

I N T R O D U C T I O N

Azoospermia represents an important etiological factor of male infertility.

Azoospermia is either obstructive or functional in origin. Obstruction of the reproductive system plays an important role in the pathology of infertility.

Obstructive azoospermia accounts for 55% of all cases of azoospermia, while hypofunction of the gonades accounts for the remaining 45% of cases. (Girges et al., 1969).

Obstruction of the reproductive tract in male may be congenital or acquired:

I. Congenital obstructions are characterized by:

1. Azoospermia.
2. Physically normal testis or slightly reduced size and degree of firmness.
3. Abnormalities on palpation of the vas deferens or epididymis.
4. Changes in the physical, and biochemical characteristics of the ejaculate.

II. Acquired Azoospermia:

A. Traumatic:

Traumatic causes of obstructive azoospermia include:

1. Accidental surgical lesions of the vas produced by excessive denuding of the tract when freeing hernial sac.

2. Surgical section of the vas for contraceptive purposes.

3. Necrotic lesions of the head of the epididymis following surgical section of the artery itself.

B. Post-Inflammatory:

Most acquired obstruction of the reproductive tract occur subsequent to its inflammation.

The commonest site of obstruction proved to be in the distal part of the epididymis and/or the adjoining part of the vas deferens, as denoted by the presence of sperms in both the testis and the proximal part of epididymis, in conjunction with a patent vas deferens. (Hafez, 1976).

This was observed in 173 patients of 299 included in the study, in two-thirds, obstruction was congenital, owing to lack of communication between the head and body of the epididymis, while in the remaining one-third, obstruction was acquired, owing to post-inflammatory or post-traumatic fibrosis of the distal part of the epididymis.

During exploration, the differentiation between the two types is possible because of a rather sharp demarcation

between a distended head and a collapsed epididymal body in congenital obstruction, while in acquired obstruction both epididymal head and body are distended with often a palpable post-inflammatory induration of the tail of the epididymis. (Girges et al., 1969).

	Patients	
	No.	%
Epididymis	173	57.86
Testiculo-epididymal obstruction	63	21.07
Cong. absence of vas deferens and/or epididymis	40	13.38
Acquired vasal obstruction	17	5.68
Asymmetrical	6	2.00
Total	299	100.00

Obstructive azoospermia distributed by site. (Girges et al., 1969).