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MODERN APPROACHES TO THE TREATMENT OF MALE INFERTILITY

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✓ ***Resume***

The study involved 65 patients with excretory-toxic sterility on the background of chronic prostatitis and found that the use of lymphotropic therapy in complex treatment of male infertility is a pathogenetically substantiated and highly effective. The results indicate the undoubted advantage of lymphotropic therapy. The majority of patients stopped pain, dysuria disappeared, to restore sexual function. After the treatment, the number of leukocytes decreased in secretions, normalized pattern crystallization. The accumulation of the antibiotic in the regional lymph nodes and promotes recovery cupping lymphadenitis limfoot-current from the prostate gland.

Keywords: male infertility, prostate, chronic prostatitis, ejaculate.

СОВРЕМЕННЫЙ ПОДХОД К ЛЕЧЕНИЮ МУЖСКОГО БЕСПЛОДИЯ

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✓ ***Резюме***

Проведено обследование 65 больных с экскреторно-токсическим бесплодием на фоне хронического простатита и установлено, что использование лимфотропный терапия в комплексном лечении мужского бесплодия является патогенетически обоснованным и высокоэффективным. Полученные результаты свидетельствуют о несомненном преимуществе лимфотропной терапии. У большинства больных прекратился болевой синдром, исчезла дизурия, восстановилась половая функция. После окончания лечения снизилось количество лейкоцитов в секрете, нормализовался рисунок кристаллизации. Накопление антибиотика в регионарных лимфатических узлах способствует купированию лимфаденита и восстановлению лимфооттока от предстательной железы.

Ключевые слова: мужское бесплодие, предстательная железа, хронический простатит, эякулят.

ERKAKLAR BEPUSHTLIGINING DAVOLASHNING ZAMONAVIY YONDASHUVI.

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✓ ***Rezyume***

Surunkali prostatit fonida ekskretator-toksik bepushtlik bilan kasallangan 65 bemor o'rtasida so'rovnoma o'tkazildi va erkaklar bepushtligini kompleks davolashda limfotropik terapiyadan foydalanish patogenetik jihatdan asosli va samarali ekanligi aniqlandi. Olingan natijalar limfotropik terapiyaning afzalligini ko'rsatadi. Aksariyat bemorlarda og'riq sindromi to'xtadi, dizuriya yo'qoldi va jinsiy funktsiya tiklandi. Davolash tugagandan so'ng, eyakulyatdagi leykotsitlar soni kamaydi va kristallanish jarayoni normal holatga qaytdi. Antibiotikning mahalliy limfa tugunlarida to'planishi prostata bezidan limfa oqimini tiklashga yordam beradi.

Kalit so'zlar: erkaklar bepushtligi, prostata bezi, surunkali prostatit, eyakulyat.

Relevance

Male infertility is the lack of pregnancy, provided regular sexual intercourse without contraception for at least 12 months. Distinguished: the primary male infertility from when men never occurred conception.

Secondary male infertility especially from the men there have been cases of conception, and the outcome of the previous fact the conception took place not more than 3 years ago.

Infertility due to the fact that for various reasons disrupted sperm production in the testes of delivery woman's vagina and the inability of sperm to reach the egg and fertilize it.

Frequency of infertility in marriage in the world is 15%, in the countries of Western Europe 10.9%, in the United States 14.2%. In Russian frequency infertile marriages exceeds a critical level and 17.4%. Another couple of decades and so many have to resort to artificial insemination. Man's inability to have children is a cause of infertile marriages and 50% of cases. Over the last 50 years has fallen by 2 times the concentration of sperm in men.

According to available information, in Uzbekistan 2005 5.5% of patients with infertility was first registered, in 2006 12.02%. There is a clear increase in the number of patients in this group (at 18.55%). The most disadvantaged regions turned the Aral Sea region:. The prevalence of this pathology in Khorezm 40.69 per 100 thousand analysis showed that patients with these problems are insufficiently surveyed, they are treated as a wide variety of methods to explain the essence of which is sometimes impossible. Therefore, the question of the patients with this disease is still open, as the question of the status of andrology service in our Republic.

Results of the study of infertility in couples prevalence indicate that in 30% of cases the problem is only with male infertility. In 20% of couples infertility is caused by a combination of male and female factors. Thus, male infertility predetermines the inability to have children in approximately 50% of infertile couples.

There are the following forms of male infertility:

1. Secretory
2. Excretory (excretory-toxic)
3. Immunological
4. Combined
5. Relative.

When the secretory form in the testes do not produce a sufficient number of sperm needed for fertilization of the ovum, or reduced mobility, or in most of the sperm, there are structural defects.

Excretory-toxic sterility develops on the basis of the foregoing specific or non-specific inflammation in the prostate gland, seminal vesicles or in deferent ways in chronic epididymitis, trim, urethritis. Often there is a combination of inflammation in the form prostatovesiculitis, uretroprostatitis, uretroprostatovesiculitis with characteristic excretory-toxic sterility is asthenospermy, piospermy, spermagglutination, presence of mucus spermagregation.

Immunologic Infertility arises when in a woman or a man is a massive production of sperm antibodies. The body sees sperm as a foreign object and using them to suppress sperm antibodies.

Combined infertility appears when the secretory form of infertility combined with excretory, immunological disorders inflammatory diseases of the genital organs.

Relative infertility which, in spite of a thorough examination of the spouses, the causes of infertility are not available.

On the reproductive system of men and women is influenced by large number of damaging factors, among which one of the first places occupied by inflammatory diseases of the pelvic organs.

In inflammatory diseases of the urethra and the accessory genital glands often occur violation of their functions, changing the composition of the sperm accumulation in her debris and toxic activity of microorganisms development of immune processes.

The most common inflammatory disease in men is prostate up to 73%.

The development of chronic inflammation of the prostate as follows: mechanical or functional obstruction of the urethra inside prostatic reflux (bacteria components urine, sperm) immune reactions chronic inflammation. This "vicious circle" significantly reduces the percentage of recovery and promotes chronic inflammation, relapse and occurrence of complications such as infertility.

In order to improve treatments for infertility in the background of the inflammatory process must be followed etiological approaches to therapy. By etiological therapy refers lymphotropic therapy.

Preparation "Amicacyn" refers to an antibiotic III generation aminoglikazidov group is produced in the form of injection in ampoule one ampoule 2 ml solution for injection contains amicacyn (as sulfate) 500 mg is readily absorbed and enters the lymphatic channel pelvic organs.

Lymphotropic therapy is as follows. The patient's position on the back. Finger define the outer ring and the inguinal canal exiting therefrom spermatic cord. His fix the thumb and forefinger of the left hand, and right with a fine needle intracutaneously, subcutaneously administered and then 0.5 ml -5.0% novocaine solution. The needle is advanced to the spermatic cord and injected into it and surrounding tissue 5.0 ml of 0.5% novocaine solution. Further injected lidasa (16 pcs.), Dissolved in 0.5 ml - 5.0% novocaine solution. After 3-4 minutes. The following input antibiotic Amicacyn 500 mg, dissolved in 10.0 ml of 0.5% novocaine solution.

Purpose of the study: reveal the effectiveness of treatment of lymphotropic male infertility. Materials and Methods: During 2018-2019 we conducted examination of the patient, who was diagnosed with excretory-inflammatory form of male infertility, chronic bacterial prostatitis. The age range was from 20 year to 44 years with disease duration from 1 up to 3 years.

All patients were examined before and after treatment:

1. General analysis of blood and urine;
2. Biochemical analysis of blood;
3. Microscopic and bacteriological examination of the discharge of the urethra, prostate secretions and semen;
4. Ultrasound examination of the prostate gland.

All patients were divided into 2 groups:

Group 1 (core) 35 patients with chronic prostatitis, which received lymphotropic treatment.

Group 2 (control) 30 patients who underwent traditional, intramuscular antibiotic treatment for inflammation of the prostate.

The results and discussion

Regression laboratory signs of the treatment of infertility observed in 31 patients in group 1 (88.5%) and 19 patients of group 2 (63.3%).

Was an increase in concentration, the increase in the number of normal forms and motility, ejaculate normalizing the viscosity.

In the study of semen parameters it has been established that before treatment in group I:

1. sperm concentration from 0 to 20 mln / ml was observed in 6 patients;
2. from 20 to 40 mln / ml in 14 patients;
3. from 40-60 million / ml in 9 patients;
4. from 60-80 million / ml in 6 patients.

After lymphotropic treatment:

1. patients with a concentration of spermatozoa of from 0 to 20 million / ml, and from 20-40 million / ml decreased 4 and 6 persons, respectively,
2. with rates of 40-60 million / ml and 60-80 million / ml increased to 3 and 7 persons respectively.

The number of normal sperm forms in this group before treatment were as follows:

14 patients 20-39%

11 patients 40% -60%;

10 patients 61-80%.

After treatment there was a sharp increase in the normal forms of sperm, ie.:

20-39% of normal sperm forms already noted in 3 patients;

40-60% in 2 patients;

61-80% in 30 patients.

Quantitative determination of mobile forms of sperm and after treatment was dramatically increased.

Thus, if the initial examination in 9 patients this figure was 10-30%, in 12 patients - 31-50%, and greater than 50% - 14 patients, after treatment lymphotropic increased sperm motile forms, i.e. 10-30% of sperm motility were observed only in 2 patients, 31-50% - in 3 patients, and more than 50% of the mobility already noted in 30 patients.

Positive changes in the group have been received in the study:

1. ejaculate viscosity of from 0.5 to 0 cm was 9 patients before treatment and after treatment the number of patients was 31 people;

2. the number of leukocytes in the ejaculate (field of view) - in 8 patients ranged from 15 or more. After treatment, this figure was only observed in one patient.

3. number of leukocytes in prostatic secretions (field of view) of the 10 patients had 8 or more, after treatment with an indicator has been identified as only one patient.

Good results were also obtained in the second group of patients, on the proportion of patients recovery was somewhat less.

For example, a sperm concentration of 60 to 80 mln / ml increased only 2 patients, from 40 to 60 mln / ml - in 3 patients.

Number of spermatozoa of normal forms from 61 to 80% increase in 6 patients in the first group of such indicators after treatment were established in 18 patients.

These diagnostic indicators of both groups are shown in Table №1.

Indicator		Group 1 (n = 35)		Group 2 (n = 30)	
		Before treatment	After treatment	Before treatment	After treatment
Sperm Concentration (ppm \ ml)	60- 80	6	7	6	8
	40-60	9	3	8	9
	20-40	14	6	11	10
	0-20	6	4	5	3
number of normal sperm forms (%)	61-80	0	30	8	13
	40-60	11	2	12	8
	20-39	4	3	10	9
The number of mobile forms of sperm (%)	> 50	14	30	10	16
	31-50	12	3	14	10
	10-30	9	2	6	4
Viscosity ejaculate (cm)	0,5-0	9	31	7	14
	2-0.5	11	4	14	9
	2.1 and more	15	0	9	7
The number of leukocytes in the ejaculate (field of view)	0-10	11	30	10	16
	11-20	14	4	15	9
	20 or more	10	1	5	5
The number of leukocytes in prostatic secretions (field of view)	1-9	8	29	6	16
	10-20	17	5	15	11
	21 or more	10	1	9	3

Number of mobile forms of sperm in this group increased in 9 patients in Group I to the index> 50 were added on another 18 patients.

If the first group, the viscosity of the ejaculate was reduced 21 patients in the second group after treatment decrease the viscosity of semen was found more in 12 patients.

The number of leukocytes in the ejaculate and prostatic secretions of 20 or more met before treatment in patients 4 and 9 respectively.

After treatment the amount of leukocytes in the ejaculate decreased in 2 patients, and in prostatic secretions - 7 patients.

Based on this table, it can be seen that in the I (base) and II (control) groups of patients with increased sperm concentration, increased the number of normal sperm motility and sperm count, ejaculate normalization observed viscosity, reducing the number of leukocytes.

Microscopy of prostate secretion also showed a reduction in number to normal numbers.

In the study of tolerance lymphotropic treatment only in 1 (2.8%) of 35 patients showed minor side effects in the form of discomfort in the groin area, which did not require discontinuation of treatment.

Conclusion

1. Using lymphotropic treatment with male (excretory-inflammatory) infertility is pathogenetically reasonable and highly efficient.

2. The results indicate the undoubted advantage of lymphotropic therapy. The majority of patients stopped pain, dysuria disappeared, to restore sexual function. After the treatment, the number of leukocytes decreased in secretions, normalized pattern crystallization.

3. The accumulation of the antibiotic in the regional lymph nodes and promotes recovery cupping lympha-denitis lymph drainage from the prostate gland.

4. Exposure to pathogens reduces inflammatory edema that enhances the secretion of prostatic outflow and helps restore microcirculation therein.

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