INTRODUCTION

Recently a growing interest has evolved concerning the possible etiological role of infection of the prostate and seminal vesicles in cases of male infertility (Caldamone & Cackett, 1978).

It was found that infection of the male genitourinary tract can reduce fertility by the following pathophysiological mechanisms: reduced sperm motility and viability (Eliasson, 1975), increased sperm agglutination (Derrick et al., 1976) and obstruction of the ejaculatory ducts (Pomerol, 1978). The disturbance in epididymal sperm maturation was suggested to affect sperm motility (Gaddum, 1968 and Bedford, 1973).

The infections by microorganisms were just one among several causes of inflammation (Woolf, 1977).

Effects of chronic prostatitis on sperm parameters have been evaluated. Most investigators agree that chronic prostatitis was associated with decreased sperm motility and also decrease in sperm density (Drach, 1975).

It is not certain whether or not prostatitis affect the morphology of sperm. There were reports suggesting no changes in sperm morphology in the presence of prostatitis (Bostrom, 1971) while the majority of investigators have noted an increase in abnormal sperm forms (Eliasson, 1977).

Schaeffer et al. (1981) have reported that men with infertility have higher leucocyte counts in expressed prostatic secretion (E.P.S.) than do men without urologic disease. However, the prevalence of genital inflammation in infertile men has not been extensively studied and the cause of increased leucocytes in semen or prostatic fluid of infertile men is not known.

Several microorganisms have been identified in genital secretions of infertile patients but their pathogenicities have not been established (Moberg et al., 1979).

Efforts have been made to establish the critical limits of significance for bacteriospermia (Combaire et al., 1980). Seminal dilution would neutralize the recognized bacteriostatic capacity of the seminal plasma (Mardh et al., 1975).

Attila et al. (1980) found that fertile men had significantly fewer positive cultures than the infertile population, more bacterial isolates were obtained from infertile men with a history of genital tract infection.