

FERTILITY & HORMONES



When the Sperm Count Is Zero

Azoospermia is the hardest word in a fertility workup. A major review maps what hormone treatment can genuinely do, and where the evidence runs out.

Swipe

TWO ZEROS

Blocked Transport or Failed Production

Obstructive azoospermia: production fine, transport blocked. Non-obstructive: production itself has failed. The second accounts for most cases and affects roughly one in ten men in fertility evaluation.

THE SPLIT THAT DECIDES

Is the Signal Missing, or Is the Tissue Failing?

Pre-testicular: the testis is capable but the pituitary signal has failed. Testicular: the signal arrives and the tissue cannot answer. Everything that follows depends on which one it is.

THE ESTABLISHED ARM

When the Signal Is Missing, Replacing It Works

hCG activates the same receptor as LH. Where the pituitary signal is the missing piece, hCG-based therapy restores sperm production in most cases. That is established medicine, not hope.

THE DEBATE

Four in Five Testicular Cases Are Hypogonadal

In 767 consecutive men with testicular azoospermia, 80.8 percent had testosterone below 350 ng/dL. Raising intratesticular testosterone before retrieval surgery is a coherent idea. Coherent is not proven.

THE EVIDENCE TODAY

Small Series, Not Trials

In twenty men whose first retrieval had failed, hCG preceded a second operation and sperm was found in 15 percent. Encouraging, and far from the large, well-designed studies the review says are required.

WHO MIGHT BENEFIT

APHRODITE: Discipline Instead of Guesswork

A new classification stratifies infertile men by FSH and testosterone cut-offs into defined groups. The hypogonadal groups are the candidates for hCG, alone or with FSH.

THE BOTTOM LINE



A Zero Is a Beginning, Not a Verdict

Which kind of zero, what the hormones show, which group he belongs to: findable answers that determine everything after. This is general information, not a diagnosis; fertility and hormone care needs a physician's individual assessment.