Dear Sir,

We read with great interest the recent paper ‘Testicular sperm extraction in a patient with metachronous bilateral testicular cancer’ (Kühn et al., 2001).

In a patient with a metachronous bilateral testicular germ cell tumour, the authors demonstrate that testicular sperm extraction
TESE) with subsequent ICSI should be considered as a treatment option for patients with severe fertility disorders, here the absence of motile sperm after thawing of cryopreserved semen samples.

We raise the question of whether TESE should be regarded as a general treatment option and offered, for example, to azoospermic cancer patients who may later seek parenthood.

Tumours are known to induce fertility disorders via diverse mechanisms. The various causal factors discussed include elevated serum interleukin (IL)-1, IL-6, β-HCG, tumour necrosis factor-α levels and anti-sperm autoantibodies (Brennemann et al., 1997; Petersen et al., 1998). Though some of the patients recover their fertility after successful anticancer therapy (Aass et al., 1991; Tal et al., 2000), problems arise through polychemotherapeutic regimens with gonadotoxic substances like cisplatin that cause an additional fertility disorder.

Our own experience in azoospermic patients with Hodgkin’s disease and other types of cancer suggest that TESE may be a useful treatment option for azoospermic cancer patients prior to treatment (Schrader et al., 2001).

We were able to successfully recover haploid germ cells in five out of 14 testicular biopsies from azoospermic patients with Hodgkin’s disease. Maturation arrest was found in four out of 14 cases and Sertoli cell-only syndrome in the rest. None of the patients had secondary healing or a treatment delay because of the testicular biopsy. Since the post-therapeutic fertility status is difficult to predict in cancer patients, we think that TESE should be regarded as a general option prior to cancer treatment and offered at least to azoospermic cancer patients. New guidelines should be established in this connection.

References


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