FERTILITY & HORMONES

# The Bad Semen Analysis: What a Specialist Does Next

Europe·s andrology academy wrote down, step by step, what should happen after an abnormal result. Almost none of it is what the internet does.

**Swipe**

THE FIRST RULE

# The Label Requires Two Analyses, Not One

Two semen analyses to WHO methodology before the term oligo-astheno-teratozoospermia is applied at all. One abnormal result opens an investigation. It never closes one.

THE WORKUP

# Hands, Hormones and an Ultrasound as Routine

General and scrotal examination, the hormone panel with prolactin when the pituitary is suspect, and a scrotal ultrasound as part of the routine investigation, not an optional extra.

THE GENETICS

# At 5 Million/mL or Below, Genetics Enter

Karyotype and Y-chromosome microdeletion testing. Below one million sperm per ejaculate, microdeletions turn up in about 8.5 percent of men, and the results matter before treatment, not after.

THE SURPRISE

# Testosterone for Fertility: Contraindicated

The guideline·s strongest grade. Outside testosterone tells the pituitary to stop signaling, and sperm production winds down. Fertility treatment first, replacement after, if genuinely deficient.

THE HONEST MENU

# FSH Maybe. Antioxidants Unproven. Surgery Case by Case.

FSH can be suggested in selected men, at low evidence. Antioxidants: neither for nor against. Varicocele surgery: contradictory evidence, decided individually with the couple.

THE MYTHS

# Keep Training. Forget the Underwear Folklore.

Two corrections at the stronger grade: do not tell men to stop exercising, and do not prescribe scrotal cooling or clothing changes as fertility measures. The evidence is not there.

THE BOTTOM LINE

# Confirm It, Examine the Man, Skip the Shortcuts

The European map is public and short: confirm properly, examine, measure hormones, image, test genetics when low enough, and be honest about the evidence. This is general information, not a diagnosis; fertility care needs a physician·s individual assessment.