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Atrophic Testes and Semen Quality Among Varicocele Cases

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Varicocele is a common condition worldwide. Due to prolonged exposure to high temperature caused by venous stasis, the quality of semen becomes poor and varicocele is related to testicular atrophy as well. The aim of our study was to assess the semen quality and testicular size in varicocele patients. Among 40 patients of varicocele 22.5% were found to have atrophy of testis. 5% patients having bilateral atrophy of testis were azoospermic and 14% had unilateral atrophy of testis along azoospermia. Sperm count, motility and morphology in Semen analysis, deteriorated. We suggest that further studies are required to analyse the relationship between varicocele grade and semen quality.

Key words: Varicocele, Testicular atrophy, Semen analysis, Azoospermia.

Introduction:
Varicocele is a common condition worldwide. It is the dilatation, elongation and tortuosity of pampiniform plexus due to venous stasis. This unrelieved venous stasis interferes with testicular temperature regulation which is usually maintained at 2-3°C less than core body temperature and continuous exposure to high temperature causes subfertility by decreasing testicular volume, spermatogenesis and an increase in immature sperms in the ejaculate. Thus Varicocele is associated with poor semen quality and is correlated with testicular atrophy.

Though several imaging modalities (Doppler, Ultrasonography, Venography and Thermography) are used nowadays for the diagnosis but clinical diagnosis by a thorough physical examination is emphasized by authorities. Physicians are curious to know whether the size of testis has any relation with the semen quality (Laboratory findings). Some studies have addressed the issue.

Most recently physicians have done the studies on testicular atrophy and poor semen quality among varicocele cases. In our study we prospectively examined the grade of varicocele and quality of semen (semen parameters) in varicocele related testicular atrophy cases.

Materials and Methods:
The present study was conducted on 40 patients with varicocele, reporting to O.P.D. of Department of Surgery, Ajmal Khan Tibbiya College & Hospital, A. M. U., Aligarh. Patients in age group ranging from 15-40 years were included in this study.

All examinations were done by one examiner, with patients in the upright position. The clinical guidelines for grading were defined as follows:

Grade 1: Varicocele palpable only during valsalva maneuver.

Grade 2: Varicocele palpable in upright position without the aid of valsalva maneuver.

Grade 3: Varicocele is both palpable through the skin of scrotum, without the aid of valsalva maneuver.

Testicular size was evaluated by scrotal ultrasound. Testicular atrophy was defined as any