Letters to the Editor

Sertoli cell only syndrome

Dear Sir,

Sertoli cell only syndrome was first described by Del Castillo et al. (1947). According to the original description it has been used when no spermatogenic cells have been seen in a testicular biopsy specimen. It is therefore unfortunate that the name of this syndrome has been misused in Human Reproduction in connection with cases where Sertoli cell only has been a diagnosis failure by a pathologist (Devroey et al., 1995; Silber et al., 1995). If spermatogenic cells, spermatogonia, spermatocytes, spermatids or spermatozoa are found in the testis, although in minimal numbers, the state is not Sertoli cell only, but hypospermatogenesis or spermatogenic arrest (maturation arrest). The aetiology of low numbers of tubules with spermatogenesis can be genetic, infection, toxic agent, radiation, or something else. In these cases it is possible to use intracytoplasmic sperm injection (ICSI) with spermatozoa or spermatids obtained from testicular aspiration or biopsy knowing that in genetic cases there is a risk of mediating the defect to male offspring. In cases of true Sertoli cell only syndrome, ICSI is not possible, because there is a total lack of spermatogenic cells.

References


Outi Hovatta
Infertility Clinic of the Family, Federation of Finland
Kalevankatu 11
FIN-00100 Helsinki, Finland

Sertoli cell only syndrome

Dear Sir,

The above statement represents simply a semantic error. The diagnosis of ‘Sertoli cell only’ is made when all one sees in a single biopsy are histologically empty (except for Sertoli cells), seminiferous tubules and no other pathological findings. This has been the dogma since the condition was first described by Del Castillo et al. in 1947. These cases classified as Sertoli cell only are not oligospermic, and are truly azoospermic without obstruction. The fascinating modern observation is that an intensive search of many biopsy specimens from such patients will reveal a very occasional spermatid or spermatid, and these are sufficient for successful intracytoplasmic sperm injection (ICSI). Thus, although there are many cases of non-obstructive azoospermia that have been classified as ‘Sertoli cell only’, truly 100% Sertoli cell only is very very rare indeed! That is why the editorial was entitled ‘Sertoli cell only revisited’ (Silber et al., 1995).

The complaining critic seems oblivious to the immense clinical benefit of the discovery that in most cases of non-obstructive azoospermia, whether caused by Sertoli cell only or by maturation arrest, despite absolute azoospermia in the ejaculate, a few spermatozoa can nonetheless be found in the testis!

We have repeatedly cautioned, based on our work with Y-chromosome mapping, that the offspring of such children are likely also to have ‘Sertoli cell only’ (Reijo et al., 1995).

References


Sherman J.Silber
Urology and Microsurgery, St. Luke’s Hospital
224 St. Woods Mill Road, Suite 730, St. Louis, MO 63017,
USA

How many embryos to transfer in patients undergoing IVF?

Thank you for providing us with the opportunity to comment on the article by Dr D.E.Walters, (Opinion, this issue).

The question of how many embryos to transfer in patients undergoing in-vitro fertilization (IVF) and embryo transfer is well documented in the literature. Most workers agree that the number of transferred embryos should not exceed three to five. However, we encountered a small group of patients who had failed to achieve pregnancy, despite the transfer of up to four or five embryos during previous attempts. The concept of transferring more than the ‘traditional’ number of embryos originated when a patient requested transfer of all seven fertilized oocytes, despite the risk of multiple pregnancy. This patient had experienced six previous failed attempts and her only desire was a successful outcome. Fortunately, nine months later, she gave birth to a healthy neonate.

In his paper, Dr Walters relies on the recorded data at Bourn Hall Clinic, Cambridgeshire, UK, in order to demonstrate the increase in multiple births after the transfer of three embryos. However, he ignored the fact that these data were related to