

Research was higher
than in
oligozoospermic
9.5%



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Research over the past few years has clearly demonstrated that infertile men have an increased frequency of chromosomal abnormalities. These findings are further co-related by increased frequency of chromosomal abnormalities found in newborns and fetuses born from the pregnancies conceived by ICSI. As reported in literature, in half of the couples with unsuccessful pregnancy, the cause of infertility is male related, and of them in about 30% genetic factors with abnormal semen parameters should be considered.

Chromosomal abnormality is one of the important cause of male infertility because it disrupts genes involved in the genetic control of human spermatogenesis [10, 11, 12, 13]. In present study, the incidence of chromosomal abnormalities in azoospermic group 16.3% was higher than in oligozoospermic 9.5% with an overall occurrence of 11.2% (Table I), clearly demonstrated an inverse correlation between chromosomal anomalies and sperm count.

Also these findings were comparable to the literature data varying from 2.2 – 22.6% [3, 4, 11, 13]. No chromosomal abnormality had been found in control group ($P < 0.05$). Sex chromosomal abnormalities (13.

9%) in our study were predominant in azoospermia over autosomal abnormalities (2.9%), while autosomal abnormalities (6.5%) were predominant in oligozoospermia over sex chromosomal abnormalities (2.9%). All autosomal abnormalities (5.

6%) were structural type while the sex chromosome abnormalities (5.5%) were found both structural as well as numerical types (Table I). All numerical abnormalities (3.3%) were of Klinefelter's syndrome in which 4

patients were of classical form 47, XXY and 2 were of mosaic form 47, XXY/46, XY. Klinefelter's syndrome has impaired spermatogenesis associated with severe oligozoospermia or azoospermia causing infertility.

This is caused by lethal dosage introduced into cells by an additional 'X' chromosome, which does not permit the development of sertoli cells and survival of germ cells in the testis, resulting in azoospermia due to the advanced germ cell atresia and aplasia. Gonosomal mosaicism leads into severe oligospermia, may be a probable cause for the failure of assisted reproduction 12, 13, 14.