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Testicular Tuberculosis and Microdeletion Relation and Y chromosome and Patient with Azoospermia

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INTRODUCTION

Infertility is characterized by the inability of the couple to have children after less than a year of unprotected sex. This problem affects about 15 of married couples, and the male factor is responsible for half of the cases. Several causes are involved such as hormonal abnormalities, contamination, genetic problems, and malignant growth of the testicles, varicocele, and others. Testicular tuberculosis is a rare cause of male infertility in immature countries. In addition, Y-chromosome microsomia is the most persistent genetic cause of male infertility after Klinefelter disorder. To anyone, there are no reported cases in the literature of an association between testicular tuberculosis (TB) and Y-chromosomal microcytosis. The purpose of this case is to examine the difficulties. It indicative and usefulness of this common little association, several causes are involved such as hormonal abnormalities, contamination, genetic problems, malignant growth of the testicles, varicocele, and others. Therefore, we report a case where there was an infrequent association between testicular tuberculosis and Y-chromosome microcytosis in an unsuccessful patient and review symptomatic and comparative disorders. Azoospermia was characterized as a lack of spermatozoa during discharge in two unique cases. It inevitably causes sterility. Worldwide, it is estimated that more than 1% of men of childbearing age and up to 11% of men with infertility are due to azoospermia. Azoospermia is mandated as obstructive and non-obstructive. This separation is clinically important because it affects patient management and treatment outcomes [1].

DESCRIPTION

Non obstructive azoospermia reflects testicular decline due to impaired spermatogenesis. Its cause is either inherent testicular deficiency or insufficient production of gonadotropins. Genetic and chromosomal abnormalities should be sought because their frequency is greater in azoospermic patients than in the general population. Testicular-related causes are surpassed by contamination, trauma, ischemia, and disease-related causes such as chemotherapy and radiation therapy. Genetic causes are surpassed by Klinefelter disorders and Y-chromosomal diseases. The link between azoospermia and Y chromosome deletion was first described by Tiepolo in 1976. The frequency of this genetic abnormality is greater than 15% in patients with tinea versicolor. It is condition that is passed from father to son with varying degrees of penetration. It tends to be the cause of oligospermia or azoospermia. The Y chromosome microspheres are located on the long arm. They affect the AZF region causing alterations in spermatogenesis [2].

On endocrine examination, there is peripheral hypogonadism with elevated FSH and LH and low testosterone levels. Genetic identification of Y-chromosome microarrays depends on a polymerase chain reaction (PCR) strategy using AZF markers. Patient prediction of fertility based on microelement type. Pooled studies show that loss of AZFa, AZFb, and AZFc are the most widely recognized genetic Y-chromosomes for infertile men worldwide. Therefore, useful therapy supported by intracytoplasmic spermatogenesis is suggested only for patients with incompletely elevated AZFb and AZFc. Testicular biopsy allows the search for sperm in the seminiferous tubules [3, 4].

CONCLUSION

Azoospermia is a constant cause of male infertility. Several causes have been implied, including hormonal irregularities, illness, and genetic problems. In some condition it is due to genetic factors and environmental factor. We report a surprising association between microdeletion of the Y chromosome and testicular tuberculosis in azoospermia infertile men.

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CONFLICT OF INTEREST

The author declares there is no conflict of interest in publishing this article.

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