

# CLINICAL AND GENETIC STUDY IN MALE INFERTILITY WITH AZOOSPERMIA

Racoviță Stela<sup>1</sup>, Ana Mișina<sup>2</sup>, Moșin Veaceslav<sup>1</sup>, Sprincean Mariana<sup>1</sup>

## Author(s), affiliation

<sup>1</sup>State University of Medicine and Pharmacy N. Testemițanu

<sup>2</sup>Institute of Mother and Child

## Introduction

- Worldwide, it has been estimated that about 7% of all men experience infertility. About 20% of the causes of male infertility are of genetic etiology.
- The most common genetic causes reported are chromosomal abnormalities and Y chromosome microdeletions.

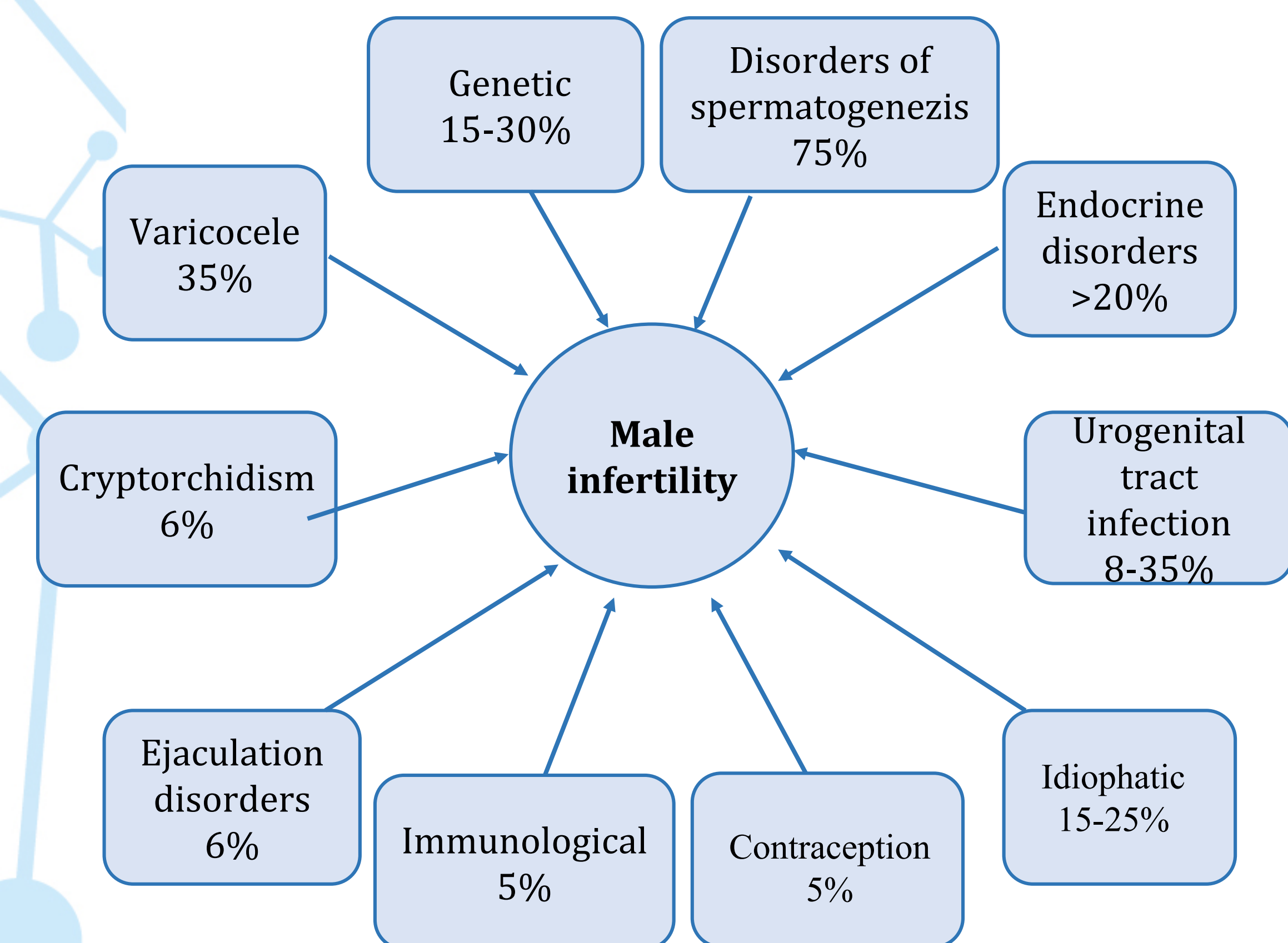


Figure 1: Distribution of the most common causes of male infertility

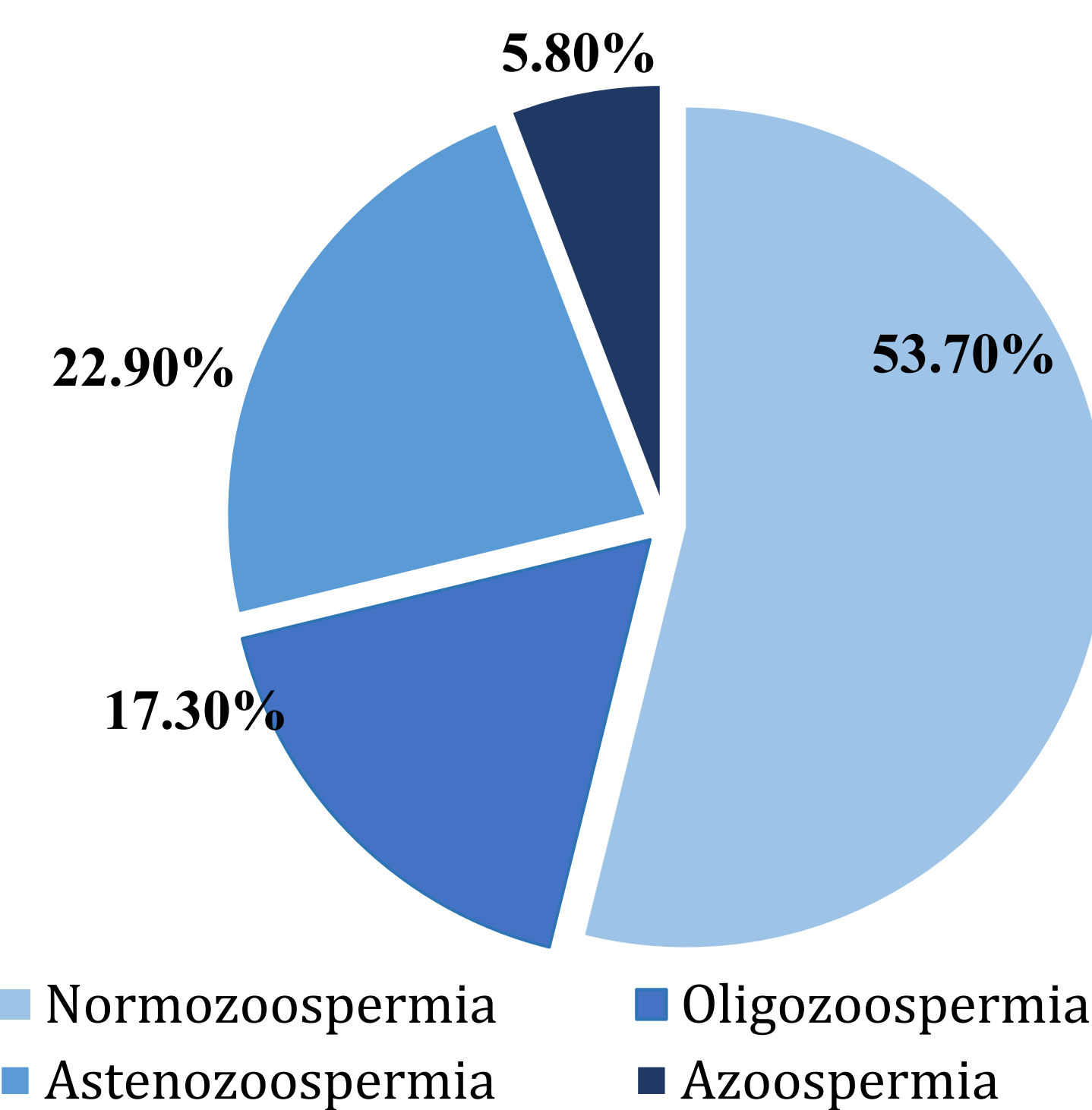


Figure 2: Semen structure to infertile men during 2019-2020 from RM

## Keywords

- male; infertility; azoospermia; karyotype; Y Chromosome

## Purpose

- Study of chromosomal variations, Y chromosome microdeletions and mutations in the CFTR (Cystic fibrosis transmembrane conductance regulator) gene in men with azoospermia.

## Material and methods

- 96 men with azoospermia were investigated by cytogenetic classical G-banding technique.
- The genomic DNA was isolated and used for the analysis of AZF microdeletions and mutations in the CFTR gene by the PCR technique. The AZF $\alpha$  regions (sY84, sY86, DBY1, sY620), AZFb (sY117, sY127, sY134, SY143), and AZFc (sY254, sY255, sY153, SY158) were analyzed.  $\Delta$ F508 and G542X were tested for the CFTR gene.

## Results

- Of 96 cases of men with azoospermia, 35 (36.4%) showed genetic variations and 61 (63.6%) without changes.
- In the 35 patients, in 24 (25%) cases chromosomal abnormalities were found, in 10 (9.6%) patients the microdeletions of the Y chromosome in the AZF region, of which in 8 cases they presented normal karyotype 46,XY and in 2 cases variations in karyotype. In 3 (3.1%) men were diagnosed as carriers of mutations in the CFTR -  $\Delta$ F508 gene; for calculating the risk of recurrence in offspring were also investigated their wives, who were homozygous.

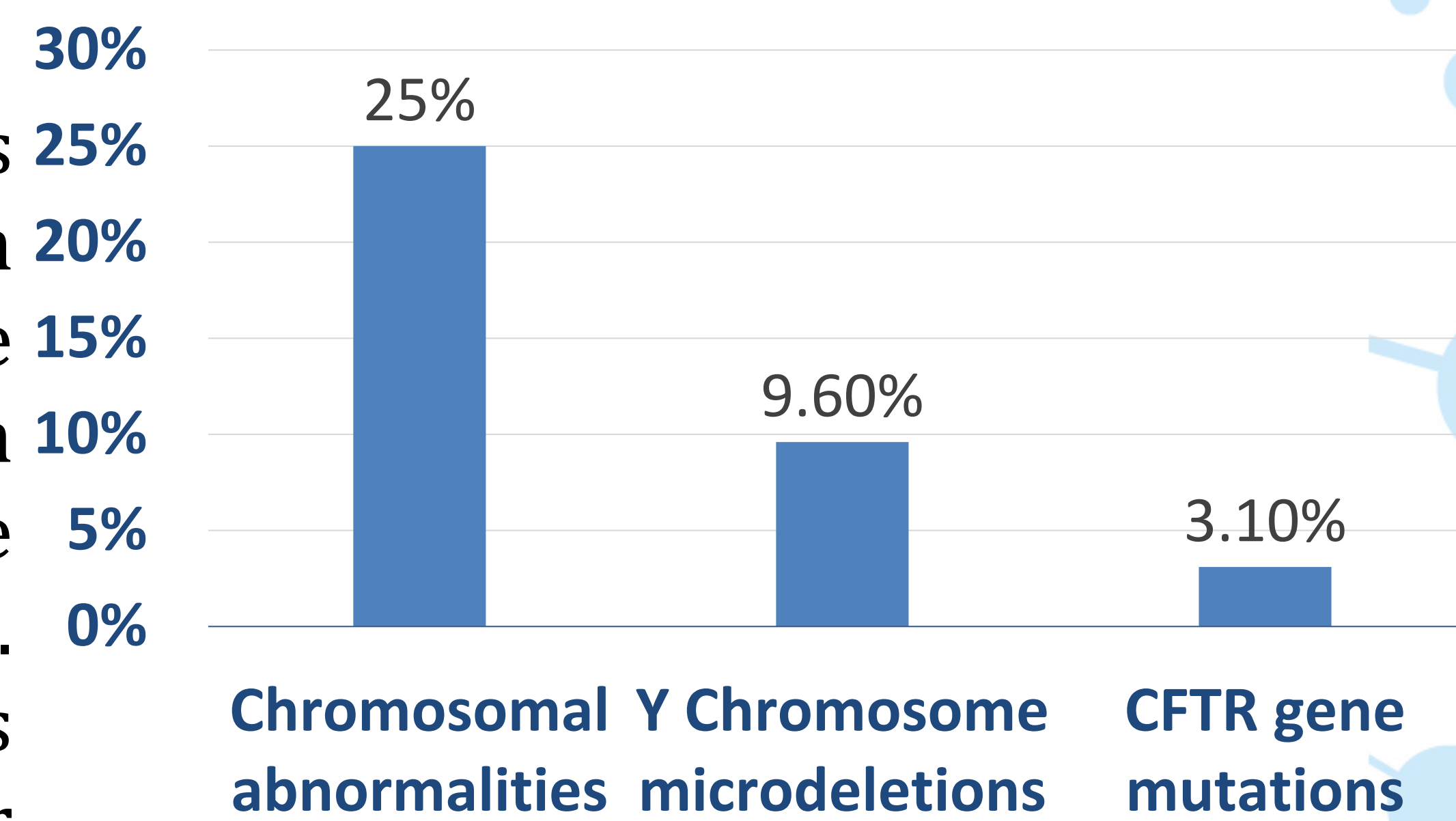


Figure 3: Frequency of genetic variations in 96 men with azoospermia

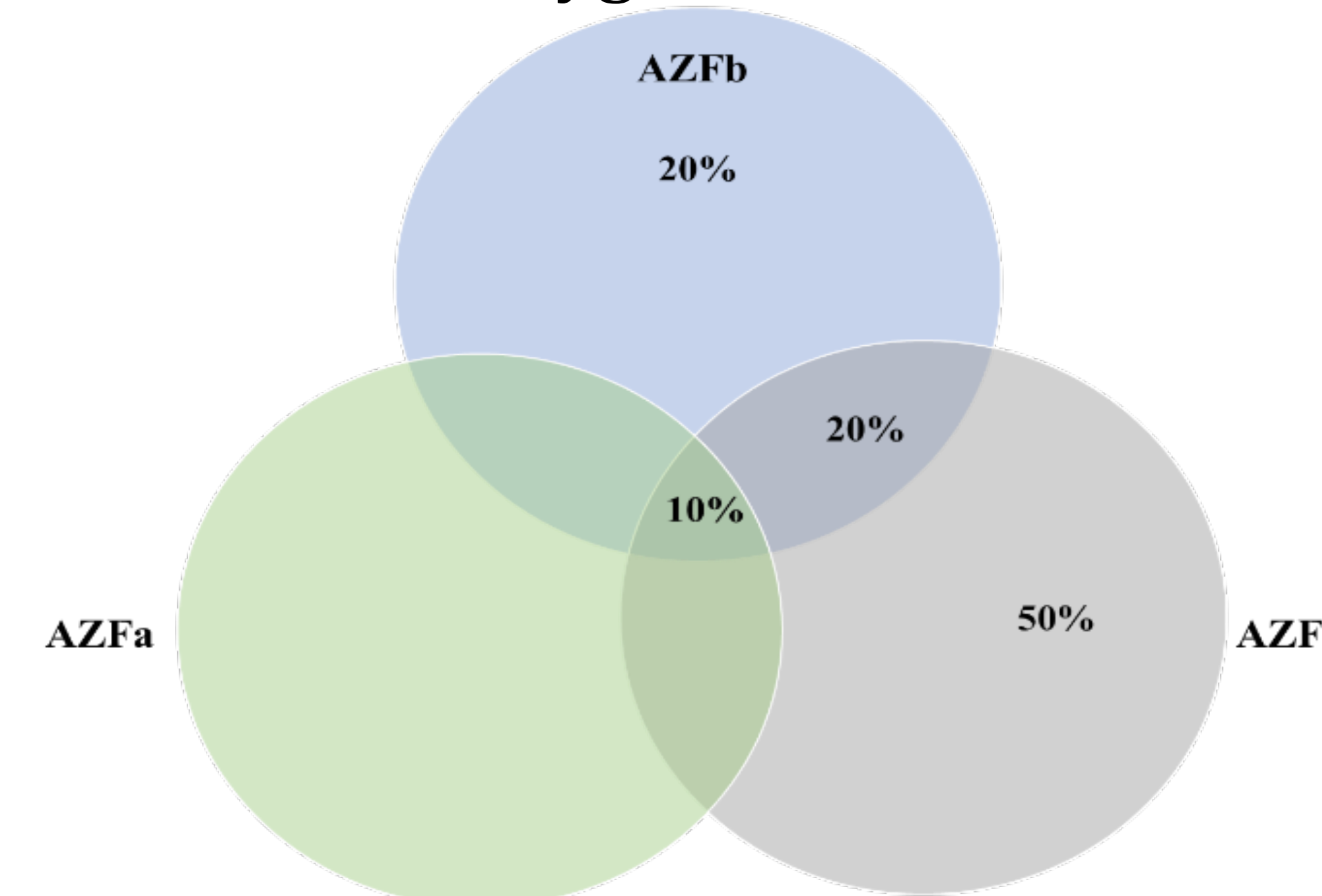


Figure 4: Venn diagram illustrating frequencies of different type of detected Y microdeletions in AZF regions. AZFc deletion were involved in 50% (5/10) of total deletions respectively. AZFb deletion were detected in 20% (2/10), combined deletions including AZFb and AZFc were also detected in 20% of all total deletions. Large deletion of all regions AZFa, AZFb and AZFc were found in 10% (1/10).

## Conclusion

- Clinical-genetic evaluation of couples with male infertility associated with azoospermia is necessary, not only for the correct establishment of the diagnosis but also for their treatment.

| Regions     | Number of men with azoospermia | Frequency of microdeletions from the AZF region |
|-------------|--------------------------------|---|
| Moldova     | 96                             | 9.6%  |
| India       | 119                            | 7.6%  |
| Spain       | 57                             | 14%   |
| China       | 137                            | 8.7%  |
| Algeria     | 945                            | 11.5%   |
| Japan       | 49                             | 2.0%  |
| Tunisian    | 60                             | 11.7%   |
| Turkey      | 76                             | 11.8%   |
| Turkey      | 52                             | 1.3%  |
| USA         | 385                            | 10.4%   |
| Netherlands | 37                             | 8.1%  |
| Brazil      | 60                             | 6.6%  |
| Mexico      | 50                             | 12%   |
| Jordan      | 34                             | 8.3%  |

Figure 5: Frequency of Y chromosome microdeletions in selected populations