

INTRODUCTION

As the world is preoccupied with the problem of birth control and development of better contraceptives, it is an irony that a significant percentage of married population is still suffering of infertility (Wong et al., 1978).

Defects in the husband's reproductive system are responsible for somewhat over 50% of the cases of infertility (Dekretser et al., 1972). Azoospermia is an important cause of male infertility in which the ejaculated semen is devoid of any spermatozoa. It was found that azoospermia account for 9.2% of new couples attending the infertility clinic (Templeton, 1983).

Finding an effective solution to the problem of barren marriage has been a challenge to the physician since the beginning of history. Confronted with this situation the doctors are still unable to offer specific therapy in most cases. Advances in the therapy have not kept pace with the increased physiological knowledge and improved diagnostic techniques.

This review aims to present a practical guide for the diagnosis and therapy of azoospermia. It is also a compendium of the basic physiology, embryology, and

anatomy of the male genital system. This essay shall dispel the attitude that nothing can be done to improve the chances of fatherhood in azoospermic man. The physician's use of these diagnostic and therapeutic measure will be rewarded by a higher rate of successful pregnancies than has even been thought possible by Skeptics who regard the treatment of azoospermic man as hopeless.