Male Reproductive Dysfunction: Diagnosis and Management of Hypogonadism, Infertility, and Impotence

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present with several non-gastrointestinal symptoms. In men, CD can reduce semen quality and cause immature secondary sex characteristics, hypogonadism and hyperprolactinaemia, which causes impotence and loss of... in the treatment of male infertility due to hypogonadotrophic hypogonadism.

{/REPLACEMENT}
Male reproductive dysfunction, also known as male infertility, is a multifactorial pathological condition that has been recognized as one of the major and persistent medical problems towards the natural evolution of the human race [1,2]. According to literature data, the male infertility affects about 7-12% of the sexually active male population and its genetic landscape is highly complex due to the. Therefore, early diagnosis and treatment are important. Observations Prevalence of pituitary adenomas ranges from 1 in 865 adults to 1 in 2688 adults. Approximately 50% are microadenomas (<10 mm); the remainder are macroadenomas (≥10 mm). This variation reflected differences in diagnostic criteria for hypogonadism, testosterone measurement methods (e.g. serum total, bioavailable or free levels) and concurrent conditions present across the studies. The prevalence of hypogonadism was higher in men ≥ 50 years versus men < 50 years of age. Patients receiving PDE-5 inhibitors (regardless of dose/dosing regimen) experienced statistically significant and clinically relevant improvements in erectile functioning (mean total IIEF-EF domain and IIEF-Q3/Q4 scores, mean SEP-Q2/Q3 scores, improved erection measured by GAQ-Q1) and satisfaction (mean total IIEF-Intercourse Satisfaction and Overall Satisfaction domains, Erectile Dysfunction Index of Treatment Satisfaction.