Testicular sperm extraction prior to treatment in azoospermic patients with Hodgkin’s disease

We read with great interest the recent paper by Rueffer et al. [1]. The authors of this multicenter study point out that even before polychemotherapy, abnormal semen quality is detected in 70% of patients and azoospermia (absence of spermatozoa in the semen) in 13%. The causes they discuss are diverse parameters responsible for severe fertility disorders in conjunction with Hodgkin’s disease (HD), including increased serum interleukin (IL)-1, IL-6, tumor necrosis factor (TNF)-α levels, tumor-associated fever and other factors. The authors also state that successful treatment of HD may lead to recovery of fertility, but only if the chemotherapy regimen does not contain gonadotoxic drugs. Problematic here is the fact that the polychemotherapeutic regimen for HD frequently includes gonadotoxic substances that cause an additional fertility disorder [2, 3]. The authors rightly point out that cryopreservation of ejaculated sperm prior to treatment is thus an important step towards protecting fertility. However, this recommendation is not valid for patients with azoospermia, since cryopreservation of ejaculate is of no help in such cases.

Based on our experience, we recommend testicular sperm extraction with cryopreservation of testicular biopsy specimens prior to treatment of patients with HD and azoospermia [4]. We successfully recovered haploid germ cells in four of 12 testicular biopsies from azoospermic men with HD. Maturation arrest was found in four of 12 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. We think that testicular sperm extraction (TESE) should definitely be considered for azoospermic HD patients and offered as a treatment option in selected cases.

M. Schrader¹, M. Müller¹, N. Sofikitis², C. Goessl¹, B. Straub¹ & K. Miller¹

¹Department of Urology, Universitätsklinikum Benjamin Franklin, Freie Universität Berlin, Hindenburgdamm 30, 12200 Berlin, Germany; ²Department of Urology, Ioannina University, Box 1186, 45110 Ioannina, Greece (E-mail: schrader@medizin.fu-berlin.de)

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