Summary And Conclusion
SUMMARY AND CONCLUSIONS

The present study was conducted in the Department of Medicine, M.L.B. Medical College, Jhansi to study the "THE EXTENDED CLINICO LABORATORY PROFILE OF MALE PARTNER OF INFERTILITY IN BUNDELKHAND REGION".

51 patients were included in the study.

23 (45.8%) of patients showed abnormal semen analysis.

Most of the patients belonged to the 26 to 30 year age group with the mean 28.6±3.2 years.

Only 19.6% (10) of patients belonged to the secondary infertility group.

25.4% (13) of patients had history suggestive of STD and 3.92% (2) had confirmed STD.

9.8% (5) of all patients showed azoospermia on semen analysis and 35.29% (18) showed oligoasthinozoospermia.

A compertively high percentage of cases 23.52% (12) showed a defect in both partners of a couple.

25.49% (13) of patients also showed pus cells in semen examination. 3.92% of patients showed idiopathic testicular failure and 9.8% of cases satisfied criteria for male acessory gland infection.

Thus a high percentage of patients showed abnormality reflecting the high incidence of infectious diseases in our region.

Average sperm count among persons with normal semen analysis was also comparitively low at 72.6±6.2 millions/ml. (Compared to other regions in the world on the basis of available data).

This probably was due to hot climate, high prevalence of smoking and tobacco chewing and wearing of tight dhotis and langots in predominatly rural region.
When our results in this region, which is a socio-economically backward region as compared with other regions from the world on the basis of available literature, our findings match most closely with those of underdeveloped regions of the world. This was reflected in our findings.

Many patients (21.56%) showed a wide variation in semen quality. Thus at least two semen analysis or sometimes more should be done for every infertile males before being declared infertile or subfertile.

Social factors like illiteracy, hestation and ignorance are sometimes major hurdles in getting the male's consent for his full evaluation simultaneously with the female, and proper patient education and counseling should be a vital part of any infertility programme.