



The Effects on Sperm Motility, Morphology and DNA Damage

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Editorial

Male infertility has been shown to represent 30-40% of the total causes of infertility in couples. The examination of semen following World Health Organization (WHO) guidelines is important and remains the initial screen in the study of male infertility and for the evaluation of spermatogenesis and also has served to provide a standardized approach for the assessment of the fertility potential of semen samples for more than 25 years. Therefore the result is used as a guideline for additional examinations and for further treatment of male infertility with regard to determining the preparation period before examination of semen, the WHO guidelines have determined to have the abstinence time before the examination be 2-7 days in order for the concentration of semen, percentage of motility of sperm and percentage of morphology of sperm to be within normal criteria. However, the basis for this recommendation is unclear because no supporting references are provided.

The Journals aim to flourish and to maintain the standards in research and practice, provide platform and opportunity to present evidence-based Andrology and medical assessment of research, and probably it is much indeed for students, teachers, and professors.

Furthermore, the primary measured outcome, TMSC, of the control and test groups was not different, while the secondary measured outcome was different in a beneficial way, with the percentage of DNA damage and normal morphological sperm being less. Since this study was performed using normal semen, the results cannot be extrapolated to abnormal semen. Our data do not allow for estimation of an optimal duration of abstinence for fertility purposes.

During the year 2019, Andrology Open Access received a total of 3 papers, out of which 4 articles were rejected in the preliminary screening due to plagiarism or being out of the format and peer review process. During 2019 around 3 articles were subjected for publication after they are accepted in the peer-review process.

Practically, it has been found that sometimes a patient coming to check his semen did not have an abstinence time in accord with the specified standard because it was not convenient for the patient to check during the specified abstinence time, with collection being fewer or more days. In this study we evaluated the short abstinence time of only one day, with regard to the values of concentration of semen, the percentage of motility of sperm and the percentage of varying morphology of sperm as well as the DNA damage as compared to a collection time within the specified WHO guidelines. Visualization and evaluation of sperm DNA fragmentation was performed using a Nikon (Tokyo, Japan) photomicroscope equipped with epifluorescent light under appropriate filters. Sperm heads were examined at 1,000X magnification, and each was recorded as either green staining on the sperm head (positive, sperm with fragmented DNA), or red staining (negative, sperm without fragmented DNA). A total of 500 sperm was assessed from each subject, and the percentage of sperm cells with positive staining was calculated.

Population studies provide meaningful information, although they fail to reveal variations in semen parameters within an individual over specified time frames. The present study represents one of only a few published reports that have evaluated the influence of defined periods of ejaculatory abstinence on within-subject semen parameters. Investigations into prostate development hold substantive translational value. Further study is needed to confirm this parameter. This study is designed to detect the differences in the main variables of interest, TMSC, the percentage of normal morphological sperm and DNA damage, but these are the intermediate outcomes for infertility treatment and may not reflect the pregnancy outcomes.

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