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Semen infection

Semen infection contributes approximately to 10-30% of infertility cases in young couples. The infection harms sperm production, motility and function, while the shady nature of the process, makes its detection difficult resulting frequently in asymptomatic and extremely contagious infection of the sexual partner. Symptoms and signs like discomfort, recurrent pregnancy loss, amniotic fluid infection and neonatal contamination are common. Antibiotics, usually resolve the problem but their irrational use has led to drugresistance, which currently represents a rising worldwide problem, with serious consequences for the patient's health.

Aerobic and anaerobic sperm culture reveal the presence of microorganisms in up to 71% of cases, which are potentially pathogenic. Sperm cultures should be carried out in men, especially when infertility issues are associated with semen quality. Globally, each year, an estimated 357 million new infections occur, with 1 out of 4 to be sexually transmitted infec-

tions (STIs), due to Chlamydia trachomatis, Neisseria gonorrhoea, Treponema pallidum and Trichomonas vaginalis. These pathogens can cause epididymitis, epididymo-orchitis, or prostatitis and contribute to increased seminal leukocyte concentrations.

Since semen infections are often linked to unexplained infertility cases, suitable cultures and assays like antimicrobial susceptibility testing are be recommended. This approach can lead to the treatment of subclinical infections using the appropriate antibiotic regimen under guided selection. This in turn will break the transmission cycle to the female partner and eliminate putative disorders of herself and the offspring. However, employing of semen culture as a screening test, might be a remarkable burden for health economics and patients' emotions, as well. Therefore, the use of sperm cultures and accompanying tests, -when indications and clinical picture impose them, may be a wise decision for both the couple and the doctor too.

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