601: Is there still a place for andrological examination, lifestyle modification, associated with antioxidant treatment, in the management of male infertility in couples waiting for artificial insemination

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Objective
In one hand, advances in assisted reproduction technologies (ART) have significantly reduced the importance of male clinical evaluation. Subfertile men are often referred to ART only on the basis of a spermogram, without andrological examination. In the other hand, systematic review of observational studies has shown that medical or surgical treatment, as well as modifiable clinical lifestyle factors can thus, sufficiently improve the quality of spermatozoa so as to reduce the need for assisted procreation (from IVF to IUI) or to avoid it altogether.
Design
Retrospective study between January 2018 and December 2018. From the total cohort of 443 infertile couples referred for IntraUterine Insemination to the ART unit of our hospital.
Materials and Methods
443 men underwent andrological examination, followed a Mediterranean diet, taken an oral antioxidant supplementation. Hypofertile men were controlled every three months with a spermogram. Data was analyzed by the hospital biostatistics department. The outcomes were evaluation of sperm parameters and spontaneous pregnancy (with live birth, follow-up period of 2 years).
Results
After treatment, the mean spermatozoid concentration and motility were significantly increased, respectively from 6.8 to 14.6 ×106 spermatozoids /ml and 14.4 to 27, 4 %. Spontaneous pregnancy was observed in 115 couples (26%). Concerning the couples who had no pregnancies (284), 38 % showed increase of sperm parameters, which allowed them to change the expected IVF by Intra Uterine Insemination (followed by 13 % pregnancy).
Conclusions
The preliminary results of our work are in agreement with the recent observational studies on this subject. oral antioxidant supplementation, as well as modifiable clinical lifestyle factors, have beneficial effects on male fertility parameters and fecundability. It would be more interesting to have a larger patient population over a longer period, with a more in-depth analysis of the therapeutic effects. Andrological examination should be systematic, in an attempt to identify potentially treatable pathology before engaging in ART. Advances in ART should complement the evaluation and treatment of the male partner, not replace it.
Support
None
Disclosure
None