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Male infertility as a circumstance of discovery of genitourinary tuberculosis

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Introduction: The paucisymptomatic presentation and the insidious evolution of genitourinary tuberculosis in humans induce diagnostic difficulties especially in the context of male infertility. We report two cases of urogenital tuberculosis discovered during the exploration of infertile men.

Observations & Methods: Observation 1- 40-year-old patient living in urban area was explored for primary four years infertility. Repeated spermograms were carried out according to WHO method showed severe necrostermia (vitality10-15%) with low motility (total motility<5%) and normal sperm count. Moreover, the patient presented urogenital symptomatology with dysuria, pollakiuria and post-ejaculatory pains. Spermocultures were negative. Ultrasound exploration showed a right epididymal cyst and a left epididymal nodule. Urogenital tuberculosis was suspected in a latter manifestation of fever and detection of cervical adenopathy. Observation 2- 37-year-old patient living in rural area and was explored for two years primary infertility.

He reported urogenital symptomatology with painful urination, severe dysuria and recurrent hemospermia. Spermogram showed necrostermia (38% vitality), asthenospermia (total mobility 25%), leucospermia (1.6 ×10⁶leucocytes/ml) and hemospermia. The evolution was marked by the persistence of hemospermia and the alteration of sperm parameters despite the prescription of antibiotherapy leading to suspicion of tuberculosis.

Results & Conclusion: The diagnosis of urogenital tuberculosis was confirmed in both patients by identification of *Mycobacterium tuberculosis* respectively at the lymph node biopsy and the urine culture. The diagnosis of urogenital tuberculosis remains difficult outside an evocative context. Its serious risk related to male infertility is linked to possibility of caseous melting of the testis and to the often-irreversible damage of epididymis.

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