

INTRODUCTION

Leprosy is still one of the major health problems of developing countries, more than 1.6 billion people live in countries where the estimated prevalence is greater than one case per 1000 of the population (McDougall, 1989). However, leprosy is most prevalent in tropical countries (Yawalkar, 1989).

There was no objective evidence of leprosy before the findings of recent excavations in Egyptian Oasis of Dakhleh, which had disclosed four leprosy skulls in the second century Bc (Browne, 1985).

Leprosy is a well known disease for the strong stigma associated with it. In spite of all the scientific informations available, the fear and prejudice regarding leprosy and leprosy patient remain persistent. In many societies, the disease is associated with guilt, rejection and isolation. These concepts are influenced by religious beliefs and local traditions as well as by the medical pathology of the disease which gives leprosy its identity (Davey, 1976).

Leprosy displays a wide spectrum of clinical features related to the Host's ability to develop and maintain specific cell-mediated immunity. Patients with low resistance develop generalised infection termed "Lepromatous Leprosy".

Those with high resistance develop localised form "Tuberculoïd leprosy" (Waters, 1984).

Unfortunately, there are few studies about the fertility of leprotic patients. Kumar et al. (1982) reported a significant decrease of fertility and birth rate among the spouses of lepromatous males in India. Mukhiya et al. (1982) and Nigam et al. (1988) showed that only the patients with lepromatous and dimorphous leprosy, might developed testicular and epididymal damage. The etiopathogenesis of testicular involvement in cases of lepromatous leprosy are still unclear, but, direct invasion of the testicular architecture with the organism - blood borne infection, autoimmunity, affection by the erythema nodosum leprosum as well as deposition of immune complexes, all may contribute in such affection (Wall and Wright, 1974).

The pathologic changes in the testes of lepromatous patients were found to range from spermatogenic arrest to complete hyalinization of both the seminiferous tubules and interstitial tissue (El-Beheiry et al., 1979). In lepromatous patients showing testicular atrophy, the hormonal profile had been studied by a number of investigators (Morley et al., 1977 ; Ree et al., 1981 ; Kanan et al., 1984 and Abraham et al., 1990). In these particular patients, androgen was generally diminished and gonadotropins was increased.

AIM OF THE WORK

The aim of this work is to review the previous literatures about leprosy and its effect on testes, also to evaluate the effect of lepromatous leprosy on the reproductive function of the testes.