



# Take Home Messages



Bari,  
7-10 novembre 2013

**Table 1.** Common Causes of Male Subfertility

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Sexual disorders
Erectile dysfunction
Failure to have intercourse
Lack of libido
Relationship dysfunction
Anorgasmia
Primary testicular defect in sperm production
Idiopathic
Chemotherapy
Klinefelter syndrome
Genetic mutations
Pelvic irradiation or surgery
Orchidectomy
Testicular cancer
Trauma
Large varicoceles
Cryptorchidism
Infection (eg, mumps orchitis in nonvaccinated men)
Autoimmune
Drugs
Endocrinopathies that affect spermatogenesis
Hypothalamopituitary disease
Hyperprolactinemia
Thyroid dysfunction
Obesity
Cushing syndrome
Defects in sperm transportation
Obstruction
Congenital absence of the vasa deferens
Acquired ejaculatory duct obstruction (eg, recurrent infection, vasectomy)
Ejaculatory dysfunction
Anejaculation
Retrograde ejaculation

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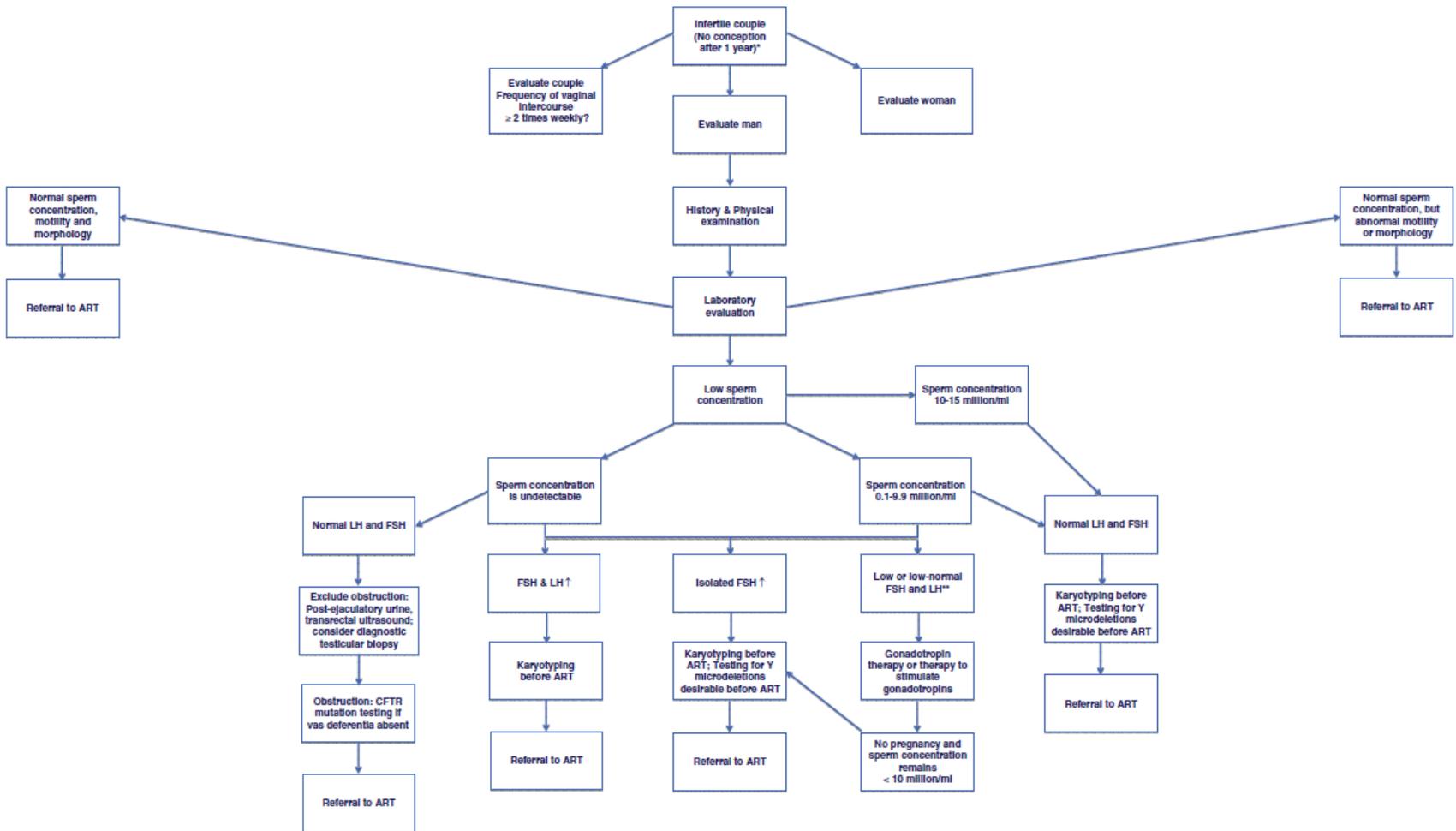


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## Cause di infertilità maschile senza possibile terapia (12%)

- Anorchia
- Disgenesia gonadica
- S. di Klinefelter ( ed altre Anomalie cromosomiche)
- Sertoli cell only syndrome
- Anomalie genetiche
- Globozoospermia
- Deficit recettori androgeni

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**Figure 3.** Diagnostic evaluation and management of male subfertility. The diagnostic evaluation of male subfertility begins with an evaluation of the couple. ART, ART specialist. \*, Infertility is sometimes defined as no conception after 2 years of unprotected intercourse. \*\*, Men with untreated hypogonadotropic hypogonadism typically have no sperm or very low levels (sperm concentration < 3 million/mL).



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- L' esame del liquido seminale è il “gold standard” per valutare la fertilità del maschio;
- Dal suo esame è possibile avere un indirizzo diagnostico per la ricerca dei fattori che possono danneggiare il seme del paziente
- E' auspicabile che si organizzano percorsi di standardizzazione dell' esame in quanto è un esame la cui esecuzione rimane ad oggi molto operatore dipendente.



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Un'adeguata prevenzione andrologica e un corretto stile di vita sono essenziali per la preservazione della fertilità.

Nelle patologie pre-testicolari la terapia con gonadotropine è in grado di indurre la spermatogenesi.

Non è efficace nei soggetti normogonadotropi

Nelle dispermie *sine causa* la terapia empirica (nutraceutica) non offre a tutt'oggi una sufficiente affidabilità

La PMA in alcuni casi (Criptozoospermie, azoospermie ostruttive) l'unico approccio risolutivo in attesa di nuove prospettive terapeutiche.

# Safety and Efficacy of Clomiphene Citrate and L-Carnitine in Idiopathic Male Infertility

## A Comparative Study



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Comparison between changes of the semen parameters before and after the treatment with clomiphene citrate and L-carnitine

Parameters	Clomiphene Citrate		L-Carnitine		P
	Before Treatment	After Treatment	Before Treatment	After Treatment	
Sperm Count	20.38 ± 16.2	42.51 ± 29.4	44.75 ± 18.1	73.25 ± 18.5	= .01* = .01† = .376‡
Semen Volume	3.21 ± 1.3	3.36 ± 1.3	2.50 ± 1.2	4.03 ± 0.8	= .57* = .01† = .001‡
Motility	23.78 ± 17.5	43.38 ± 20.1	38.82 ± 15.5	48.03 ± 19.7	= .01* = .01† = .008‡
Morphology	45.06 ± 20.8	58.44 ± 19.3	48.40 ± 37.9	49.45 ± 32.2	= .01* = .698† = .008‡

\*Clomiphene citrate

†L-carnitine

‡Comparison of two drugs with each other

**Conclusion:** It seems that the use of clomiphene citrate and L-carnitine, either individually or in combination, as the first step of idiopathic male infertility treatment is reasonable, safe, and effective.