CR41 From Azoospermia to Fertility: A Successful Case of mTESE Treatment

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KEYWORDS: andrology; azoospermia; hypospermatogenesis; male infertility; microdissection

INTRODUCTION/OBJECTIVES: Infertility is diagnosed clinically in heterosexual couples who cannot achieve pregnancy after a year of having intercourse without using birth control. Statistically, every sixth couple in Croatia is infertile and 50% of infertility cases are male-originated.
CASE PRESENTATION: A 30-year-old healthy male patient presented with a two-year failed conception with a reproductively healthy partner. He had no history of mumps infection or sexually transmitted diseases and denied any testicular trauma. Spermiogram demonstrated no vital sperm in the ejaculate, corresponding to azoospermia. His FSH (54 mIU/mL) and LH (14 mIU/mL) levels were very high, and his testosterone level was optimal (9.53 nmol/L). In search for the cause, Color Doppler Ultrasonography of testicles ruled out tumors, and genetic testing verified a normal 46 XY karyogram with no Y-chromosome microdeletion. Therefore, the patient was diagnosed with idiopathic non-obstructive azoospermia. Biopsy results of the right testicle showed mixed atrophy and significant tubular fibrosis. In the left testicle, rare foci of hypospermatogenesis with mature sperm and spermatids were present. For treatment, he underwent Microdissection Testicular Sperm Extraction (mTESE), intending to isolate vital sperm sufficient for in vitro fertilization by intracytoplasmic sperm injection (IVF/ICSI). Morphologically and functionally healthy sperms were extracted and cryopreserved in the sperm bank in five cryotubes which supply five IVF/ICSI attempts.
CONCLUSION: mTESE-extracted sperms are used in combined procedures with IVF/ICSI in collaboration with a gynecologist to achieve offspring. Therefore, mTESE is the most effective method for treating severe male infertility known as non-obstructive azoospermia, which is a growing public health problem in Croatia.

CR42 FROM PITYRIASIS LICHENOIDES CHRONICA TO SYPHILIS AND HIV – A DETECTIVE'S APPROACH

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KEYWORDS: HIV; Pityriasis Lichenoides; Syphilis

INTRODUCTION/OBJECTIVES: Pityriasis lichenoides chronica (PLC) is a rare, non-infective dermatosis of unknown etiology characterized by reddish-brown papules with potential overlying mica-like scales, which sometimes progress to cutaneous T-cell lymphoma. Lesions mimicking PLC can (rarely) occur as a presentation of an underlying infectious disease or as a paraneoplastic syndrome.
CASE PRESENTATION: A 54-year old male, otherwise healthy and with no specific risk/trigger factors in his medical history, presented with a rash (disseminated, indurated, livid papules, covered with adherent scales on the trunk and extremities) and concomitant itch that appeared 2 months prior to admission. He was examined by a dermatologist, who diagnosed PLC based on clinical features but also referred him to a tertiary center. Initially, the patient was treated with antihistamines and oral and topical corticosteroids. Despite the histological confirmation of PLC, the dermatologist at the tertiary center ordered additional tests. Results showed some changes in the blood findings (anemia, lymphopenia, thrombocytopenia, high gamma globulin levels) and cervical lymphadenopathy (ultrasound), raising the question of lymphoma. Serology tests for syphilis (RPR, TPHA, FTA-ABS lgG and lgM) were positive; thus, anti-syphilis therapy was administered. A serology test for HIV was also positive, so the patient was referred to an infectologist for treatment.
CONCLUSION: Atypical skin manifestations of secondary syphilis have been identified in patients with concomitant HIV infection, and both diseases are known to mimic other skin disorders. Consequently, clinicians should be aware that clinical features can be diverse and that every diagnosis, even when confirmed by histological examination, should be questioned.