SUMMARY AND CONCLUSION

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This study included forty cases, classified according to semen analysis into subfertile, infertile fertile groups. Estimation of serum and seminal plasma prolactin was performed to clarify any possible role of prolactin in male infertility.

prolactin concentrations in serum and seminal plasma were measured by radioimmunoassay.

The following results were obtained:

A highly significant increase in serum prolactin in both asthenospermic and oligoasthenospermic groups, an increase in serum prolactin in oligospermic group. While no increase in serum prolactin in azoospermic group compared to normal.

Seminal plasma prolactin levels were increased in subfertile and infertile groups compared to normal controls.

No significant correlation was shown between serum and seminal plasma prolactin concentrations in any of the subfertile or infelrtile groups.

A significant positive correlation between serum prolactin and sperm count in oligospermic group. While no significat correlations was shown between seminal plasma prolactin and sperm count in any of the groups.

Regarding sperm motility, a significant negative correlation was obtained between serum prolactin and sperm motility in the asthenospermic group, also a very highly significant positive correlation was found in the oligoasthenespermic group. While no significant correlations were obtained between seminal plasma prolactin and sperm motility in any of the groups.

These results are described in view of recent clinical and experimental reports implicating hyperprolactinaemia as a cause of male infertility.

It is assumed that the data obtained from this study may be useful for further studies on the pathogenesis of male sterility. As we came to a conclusion that subfertile and infertile groups had high seminal plasma prolactin levels. Also hyperprolactinaemia may affect sperm motility.

A recommendation arises from this study is the determination of serum and seminal prolactin in patients with fertility disturbances may be helpful to detect a hyperprolactinaemia which may be responsible for disturbances in hypothalamo-pituitary testicular axis, further investigations for determination of luetinizing hormone, follicle stimulating hormone and testosterone is recommended. Also hormone profile determination and correlation with histopathological studies in cases of sperms obstruction or arrest.