

# Andrology in general Urology OPD with a perspective of Urological Complaints and its Interphase with Infertility

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## Abstract:

This study was primarily sought to evaluate andrology in a general urology outpatient clinic before being referred to other centers for needful like infertility clinic, gender identification among some. The laboratory is a department which is supplementary/complementary/surrogate implement to the clinical departments. That aside to share an overview through a personalized lens in the diversity challenges in a referral center funded by the government for the deep end of poverty. This is with the mission statement by the government stating that even the have nots should receive the same treatment as the haves.

So, coming to the question of what entails a semen report of optimal intensity. This is what happens after we receive a requisition form signed by the doctor for a semen analysis to be done. This is what happens behind scenes it involves a comfort or anti hostility environment. This translates to psychological factors in male partners in a infertile relationship primary secondary, then in legal law suits to exhibit our un biased nature, in case of medico legal case with watchful awareness coupled with professionalism.

Semen analysis is the first step towards assessment of a sub fertility status in other words. The test does not measure the fertilizing potential of the spermatozoa. Or predict the complex procedures of the female genital tract before its outcome in the form of a progeny. Cause it not only requires male factors but female fecundity as well.

More than one sample is collected in case of corroborative factors like infections and after therapy, repeats, and so on. Things to remember in sample collection. Collected sample should be warm as in body temperature, Sample should immediately go to the work bench at the earliest but later 30 mins is not acceptable. Reinforced learning Sperm morphology an un conquerable Mount ambiguity is persisting Un structured data so the cut offs form the basis for a descriptive nomenclature to describe the different factors of male infertility– reason that in spite of these low factors of the reference limits men oligospermia-low counts astenozospermia is low motility, teratozospermia poor. Education intervention has a unique comprehensive approach, broad range of ambulatory procedure with target group Learning community, clinical skills, curriculum development and medical education.

Morphology, Normal, Borderline, Pathological limits Grey or at least difficult to create technology that can accurately evaluate all the sperm parameters at the same time. All equipment requires constant visual supervision and calibration by trained personal and is labour intensive difficult to learn and sufficient to be called robust Its difficult to create technology that can accurately evaluate all the sperm parameters at the same time. All equipment requires constant visual supervision and calibration by trained personal and is labour intensive difficult to learn and sufficient to be called robust GLP-good laboratory practice It's a regulatory manner in which –there is some consistency reliability and reporting quality. Rules and regulations. Correct or apt interpretation of semen samples .

**Agglutination:** Motile sperms sticking to one another. Non-motile sperms sticking to mucus thread and debris is non-specific.

## Motility Grade:

**Grade-I:** rapid linear progressive

**Grade –II:** sluggish linear progressive

**Grade III:** non progressive

**Grade IV:** immotile

Normal count of 200 sperms should be counted and two different random samples with 95% concordance or else more than 2 to be examined, sperm morphology. Dry- stain-pap wet mount-phase contrast. Stained sample includes nuclei bluish violet; Acidophilic pink; Homified or keratin orange; Red blood cells orange or reddish brown; Basophilic blue green; Mucus is green

## Sperm in Stained Sample:

**Stained colour:** Acrosome is pink; Post acrosome is dark pink; Tail is pink.

**Different morphology:** forms Head-shape, size –mega, micro, small tapering, Neck and mid piece defects absent tail, bent tail, tail forming at the end of 90 degree, Thin mid piece, corkscrew, or combination, Tail- defects- short, multiple, hair pin broken, irregular or coiled tail, Cytoplasm droplets- greater than one third the area droplet if the sperm head is abnormal.

Inter person interpretation of subtle variation of forms existence of a wide variety of irregular abnormal forms, variation in staining and cell fixation. At least 200 recognizable sperms counted under oil immersion. What is normal - then head oval acrosome 40% to 50% of the head mid piece straight regular outline axially attached, Cytoplasmic droplet less than half the head. Tail piece straight thinner than the mid piece approximately 45 micro long. Epithelial cells round spermatids, every lab will have its own and fertility of a patient is of no connotation in other words the relation between semen analysis report and fertility of the patient are both individual entity.

**Reference values for human semen:** Volume- 2 ml, pH-alkaline 7; Sperm Concentration 20 million; Total Sperm Count 40 million; motility 50% or more motile; Samples Studied of 320 patients.

**Parameters:** Age; indication for semen analysis; Volume; colour; viscosity; colour; liquefaction; viscosity; reducing substances; reaction; total sperm count; microscopy; progression.

**Summary:** The bulk that is 60% are for infertility hydrocoel, trauma. Semen analysis- liquefaction. After proper mixing - incomplete liquefaction is part of the dysfunction of the accessory sex organs will cascade into errors of sperm density. We have a documented 9.2% of abnormality with prolonged liquefaction in the above amounts to about 40% of the later are with prolonged liquefaction and the rest 60% is in shortened period. In semen analysis, motility more than 50% of the total cases examined number of spermatozoa show features of non-motile sperms.

**Conclusion:** After visualization with light microscopy and phase contrast microscopy. In semen analysis, inflammation is seen in 64.3 % of the cases reviewed. They have warranted cultures looking for growth in which most of the isolated organisms are coli form bacteria klebsiella, E. coli normal flora, most of the inflammation is also associated with red blood cells also. To conclude semen in urine retrograde analysis, incest rape victims the list is quite comprehensive.