

Introduction

Infertility is a problem that affects 15% of couples of reproductive age.^{1,2} It has been reported that men can conceive children after the age of 40, however, 25% of infertility is attributed to male factors.¹ It is important to know if advanced paternal age is associated with a decrease in quality of semen. In a conventional semen analysis, scientific evidence suggests that increasing male age is associated with a decrease in volume, an increase in abnormal sperm, and a decrease in mobility.² The objective of this study was to perform an abnormality analysis in seminal parameters and their relationship with age by means of sperm analysis of patients.

Results

567 spermatobioscopies were performed from 2009 to 2020. The patients were classified by age: 21-30 years, 31-40, 41-50, which were divided into eight groups: Asthenoteratozoospermia: low mobility and abnormal morphology; Asthenozoospermia: low mobility; Normozoospermia: normality in all parameters; Oligoasthenoteratozoospermia: low concentration, mobility and morphology; Oligoastenozoospermia: low concentration and mobility, Oligoteratozoospermia: low concentration and abnormal morphology; Oligozoospermia: low concentration and Teratozoospermia: abnormal morphology.

Patients in the 21-30 and 41-50 groups did not show significant differences with respect to the eight different diagnoses, while the patients in the 31-40 showed differences between groups with a $p < 0.05$.

Conclusions

At an older age increases the number of abnormalities in the seminal analysis, this may be mainly due to the fact that aging alters the function of the epididymis and produces degenerative changes in the germinal epithelium, which may explain how it occurs. sperm motility and sperm morphology are affected.^{3,4}

References

- 1 Templeton, A. Infertility—epidemiology, aetiology and effective management. Health Bull (Edinb). 1995; 53: 294–298
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- 4 Fontanilla D. and cols. La edad sobre el factor masculino y su efecto en la fertilidad de pareja. Rev. Colomb. Obstet. y Ginecol. Vol 6. No. 2 (159-164)

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