INTRODUCTION

The main function of human being is to maintain life and keep species. To achieve the latter, a process of reproduction is performed. Two partners, a male and a female are required for reproduction process to be performed. To consider reproduction process as a successful one, new individual should be produced, this demands a fertile female and fertile male (Jaffe, R.B.,1978).

The reproductive functions of the male can be divided into three major subdivisions, first, spermotogenesis, which means simply the formation of sperm ; second, performance of the male sexual act ; and third, regulation of male reproductive functions by the various hormones. Associated with these reproductive functions are the effects of the male sex hormones on the accessory sexual organs, on cellular metabolism, on growth, and on other functions of the body. (Guyton, 1984).

By male fertility we mean the ability of the male to deliver vital sperms to/or near the cervix. This demands a good functioning testis capable of

producing normal, motile sperms in good numbers and potent ductal system which can transmit the sperm and finally good physical and psychological condition of a potent male without anomalies which may interfere with the sexual act and the resultant deposition of sperm near to the cervix. (Arimura, A., 1977).

Thus, the main causes of male infertility are :

1. Impotence due to : (a) malformations or loss of penis, (b) psychic cause ; (C) chromosome defects.

2. Oligospermia or aspermia due to small (fibrotic) or soft (partially atrofic) testes resulting from mumps (quarter of cases), varicocele, cryptorchism, over exposure to x-rays, and occasionally other varieties of bilateral epididymo-orchitis.

3. Aspermia due to a faulty sperm conduction mechanism : leading examples are : (a) urethral fistula, (b) tight urethral stricture, (c) obliteration by scar tissue of both common ejaculotory

ducts or both vasa deferentia (15% of all cases of infertility are due to gonorrhoea), (d) abscent vasa and vesicles. (Harding Rains and David Ritchie, 1984).

4. It is well established now that spermatogenic process is largely influenced by hypophyseal hormones (gonadotropins) which is responsible for development and maintenance of spermatogenesis and subsequent functional maintenance of leyding cell. Thus, any defect in the secretion of these hormones or any factor abolish its action in the target organs will lead to abnormalities of spermatogenic process and variable degrees of infertility. (Means, A. R., 1975; David W. Keller, et al., 1984).

Thus, the aim of this study is to review in detail the possible causes, different techniques of investigation and the management of male sterility.