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Infertility and problems of impaired fecundity have been a concern through ages and is also a significant clinical problem today, which affects 8–12% of couples worldwide. Of all infertility cases, approximately 40–50% is due to “male factor” infertility and as many as 2% of all men will exhibit suboptimal sperm parameters. Diabetes mellitus is known to predispose to dysfunctional sperm characteristics as several experimental studies on animals with diet-induced prediabetes have shown that prediabetic condition can affect sperm quality and induce impairments in testicular metabolism. In the clinical setting, metabolic dysregulation has been recorded in the testes of diabetic patients. Sperm

glucose uptake and metabolism are essential for male fertility. Spermatozoa metabolize several substrates to ensure energy supplies, while the dysregulation in glucose uptake and metabolism during diabetes may influence sperm quality.

In the present issue Gourma et al discuss the available interventions for infertility in men with type II diabetes and hypogonadism and following the retrieval of data from nine randomized controlled trials. The findings of their study suggest that hypogonadal male patients may benefit from supplementation with vardenafil, clomiphene citrate and testosterone as significant improvement in serum hormonal levels as well as erectile function is improved.

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