSI (intracytoplasmic sperm injection) appeared in the armamentarium of the infertility physicians it was claimed that urologists no longer had a role in the management of infertile men, except for obtaining sperm. This concept is certainly refuted and defeated by this exquisite revision of a book whose first edition was published in 1983."

The growth in each edition is immeasurable and certainly this is true of the fifth edition of *Infertility in the Male*.

In summary, the list of contributors and editors are those who pioneered the field, illustrating the dedication and prescience in treating the infertile couple. It is clear male factor infertility has come into its own as a serious discipline.

**Alan H. DeCherney MD**





# Abbreviations

<b>3<math>\beta</math>-HSD</b>	3 $\beta$ -hydroxysteroid dehydrogenase	<b>BPH</b>	benign prostate hyperplasia
<b>11<math>\beta</math>-</b>	11 $\beta$ -methyl-nortestosterone-	<b>BRDT</b>	bromodomain testis-associated
<b>MNTDC</b>	dodecylcarbonate	<b>BrdU</b>	bromodeoxyuridine
<b>17OHD</b>	17 $\alpha$ -hydroxylase deficiency	<b>BTB</b>	blood–testis barrier
<b>AATB</b>	American Association of Tissue Banks	<b>cAMP</b>	cyclic adenosine monophosphate
<b>ABA</b>	American Bar Association	<b>Cas9</b>	CRISPR-associated protein 9
<b>aCGH</b>	array comparative genomic hybridization	<b>CASA</b>	computer-assisted semen analysis
<b>ACOG</b>	American College of Obstetricians and Gynecologists	<b>CatSper</b>	cation channels of sperm
<b>ActRII</b>	activin receptor type II	<b>CBAVD</b>	congenital bilateral absence of the vas deferens
<b>AFC</b>	antral follicle count	<b>CBP</b>	chronic bacterial prostatitis
<b>AGD</b>	abnormal anogenital distance	<b>CBRC</b>	cross-border reproductive care
<b>AGI</b>	anogenital index	<b>CBS</b>	Cryo Bio System
<b>AI</b>	artificial intelligence	<b>CDC</b>	Centers for Disease Control and Prevention
<b>AID</b>	artificial insemination with donor semen	<b>cDNA</b>	complementary DNA
<b>AIDS</b>	acquired immune deficiency syndrome	<b>CDUS</b>	color Doppler ultrasound
<b>AIS</b>	androgen insensitivity syndrome	<b>CF</b>	cystic fibrosis
<b>AJ</b>	adherens junction	<b>CFTR</b>	cystic fibrosis transmembrane conductance regulator
<b>AMA</b>	advanced maternal age	<b>cGMP</b>	cyclic guanosine monophosphate
<b>AMD</b>	adjusted mean difference	<b>CI</b>	confidence interval
<b>AMH</b>	anti-Müllerian hormone	<b>CL</b>	chemiluminescence
<b>AO</b>	acridine orange	<b>CLIA</b>	Clinical Laboratory Improvement Amendment
<b>aPKC</b>	atypical protein kinase C	<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>AR</b>	androgen receptor	<b>CMV</b>	cytomegalovirus
<b>AR</b>	acrosome reaction	<b>CNS</b>	central nervous system
<b>ARC</b>	arcuate nucleus	<b>CNV</b>	copy number variation
<b>ARIC</b>	acrosome reaction to ionophore challenge	<b>CoQ10</b>	coenzyme Q10
<b>ART</b>	assisted reproductive technology	<b>COSMIC</b>	Catalogue of Somatic Mutations in Cancer
<b>ASA</b>	antisperm antibodies	<b>COX</b>	cyclooxygenase
<b>ASCO</b>	American Society of Clinical Oncology	<b>COX-1</b>	cyclooxygenase 1
<b>ASD</b>	anoscrotal distance	<b>COX-2</b>	cyclooxygenase 2
<b>ASRM</b>	American Society for Reproductive Medicine	<b>CP</b>	chronic prostatitis
<b>ATP</b>	adenosine triphosphate	<b>CPA</b>	cyproterone acetate
<b>AUA</b>	American Urological Association	<b>CpG</b>	cytosine phosphate guanine
<b>AZF</b>	azoospermia factor	<b>CPPS</b>	chronic pelvic pain syndrome
<b>AZF<sub>a</sub></b>	azoospermia factor a	<b>Crb3</b>	Crumb3 homolog-3
<b>AZF<sub>b</sub></b>	azoospermia factor b	<b>CREB</b>	cAMP response element binding protein
<b>AZF<sub>c</sub></b>	azoospermia factor c	<b>CRISPR</b>	clustered regularly interspaced short palindromic repeats
<b>AZT</b>	zidovudine	<b>CT</b>	computed tomography
<b>BBT</b>	basal body temperature	<b>CUA</b>	Canadian Urological Association
<b>BCG</b>	bacille Calmette–Guérin	<b>CUAVD</b>	congenital unilateral absence of the vas deferens
<b>BEB</b>	blood–epididymis barrier	<b>DAPI</b>	4',6-diamidino-2-phenylindole
<b>BMI</b>	body mass index	<b>DAZ</b>	Deleted in Azoospermia
<b>BN</b>	Brown Norway		
<b>BPA</b>	bisphenol A		

<b>DBCP</b>	1,2-dibromo-3-chloropropane	<b>FNA</b>	fine needle aspiration
<b>DBD</b>	DNA-binding domain	<b>FOAD</b>	fetal origins of adult disease
<b>DBD-FISH</b>	DNA breakage detection-fluorescence <i>in situ</i> hybridization	<b>FP</b>	fertility preservation
<b>DC</b>	dendritic cell	<b>Fr</b>	French
<b>DDT</b>	dichlorodiphenyltrichloroethane	<b>FSH</b>	follicle-stimulating hormone
<b>DEHP</b>	di-ethyl-hexyl phthalate	<b>FSHR</b>	follicle-stimulating hormone receptor
<b>DES</b>	diethylstilbestrol	<b>Fzd</b>	Frizzled
<b>DFI</b>	DNA fragmentation index	<b>G</b>	gauge
<b>DFS</b>	dysplasia of the fibrous sheath	<b>GABA</b>	gamma aminobutyric acid
<b>DHEA</b>	dehydroepiandrosterone	<b>GalNAc</b>	N-acetylgalactosamine
<b>DHEAS</b>	dehydroepiandrosterone sulfate	<b>GAPDHs</b>	sperm-specific glyceraldehyde-3-phosphate dehydrogenase
<b>DHT</b>	dihydrotestosterone	<b>GAPDS</b>	sperm-specific glyceraldehyde-3-phosphate dehydrogenase
<b>DI</b>	donor insemination	<b>GAS</b>	gender-affirming surgery
<b>Dlg1</b>	discs large 1	<b>GGT</b>	$\gamma$ -glutamyltranspeptidase
<b>DMAU</b>	dimethandrolone undecanoate	<b>GlcNAc</b>	N-acetylglucosamine
<b>DMSO</b>	dimethyl sulfoxide	<b>GnRH</b>	gonadotropin-releasing hormone
<b>DNMT</b>	DNA methyl transferase	<b>GnRHR</b>	gonadotropin-releasing hormone receptor
<b>DOR</b>	diminished ovarian reserve	<b>GPI</b>	glycosyl phosphatidylinositol
<b>dpp</b>	days postpartum	<b>GTP</b>	guanosine triphosphate
<b>DSB</b>	DNA strand break	<b>GU</b>	genitourinary
<b>DSD</b>	disorder of sex development	<b>GWAS</b>	genome-wide association studies
<b>dsDNA</b>	double-stranded DNA	<b>HA</b>	hyperactivated
<b>DSM-5</b>	<i>Diagnostic and Statistical Manual of Mental Disorders</i> , fifth edition	<b>HA</b>	hyaluronic acid
<b>dUTP</b>	deoxyuridine triphosphate	<b>HAART</b>	highly active antiretroviral therapy
<b>Dvl3</b>	Disheveled 3	<b>hCG</b>	human chorionic gonadotropin
<b>EAU</b>	European Association of Urology	<b>HDM</b>	histone demethylase
<b>EB</b>	elementary body	<b>HEPES</b>	N-hydroxyethylpiperazine-N-ethanesulfonate
<b>EBV</b>	Epstein-Barr virus	<b>HEX-B</b>	hexosaminidase type B
<b>ED</b>	erectile dysfunction	<b>HHV</b>	human herpesvirus
<b>EDC</b>	endocrine disrupting chemical	<b>HIF-1<math>\alpha</math></b>	hypoxia-inducible factor 1 alpha
<b>EDO</b>	ejaculatory duct obstruction	<b>HIV</b>	human immunodeficiency virus
<b>EEJ</b>	electroejaculation	<b>hMG</b>	human menopausal gonadotropin
<b>EGR1</b>	early growth response 1	<b>HOS</b>	hypo-osmotic swelling
<b>ELISA</b>	enzyme-linked immunosorbent assay	<b>HPA</b>	hypothalamic-pituitary-adrenal
<b>EOP</b>	endogenous opioid peptide	<b>HPF</b>	high-powered field
<b>EPA</b>	Environmental Protection Agency	<b>HPG</b>	hypothalamic-pituitary-gonadal
<b>EPPIN</b>	epididymal protease inhibitor	<b>HPO</b>	hypothalamic-pituitary-ovarian
<b>EPS</b>	expressed prostatic secretions	<b>HPT</b>	hypothalamic-pituitary-testicular
<b>ER</b>	estrogen receptor	<b>HPV</b>	human papillomavirus
<b>ERKO</b>	estrogen receptor- $\alpha$ knockout	<b>HR</b>	hazard ratio
<b>ES</b>	ectoplasmic specialization	<b>HSA</b>	human serum albumin
<b>ESHRE</b>	European Society of Human Reproduction and Embryology	<b>HSG</b>	hysterosalpingography
<b>ESR</b>	estrogen receptor	<b>HSP</b>	heat shock protein
<b>ESUR</b>	European Society of Urogenital Radiology	<b>HSP60</b>	60-kDa heat shock protein
<b>SPIQG</b>	Scrotal and Penile Imaging Working Group	<b>HSV</b>	herpes simplex virus
<b>EV</b>	epididymovasostomy	<b>HTF</b>	human tubal fluid
<b>EST</b>	Estrogen Therapy	<b>HTLV</b>	human T-cell leukemia virus
<b>FDA</b>	Food and Drug Administration	<b>HyCoSy</b>	hysterosalpingo-contrast sonography
<b>FHA</b>	functional hypothalamic amenorrhea	<b>HZA</b>	hemizona assay
<b>FIGO</b>	International Federation of Gynecology and Obstetrics (FIGO)	<b>HZI</b>	hemizona index
<b>FISH</b>	fluorescence <i>in situ</i> hybridization	<b>ICSI</b>	intracytoplasmic sperm injection
<b>FLCIVF</b>	Friends of the Low-Cost Ivf Foundation	<b>IDO</b>	indoleamine 2,3-dioxygenase
<b>Fmi</b>	Flamingo	<b>IFFS</b>	International Federation of Fertility Societies
		<b>IFRR</b>	Infertility Family Research Registry

<b>IGD</b>	isolated gonadotropin-releasing hormone deficiency	<b>MRI</b>	magnetic resonance imaging
<b>IGF</b>	insulin-like growth factor	<b>MRKH</b>	Mayer–Rokitansky–Küster–Haus syndrome
<b>IHH</b>	idiopathic/isolated hypogonadotropic hypogonadism	<b>MSDS</b>	material safety data sheet
<b>IIEF</b>	International Index of Erectile Function	<b>MT</b>	microtubule
<b>IL</b>	interleukin	<b>mTESE</b>	microdissection testicular sperm extraction
<b>IM</b>	intramuscularly	<b>mV</b>	millivolt
<b>IMG</b>	inferior mesenteric ganglia	<b>Mwh</b>	Multiple wing hairs
<b>IMSI</b>	intracytoplasmic morphologically selected sperm injection	<b>NBP</b>	nonbacterial prostatitis
<b>INSL3</b>	insulin-like factor 3	<b>ncRNA</b>	noncoding RNA
<b>IP</b>	intraperitoneal	<b>NES</b>	nestorone
<b>ISBER</b>	International Society for Biological and Environmental Repositories	<b>NHE</b>	sodium–hydrogen exchanger
<b>IUD</b>	intrauterine device	<b>NHL</b>	non-Hodgkin’s lymphoma
<b>IUI</b>	intrauterine insemination	<b>NHS</b>	Nance–Horan syndrome
<b>IVC</b>	inferior vena cava	<b>NIEHS</b>	National Institute of Environmental Health Sciences
<b>IVF</b>	in vitro fertilization	<b>NIH</b>	National Institutes of Health
<b>KD</b>	knockdown	<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>KNDy</b>	kisspeptin/neurokinin B/dynorphin	<b>NKB</b>	neurokinin B
<b>KS</b>	Klinefelter syndrome	<b>NLR</b>	neutrophil-to-lymphocyte ratio
<b>KSper</b>	sperm-specific potassium	<b>NNRTI</b>	non-nucleoside reverse transcriptase inhibitor
<b>LBD</b>	ligand binding domain	<b>NO</b>	nitric oxide
<b>LCIVF</b>	low-cost in vitro fertilization	<b>NOS</b>	nitric oxide synthase
<b>LCR</b>	ligase chain reaction	<b>NPY</b>	neuropeptide Y
<b>Lgl2</b>	lethal giant larvae 2	<b>NSAID</b>	nonsteroidal anti-inflammatory drug
<b>LH</b>	luteinizing hormone	<b>NSV</b>	no-scalpel vasectomy
<b>LHRH</b>	luteinizing hormone-releasing hormone	<b>OA</b>	obstructive azoospermia
<b>lncRNA</b>	long noncoding RNA	<b>OAT</b>	oligoasthenoteratospermia
<b>LNG</b>	levonorgestrel	<b>OI</b>	obstructive interval
<b>LPO</b>	lipid peroxidation	<b>OMIM</b>	Online Mendelian Inheritance in Man
<b>LPS</b>	lipopolysaccharide	<b>OSHA</b>	Occupational Safety and Health Administration
<b>MA</b>	maturation arrest	<b>PAH</b>	polycyclic aromatic hydrocarbon
<b>mAb</b>	monoclonal antibodies	<b>PAIS</b>	partial androgen insensitivity syndrome
<b>MACS</b>	magnetic-activated cell sorting	<b>PAR</b>	pseudoautosomal region
<b>MAIS</b>	mild androgen insensitivity syndrome	<b>PAS</b>	periodic acid–Schiff
<b>MAOI</b>	monoamine oxidase inhibitor	<b>PatJ</b>	Pals1-associated tight junction protein
<b>MAP</b>	microtubule affinity protein	<b>PBZ</b>	phenoxybenzamide
<b>MAPK</b>	mitogen-activated protein kinase	<b>PCB</b>	polychlorinated biphenyl
<b>MAR</b>	medically assisted reproduction	<b>PCD</b>	primary ciliary dyskinesia
<b>MAR</b>	mixed agglutination reaction	<b>PCOS</b>	polycystic ovary syndrome
<b>MCAF</b>	monocyte chemotactic and activating factor	<b>PCP</b>	planar cell polarity
<b>MER</b>	monocyte-to-eosinophil ratio	<b>PCR</b>	polymerase chain reaction
<b>MESA</b>	microsurgical epididymal sperm aspiration	<b>PCT</b>	postcoital test
<b>MGI</b>	Mouse Genome Informatics	<b>Pd</b>	prostatodynia
<b>MHC</b>	major histocompatibility complex	<b>PDE</b>	phosphodiesterase
<b>microTESE</b>	microscopic/microdissection testicular sperm extraction	<b>PDE5</b>	phosphodiesterase type 5
<b>miRNA</b>	microRNA	<b>PDE5-I</b>	phosphodiesterase type 5 isoform inhibitor
<b>MIV</b>	minimally invasive vasectomy	<b>PDGF</b>	platelet-derived growth factor
<b>MMAF</b>	multiple morphologic abnormalities of the sperm flagella	<b>PESA</b>	percutaneous epididymal sperm aspiration
<b>MMAS</b>	Massachusetts Male Aging Study	<b>PETG</b>	polyethylene terephthalate
<b>MMP2</b>	matrix metalloprotease 2	<b>PEU</b>	postejaculatory urinalysis
<b>MMP9</b>	matrix metalloprotease 9	<b>PGC</b>	primordial germ cell
<b>MPOA</b>	medial preoptic area	<b>PGCN</b>	paragigantocellular nucleus
		<b>PID</b>	pelvic inflammatory disease
		<b>piRNA</b>	Piwi-interacting RNA

<b>PITX1</b>	paired-like homeodomain transcription factor 1	<b>SPA</b>	sperm penetration assay
<b>PKA</b>	protein kinase A	<b>spp.</b>	species
<b>PKC</b>	protein kinase C	<b>SRR</b>	sperm retrieval rate
<b>PLC<math>\zeta</math></b>	phospholipase C zeta	<b>SSC</b>	spermatogonial stem cell
<b>PLR</b>	platelet-to-lymphocyte ratio	<b>ssDNA</b>	single-stranded DNA
<b>POI</b>	primary ovarian insufficiency	<b>SSRI</b>	selective serotonin reuptake inhibitor
<b>PPV</b>	positive predictive value	<b>Stan</b>	starry night
<b>PSA</b>	prostate-specific antigen	<b>StAR</b>	steroidogenic acute regulatory protein
<b>PTEN</b>	phosphatase and tensin homolog	<b>STD</b>	sexually transmitted disease
<b>PVC</b>	polyvinyl chloride	<b>STI</b>	sexually transmitted infection
<b>PVE</b>	prostatovesiculoepididymitis	<b>stRNA</b>	small temporal RNA
<b>PVN</b>	paraventricular nucleus	<b>STS</b>	sequence tagged site
<b>PVS</b>	penile vibratory stimulation	<b>SV</b>	seminal vesicle
<b>PVSA</b>	postvasectomy semen analysis	<b>SVA</b>	seminal vesicle aspiration
<b>RB</b>	reticulate body	<b>T1/2</b>	half-life
<b>RCT</b>	randomized controlled trial	<b>TAC</b>	total antioxidant capacity
<b>rFSH</b>	recombinant FSH	<b>TCA</b>	tricyclic antidepressant
<b>rhFSH</b>	recombinant human FSH	<b>TDF</b>	testis-determining factor
<b>rhLH</b>	recombinant human LH	<b>TDS</b>	testicular dysgenesis syndrome
<b>RI</b>	resistive index	<b>TdT</b>	terminal deoxynucleotidyl transferase
<b>RISUG</b>	reversible inhibition of sperm under guidance	<b>TE</b>	testosterone enanthate
<b>RNAi</b>	RNA interference	<b>TEFNA</b>	testicular fine needle aspiration
<b>RNMS</b>	rare nonmotile sperm	<b>TESA</b>	testicular sperm aspiration
<b>RNS</b>	reactive nitrogen species	<b>TESE</b>	testicular sperm extraction
<b>ROK</b>	Rho-associated kinase	<b>TET</b>	ten-eleven translocation
<b>ROS</b>	reactive oxygen species	<b>TF</b>	tissue factor
<b>RT-PCR</b>	reverse transcriptase polymerase chain reaction	<b>TGF<math>\beta</math></b>	transforming growth factor beta
<b>RXFP2</b>	relaxin family peptide receptor 2	<b>THC</b>	tetrahydrocannabinol
<b>SARM</b>	selective androgen receptor modulator	<b>TIMP-2</b>	tissue inhibitor of metalloproteinase-2
<b>SART</b>	Society for Assisted Reproductive Technology	<b>TJ</b>	tight junction
<b>SAS</b>	sympathetic-adrenal system	<b>TLR</b>	Toll-like receptor
<b>SC</b>	subcutaneously	<b>TM</b>	testicular microlithiasis
<b>SCD</b>	sperm chromatin dispersion	<b>Tmax</b>	time to maximum serum concentration
<b>SCI</b>	spinal cord injury	<b>TMSC</b>	total motile sperm count
<b>SCO</b>	Sertoli cell-only	<b>TN<math>\alpha</math></b>	tumor necrosis factor alpha
<b>SCSA<sup>®</sup></b>	Sperm Chromatin Structure Assay	<b>TRH</b>	thyrotropin-releasing hormone
<b>SDF</b>	sperm DNA fragmentation	<b>TRUS</b>	transrectal ultrasonography/ultrasound
<b>SEMG1</b>	semenogelin 1	<b>TSH</b>	thyroid-stimulating hormone
<b>SERM</b>	selective estrogen receptor modulator	<b>TTP</b>	time to pregnancy
<b>SF1</b>	steroidogenic factor 1	<b>TU</b>	testosterone undecanoate
<b>SGE</b>	spinal generator for ejaculation	<b>TUIED</b>	transurethral incision of ejaculatory ducts
<b>SHBG</b>	sex hormone-binding globulin	<b>TUNEL</b>	terminal deoxynucleotidyl transferase deoxyuridine triphosphate nick end labeling
<b>SHIM</b>	Sexual Health Inventory for Men	<b>TURED</b>	transurethral resection of the ejaculatory ducts
<b>SHOX</b>	short homeobox gene affecting stature	<b>UGCG</b>	UDP-glucose ceramide glucosyltransferase
<b>shRNA</b>	short hairpin RNA	<b>UGT</b>	UDP-glucuronosyltransferase
<b>siRNA</b>	small interfering ribonucleic acid	<b>ULC</b>	Uniform Law Commission
<b>SIS</b>	saline infusion sonohysterography	<b>UPA</b>	Uniform Parentage Act
<b>sncRNA</b>	small noncoding RNA	<b>UPD</b>	uniparental disomy
<b>sNHE</b>	sperm-specific sodium-hydrogen exchanger	<b>US</b>	ultrasound
<b>SNP</b>	single nucleotide polymorphism	<b>UTI</b>	urinary tract infection
<b>SNRI</b>	serotonin norepinephrine reuptake inhibitor	<b>Vangl2</b>	Van Gogh-like 2
		<b>VDAC3</b>	voltage-dependent anion channel 3
		<b>VE</b>	vasoepididymostomy
		<b>VEGF</b>	vascular endothelial growth factor
		<b>VEGFr</b>	vascular endothelial growth factor inhibitor

<b>VHL</b>	von Hippel–Lindau	<b>WHO</b>	World Health Organization
<b>VR</b>	vasectomy reversal	<b>WPATH</b>	World Professional Association for Transgender Health
<b>VV</b>	vasovasostomy	<b>YCMD</b>	Y chromosome microdeletion
<b>VVSG</b>	Vasovasostomy Study Group	<b>ZIKV</b>	Zika virus
<b>VZV</b>	varicella-zoster virus	<b>ZPBP</b>	zona pellucida binding protein
<b>WBC</b>	white blood cell		





# Introduction

Craig S. Niederberger, Dolores J. Lamb, Larry I. Lipshultz, and Stuart S. Howards

The last and fourth edition of *Infertility in the Male* was published in 2009, and significant advances were realized in reproductive medicine and surgery in the intervening decade. In this edition, we have covered the more recent advances in the field while maintaining the core foundation of information needed for practitioners in diagnosing and treating the man seeking care for fertility. We have also endeavored to make the book more structured, and hopefully easier to use, for the student and specialist alike.

For the first time, we have organized the book into sections: “Scientific Foundations of Male Infertility,” the basic biological science undergirding reproductive medicine; “Clinical Evaluation of the Infertile Male,” which covers clinical diagnosis; “Laboratory Diagnosis of Male Infertility,” detailing laboratory diagnosis of testicular dysfunction and the basics of sperm cryopreservation; “Treatment of Male Infertility,” describing the means and strategies for therapy for these diagnoses; and finally “Health Care System and Culture,” which contextualizes male fertility care in society and the world. Many of these chapters have substantial overlap, as they consider topics from more than one perspective – while the chapter “Cryopreservation of Sperm – History and Current Practice” in the “Laboratory Diagnosis of Male Infertility” section attends to the history and laboratory processes of storing sperm for future use, “Male Oncofertility – Considerations for Fertility Preservation and Restoration” in the “Treatment of Male Infertility” section describes the conditions the clinician will encounter to utilize banking; “Sperm Retrieval Surgery” details how to surgically obtain sperm, and “The Use of Sperm in Medically Assisted Reproduction” explains how to use cryopreserved sperm in medically assisted reproduction techniques such as in vitro fertilization/intracytoplasmic sperm injection.

While chapters in the fourth edition included sentences in bold to draw the attention of the reader to their most pertinent parts, to facilitate the use of the book in

practice, chapters now also include Key Points in boxes to facilitate and cement understanding and real-world use. Multiple related chapters in the fourth edition were combined – thus, although there are fewer chapters in this book, compared to its predecessor, they are deeper, more interrelated, and more understandable.

The section “Scientific Foundations of Male Infertility” begins, as did the previous edition, with a chapter detailing the anatomy and embryology of the male reproductive tract and gonadal development, the epididymis, and accessory sex organs, thus forming the basis of accurate anatomic diagnosis and surgery. The following chapter describes the complex interplay of cells and their communicating molecules that coordinate the production of sperm in the testis; its immediate succeeding chapter details how and what happens to sperm in the epididymis that makes them capable of fertilizing the ovum. As the male reproductive system is largely controlled by the endocrine system, a chapter follows describing the production and control of sex steroids in the male, laying the essentials for accurate endocrine therapy detailed later in the book. Once sperm is made, it must make its exit, and the chapter on erection, emission, and ejaculation then addresses these processes. Science never sleeps, and the final chapter in this section describes the enormous leaps in genomic modification and epigenetics during the last decade that are sure to be the foundation for diagnostic and therapeutic advances in the years to come.

The next section “Clinical Evaluation of the Infertile Male” brings our current knowledge of male reproductive pathology and its diagnosis to the armamentarium of the male fertility specialist. It begins with one of the most rapidly evolving areas in the field, our understanding of how other diseases are related to reproductive dysfunction, a chapter on “Infertility as a Metric of Men’s Health.” This presents one of the most important reasons why we care for male infertility – it may reveal significant underlying health conditions. Following is the chapter

“Office Evaluation of the Subfertile Male” that gives the practitioner concrete strategies to be used in the office encounter, including questions to ask, what to look for, and clinical interpretation of the semen analysis. As the field is unusual, in that two people are required for an outcome, “Evaluation of the Infertile Male’s Partner” provides a high-level review of the diagnosis of the female. By reading it, the practitioner will have a clear understanding of the steps taken in parallel by the female fertility specialist in order to best integrate reproductive care. “Imaging the Male Reproductive System” provides the reader with when and how to use radiographic and ultrasonographic tools in the diagnosis of the infertile male and, importantly, when they are not necessary. Another area of explosive growth in the field in the past decade has been in our understanding of environmental toxicants and their effect on male reproduction, reviewed in “Effects of Environmental Chemicals on Male Reproduction.” With “Endocrine Causes of Male Infertility – Diagnosis and Treatment,” the foundation presented in the chapter detailing the male endocrine system in the prior section is carried forward into pathological endocrine states and how to diagnose them. The chapter “Spermatogenesis – Diagnosis of Normal and Abnormal States” provides an overview of spermatogenic pathology and its diagnosis, integrating the basic knowledge describing spermatogenesis in the prior section with related systems in this section, as well as providing context for treatment to be detailed more completely in a subsequent section on therapy. The chapter “Inheritance and Male Fertility” delineates genomic conditions manifesting as male reproductive dysfunction and carries forward the epigenetic background laid in the prior section into what practitioners need to consider in the clinic. Still bedeviling clinicians and patients alike, the commonly encountered varicocele is elucidated in the chapter bearing its name, including its history, pathophysiology, diagnosis, indications for treatment, and, as this chapter is targeted to a specific condition, the treatment itself. The section concludes with a chapter detailing infectious and immunological considerations in the diagnosis of male infertility, an often confounding area for those diagnosing and treating the infertile male. With a clear understanding of the material presented thus far, the practitioner is ready to diagnose any man presenting with infertility using the tools currently available in reproductive clinical science.

In the time-tested process of clinical evaluation of male reproductive dysfunction, the practitioner next

obtains laboratory testing. The next section begins with an overview of the two pillars of reproductive laboratory assessment – endocrine and sperm – in “The Laboratory Evaluation of the Infertile Male” and provides a high-level overview of other topics such as sperm DNA fragmentation. These cutting-edge forms of assessment of male infertility are substantially expanded in the subsequent chapter “Advanced Diagnostic Approaches to Male Infertility” that details the myriad forms of sperm DNA integrity assays and which and when they are best used, and an encyclopedic list of currently known genomic defects affecting male fertility that are currently used for clinical diagnosis in some parts of the world. Sperm are dynamic cells, and the following chapter “Evaluating Defects in Sperm Function” describes the assays used in determining how well sperm swim and do their job in fertilizing an ovum. As the laboratory is critical in freezing sperm for future use, the final chapter in the section “Cryopreservation of Sperm – History and Current Practice” describes methods of preserving sperm, while contextualizing these techniques in their use both specifically as a therapy and broadly in a health care system.

With an understanding of the biological science of male reproduction and how to diagnose its dysfunction in the clinic and laboratory, the reader is now prepared to treat specific conditions of male infertility in the next section. The first chapter “Medical Treatment of Male Infertility” reviews endocrine therapy, nonendocrine medicines, and nutraceuticals. Should sperm be produced in the testis but encounter barriers to traversing and exiting the male reproductive tract, “Surgery to Improve Sperm Delivery” details the procedural methods to address the various causative problems. Should the making of sperm in the testis be at fault or it not be possible to alter the reproductive tract to deliver sperm, going to the source of sperm in the male gonad is necessary and the subsequent chapter “Sperm Retrieval Surgery” describes when and how to do so. If sperm is obtained from the testis or present in low quantities in the ejaculate, medically assisted reproduction is required and the chapter “The Use of Sperm in Medically Assisted Reproduction” details those methods, providing the practitioner with an understanding of what happens to sperm in the laboratory and beyond. During the past decade, a field coined “oncofertility” has expanded into a systematic approach to fertility preservation for cancer survivors, and the chapter bearing its name describes all aspects of this in great detail. The other side of fertility is when it no longer is desired, and the chapter “Male