

A 36 year old man with azospermia wishes to have children, he underwent Y chromosome microdeletion assay, the results show an AZFa abnormality, what is the next step?

- A. Testicular Biopsy
- B. Adoption
- C. IUI
- D. ICSI
- E. Scrotal ultrasound to R/O varicocele

A 32-year-old man with infertility has unilateral absence of vas deferens and 28 ml testes. Semen analysis reveals a volume of 0.5 ml, azoospermia, and a pH of 6.4. FSH is 4.9IU/l. Transrectal U/S reveals ipsilateral seminal vesicle agenesis and contralateral SV hypoplasia. The next step is:

- A. renal ultrasound
- B. scrotal exploration with vasography
- C. scrotal ultrasound
- D. sweat test
- E. testis biopsy

What is the next step in the evaluation of the azoospermic patient with palpable vasa deferentia, normal sized testes and normal hormonal studies.

- A. Karyotype
- B. Vasography
- C. Testicular biopsy
- D. Detection of mutation
- E. Transrectal ultrasound

Initial Hormone evaluation in an infertile man with oligospermia includes:

- A. Testosterone and FSH
- B. FSH and LH
- C. FSH, LH and prolactine
- D. FSH and inhibin B
- E. LH, prolactine and free testosterone

DNA fragmentation is associated with all of the following except:

- A. Smoking
- B. Chemotherapy
- C. Leukocytospermia
- D. Oxidative stress
- E. Vaginal lubricants

Semen analysis variables that have been clearly linked to fertility outcomes include all except:

- A. Sperm concentration
- B. Sperm motility
- C. Semen volume
- D. Semen viscosity
- E. Semen morphology

Kallmann syndrome is associated with all of the following signs/symptoms except:

- A. Recurrent bronchitis
- B. Anosmia
- C. Hypogonadotropic hypogonadism
- D. Small testis
- E. Infertility

Which laboratory values would be typical for a man with hypogonadotropic hypogonadism?

A. Low testosterone, low LH, low FSH, low prolactin

B. Low testosterone, low LH, low FSH, normal prolactin

C. Low testosterone, high LH, low FSH, normal prolactin

D. Low testosterone, high LH, high FSH, high prolactin

E. Low testosterone, low LH, high FSH, normal prolactin

What is the most appropriate next step in treatment of a patient with normal testosterone, normal FSH and a single semen analysis with a volume of 0.5 ml, sperm concentration of 1 million/ml and 37% motility?

- A. Genetic testing
- B. Repeat semen analysis
- C. Repeat semen analysis with post-ejaculatory urine pellet
- D. Testis biopsy
- E. Testosterone supplementation

A 27-year-old man on an alpha-blocker for hypertension undergoing an infertility evaluation has a normal physical examination. Two semen analyses demonstrate volumes of less than 1 ml, pH of 7.4, normal viscosity, and sperm counts in the range of 60 million/ml with 80% motility and 8% normal forms. The following test provides the most useful information:

- A. TRUS.
- B. post ejaculatory urinalysis.
- C. serum testosterone.
- D. serum FSH and LH.
- E. serum prolactin.

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