

Letter to the Editor

A Case of Unsuccessful Acupuncture Treatment for an Azoospermic Patient

Yildirim ME^{1*}, Ozcan O², Ozyuvali E¹ and Cimentepe E¹

¹Department of Urology, Turgu Ozal University School of Medicine, Turkey

²Acupuncture Unit, Turgut Ozal University School of Medicine, Turkey

***Corresponding author:** Mehmet Erol Yildirim, Department of Urology, University School of Medicine, 06510, Yenimahalle, Ankara/Turkey

Received: July 03, 2015; **Accepted:** July 06, 2015;

Published: July 08, 2015

Keywords

Acupuncture; Male infertility; Azoospermia

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Male infertility is an increasing health problem with limited treatments. So that investigators are studying on many different solutions. Acupuncture is challenging and a matter of debate on male infertility, especially at azoospermic patients [1]. Here we represent a case of azoospermic patient who had undergone 15 sessions of acupuncture after a failed microTESE procedure.

A 29 years old male admitted to our infertility clinic in order to have a child with two years of marriage without any contraception. Azoospermia revealed in his semen analyses. His wife evaluated normal for female factors at Gynecology department. He had undergone a left upper knee amputation due to the osteosarcoma and taken intermittent chemotherapies for 4 years. His cerotype revealed as 46XY and there was no AZF deletion at his Y chromosome. Both of his testes were atrophic (right: 9, 8 cm³, left: 8, 2 cm³) with palpable vasa deferentia. His hormonal assays were as follows: Follicular stimulating hormone (FSH) 11.2mIU/mL (normal 1.5–12mIU/mL) Luteinizing hormone (LH) 4.3 mIU/mL (normal 1.8–8.6mIU/mL), prolactin 8,31ng/ml (normal 4.04–15.2 ng/ml) and testosterone 180 ng/dL (normal 300–1000 ng/dL). MicroTESE procedure was performed under local anesthesia, six pieces of tissue pieces from both testes were taken, measuring a total of 0.8 cm from the right testes and 0.7cm from the left testes. Also biopsy were taken from both testes and revealed testicular atrophy.

The patient underwent a course of 15 acupunctural treatments (two treatments per week for the first ten courses and one treatment a week for the rest). Sterile disposable stainless steel Hue Long needles (0.25 × 13 mm) were inserted. The needles were left in

place for 30 minutes and then removed. Points were selected by radiesthesia before each course. Following points were often used; Ren 12 (zhongwan), Ren 6(Qihai), St 25(Tianshu), St 29(Guilai), St 36(Zusanli), Sp 6(Sanyinjiao), Liv 3(Tai-chong), LI 11(Quchi), Du 20(Baihui), Yintang.

Unfortunately after acupuncture administration, we could not retrieve sperm from the patient. Treatment of azoospermic infertile male, especially with failed microTESE is very difficult [1].

Siterman, et al. performed acupuncture on patients including 15 azoospermic men. Acupuncture was administered twice a week for five weeks. One month after acupuncture, semen analysis revealed a significant increase in sperm count per ejaculation in 10 (67%) and in seven of these males, the sperm production increased significantly from 0 to an average of $(1.5 \pm 2.4) \times 10^6$ spermatozoa per ejaculation (P 0.01) [1].

Dieter, et al. conducted a prospective, randomized, single-blind, placebo controlled trial with 57 patients with sperm concentrations <1 million sperm/mL. Patients were divided into group1(28 patients), treated with acupuncture, and group2 (29 patients), receiving placebo acupuncture twice weekly for 6 weeks. The acupuncture group showed a significant increase on the percentage of total motile sperm (p=0.035) and a decrease in semen volume (p=0.041). The study supported the significance of acupuncture in male patients with severe oligoasthenozoospermia [2].

Bidouee, et al. also reported a patient who has a history of failed PESA + ICSI before acupuncture, but he has a sperm count of 18 million/mL in his ejaculation, after two courses of acupuncture [3].

Acupuncture is a promising empirical treatment modality especially on patients with oligoasthenozoospermia, but its effect on azoospermia is still controversial. Furthermore, it is necessary to further investigate and elucidate the mechanisms of acupuncture for the management of infertility.

References

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