as the authors suggested. Preliminary data from our laboratory indicate that administration of diclofenac significantly reduces DNA fragmentation in males with high DNA fragmentation values (Alvarez et al., unpublished data). Diclofenac, in addition to being an anti-inflammatory agent, is also a known scavenger of the hydroxyl radical (Aruoma and Halliwell, 1988) and readily crosses the blood–testis barrier.

References


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Reply: ‘Efficient treatment of infertility due to sperm DNA damage by ICSI with testicular spermatozoa’

Sir,

We have read with interest the letter by Alvarez concerning our recent paper about the use of ICSI with testicular sperm in the treatment of infertility due to sperm DNA damage (Greco et al., 2005a). This letter contains stimulating ideas for future research into the mechanism, diagnosis and treatment of this pathological condition.
drug in males with high sperm DNA fragmentation values announced by Alvarez.

In our clinics we have recently tested another conservative approach to the problem of sperm DNA fragmentation, based on combined oral treatment with two antioxidants, vitamins C and E. In a prospective randomized study we found that the oral treatment with these two antioxidants for 2 months significantly alleviates DNA damage to ejaculated sperm (Greco et al., 2005b). The effect of this treatment on clinical outcomes of ICSI performed with ejaculated sperm from men whose initially elevated DNA fragmentation values return to normal values after treatment is currently under study.

References


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Request for information on unreported cases of severe ovarian hyperstimulation syndrome (OHSS)

Sir,

On various occasions, at conferences, I have been invited to speak about the epidemiology of OHSS. Occasionally after these talks, some of our colleagues have told me about severe complications with sometimes fatal outcomes, which have never been mentioned in the scientific literature. This suggests an underreporting of OHSS. Currently I am writing a paper about the mortality related to OHSS. Some cases with a fatal outcome were reported during the 1950s. Although more recent anecdotal cases have been discussed in workshops, no publication has ever described their circumstances in detail. We believe that some information is particularly pertinent: (i) when and where the death occurred (how long after stimulation, in a reference centre, time lapse between diagnosis and treatment, type of treatment, admission in an intensive care unit?); (ii) what was the cause of death, which may have been different in earlier days (renal failure) as compared to today (thromboembolic disorders)?

We feel certain that additional data regarding these circumstances could help us to define safer treatments for our patients. Obviously, our goal is not to criticize, after the fact, the therapeutic decisions made by our colleagues. We will ensure anonymity to those who wish it. They can reply to E-mail: http://users.skynet.be/sky98426/survey.html. On the other hand, those who would like to be mentioned will be acknowledged for their help and can contact me directly on E-mail: annick_delvigne@stpiere-bru.be.

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The effects of the human immunodeficiency virus on semen parameters and intrauterine insemination outcome

Sir,

We have read with great interest the paper about the effects of the human immunodeficiency virus (HIV) on semen parameters by Nicopoullos et al. (2004).

The authors performed a case–control study, comparing semen parameters of 106 asymptomatic HIV-I infected men with semen parameters of 234 HIV negative men requiring IVF, because of a partner with tubal infertility. In addition, the study compared 133 pre-wash semen parameters on the day of intrauterine insemination (IUI) of HIV positive men with 222 pre-wash semen parameters on the day of IUI of non-infected men. Finally, the authors attempted to analyse which factors predict IUI outcome in HIV-infected men. Based on their analysis, the authors conclude that semen parameters are impaired in the presence of HIV infection and that both viral load and antiretroviral therapy predict IUI outcome in HIV-infected men. However, there are several problems with the study that make us question whether these conclusions are justified.

First, the conclusions are based on a comparison between a group of HIV positive men with an unmatched group of HIV negative men. It is thus unclear if differences other than the presence of an HIV infection exist in these cases and controls that could explain the observed differences in semen quality. Furthermore, the variability of semen parameters between individuals limits the conclusions of a case–control study design (Guzick et al., 2001). The ideal situation to