

Journal of Andrology, Vol 7, Issue 3 147-155, Copyright © 1986 by The American Society of Andrology

JOURNAL ARTICLE

Prognosis of subfertility in men with corrected or uncorrected varicocele

A. Vermeulen, M. Vandeweghe and J. P. Deslypere

To evaluate whether correction of varicocele improves fertility, pregnancy rates were compared in 115 varicocele patients consulting for infertility and having oligozoospermia, asthenospermia, or teratozoospermia, in any combination, and FSH levels within the normal range. Ninety of these patients had corrected, and 25 had uncorrected varicoceles, respectively. The value of clinical and seminal parameters for predicting the eventuality of pregnancy for varicocele patients was also studied. Although both groups were comparable in terms of duration of infertility, mean age, sperm density, motility or fertility index, cumulative pregnancy rates over 12 months were similar, whether or not the varicocele was corrected. The value of clinical or seminal parameters, in any combination, for the prediction of outcome for varicocele patients was poor. The prognosis was poor for men with less than 15% of spermatozoa with normal morphology, FSH levels higher than the mean + 3 SD of those values found in young fathers, and a fertility index below 3. In subjects who achieved pregnancy within one year, pretreatment sperm characteristics were similar in both the corrected and uncorrected groups. Correction of varicocele slightly improved sperm characteristics. It seems likely that in most men with subfertility and varicocele, other factors besides venous reflux are responsible for their infertility.

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