

INTRODUCTION

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Since testicular biopsy was first introduced by Charny (1940), the assessment and evaluation of the cytological features of testicular material obtained by biopsy has added greatly to the understanding of both normal and abnormal testicular function.

The careful analysis of such cytological details has made it possible to demonstrate a cycle within the seminiferous epithelium and has provided details concerning the kinetics of spermatogenesis (Clermont, 1963; Heller and Clermont, 1964).

Testicular biopsy was used extensively for the diagnosis, prognosis and selection of appropriate treatment of various states of male infertility such as azoospermia and unexplained oligozoospermia (Ragab, et al. 1961; Charny, 1963; Dubin and Hotchkiss, 1969; Wong et al., 1973; de Krester and Holstein, 1976).

In spite of the large amount of research done since then on testicular biopsy, it is still a long way from reaching an agreement on its indications (Schoysman, 1980).

For some specialists, it is frequently used when faced with an infertile patient, while others consider it of limiting value because, in their opinion, semen examination and hormonal assay would give sufficient information

about the testicular function (Dubin and Amelar, 1977; Ross, 1983).

The aim of this work was to study testicular biopsy as regards its indications, complications, techniques and various methods for its evaluation in order to throw further light on its role in diagnosis and prognosis of male infertility.