this study was to assess and compare the seminal characteristics of young (20–30 years of age) and elderly men (51–60 years of age) that either experienced no seminal deficiencies (normospermic; Nor) or with seminal deficiencies (non-normospermic; Def) and observe the occurrence of a possible aging effect.

Design: A retrospective study of seminal characteristics of young and elderly men, with and without seminal deficiencies.

Materials/Methods: Semen samples were collected from men ($n = 530$) undergoing IVF or IUI in cases of male or female factor infertility. Samples were collected via the use of a seminal collection device at intercourse and evaluated according to WHO standards. Men were divided into 4 groups according to their ages and semen profiles: (i) 20–30 with normal semen parameters, (ii) 20–30 with deficient semen parameters, (iii) 51–60 with normal semen parameters, and (iv) 51–60 with deficient semen parameters.

Results: The results obtained are shown in the table below.

Age (yrs)	N	Mean age (yrs)	Volume (mL)	Conc. ($\times 10^6$/mL)	Total count ($\times 10^6$)	Motility (5)
20–30 (Nor)	168	26.7 ± 2.8	3.3 ± 0.5	68.5 ± 6.3	226.1 ± 20.4	68.0 ± 5.6
20–30 (Def)	156	27.5 ± 3.1	3.1 ± 0.6	26.5 ± 4.3	82.3 ± 9.1	43.1 ± 8.8
51–60 (Nor)	110	55.7 ± 4.1	2.6 ± 0.8	52.5 ± 9.4	136.5 ± 18.6	48.7 ± 7.7
51–60 (Def)	96	57.3 ± 6.0	1.8 ± 0.4	28.7 ± 3.6	51.7 ± 7.2	37.3 ± 7.0

Age (yrs)	N	Grade (0–4)	Morphology (%)	HOS (%)	TMS ($\times 10^6$)	TFSF ($\times 10^6$)
20–30 (Nor)	168	3.6 ± 0.3	69.7 ± 4.2	75.2 ± 6.3	153.7	107.1
20–30 (Def)	156	2.2 ± 0.5	41.7 ± 11.5	53.7 ± 5.4	35.5	14.8
51–60 (Nor)	110	2.7 ± 0.6	53.4 ± 10.1	49.7 ± 3.6	66.4	35.5
51–60 (Def)	96	2.1 ± 0.4	35.8 ± 9.3	41.9 ± 10.6	19.3	6.9

TMS: Total Motile Sperm = Total Count × Motility; TFSF: Total Functional Sperm Fraction = TMS × Morphology.

Conclusions: The results point out that there is a definite aging effect established on the seminal characteristics of the elderly men when compared to the younger men ($p < 0.05$), irrespective of the presence or absence of seminal deficiencies. However, there were more significant reductions taking place in the various seminal and sperm characteristics between the Nor and Def elderly patients than the younger ones. When considering the TFSF values (an inclusive parameter), it could be noted very clearly that the aging effect is most pronounced and significant in the elderly patients especially those with deficiencies. This observation is of great clinical significance since elderly patients not only experience significant reductions due to aging, but also an additive effect due to their male infertility deficiencies.

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Reproductive capacity from vasectomyzed men in different intervals after vasectomy. F. F. Pasqualotto, L. M. Rossi-Ferragut, C. C. Rocha, A. R. Medeiros, A. Iaconelli Jr., E. Borges Jr. Fertility-Assisted Reproduction Ctr, São Paulo, Brazil.

Objective: In view of the widespread use of vasectomy as a contraception method, there is an increasing demand for vasectomy reversal. However, the pregnancy rate after vasectomy reversal is inversely related to the time of obstruction. Epididymal or testicular spermatozoa have been used for Intracytoplasmic Sperm Injection (ICSI) procedure as an option for the restoration of male infertility after vasectomy in patients who does not require a vasectomy reversal. Recently, two studies evaluated the relationship between postvasectomy period and sperm reproductive capacity after ICSI, resulting in contradictory conclusions. We evaluated the relationship between postvasectomy period and sperm reproductive capacity after ICSI.

Design: Retrospective study.

Materials/Methods: The records of 36 patients (55 cycles) who underwent a percutaneous epididymal sperm aspiration (PESA) procedure from January 1996 to December 2000 for assisted reproductive techniques purposes were reviewed. Patient's were classified into three groups according to the interval after vasectomy.

Results: Are shown in the table.

Variables	<10 years	11–15 years	>15 years	Overall
Mean obstructive interval	6.6 ± 2.4	11.6 ± 1.5	17.3 ± 1.7	10.5 ± 4.5
Male age (years)	40.2 ± 6.2	42.0 ± 5.1	47.8 ± 7.7*	42.3 ± 6.6
Female age (years)	30.4 ± 5.2	30.1 ± 4.3	38.6 ± 5.5*	31.9 ± 5.8
Patients' number	16	13	7	36
Cycles' number	26	19	10	55
Fertilization rate/cycle	78.8 ± 24.4	76.7 ± 17.0	64.4 ± 32.1*	76.1 ± 24.0
Pregnancy rate/cycle (%)	13/26 (50)	12/19 (63.2)	1/10 (10)*	26/55 (47.3)
Miscarriage rate (%)	4/13 (30.7)	2/12 (16)	0/1 (0)	6/26 (23)

* $p < .05$ was considered significantly different (Student "t" test).

Conclusions: Patients with vasectomy interval higher than 15 years may have poorer fertilization and pregnancy rates compared to patients with vasectomy interval lower than 15 years. Further studies with more patients should clarify this question.

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Testicular sperm extraction done for indications other than azoospermia. A. K. Taha, I. M. Fahmy, R. Mansour, G. Serour, M. Aboulghar. The Egyptian IVF-ET Ctr, Cairo, Egypt.

Objective: Testicular sperm extraction (TESE) is mainly indicated for the surgical retrieval of sperm for intracytoplasmic sperm injection (ICSI) in patients with obstructive and non-obstructive azoospermia. The aim of the present work is to report other indications in which TESE can be done.

Design: Retrospective study.

Materials/Methods: This study was done during the period of September 1994 to March 2000. 1525 ICSI cycles combined with surgical retrieval of sperm were performed. The outcomes of TESE and ICSI for indications other than azoospermia were analyzed.

Results: 146 patients underwent 175 ICSI cycles and TESE (11.5%) for reasons other than azoospermia. In 40 cycles TESE was performed because of aspermia (16 retrograde ejaculation, 21 organic anejaculation, and 3 psychogenic anejaculation). In 30 cycles patients failed to collect samples on the day of oocyte retrieval. No cryo samples were available and TESE was done to rescue the cycles. Nine of them had previous normal semen while the rest ($n = 21$) had semen abnormalities. In 20 cycles ejaculated spermatozoa were totally immotile and TESE was done (4 Immotile cilia syndrome including one classic Kartagener's, 4 'Short tail syndrome', and 12 necrospermia). In 85 cycles TESE was performed for patients with severe oligozoospermia in whom no sperm suitable for injection were found. In 15 cases testis biopsy showed normal spermatogenesis and partial obstruction was diagnosed, while in the other 70 cases testis biopsy showed impaired spermatogenesis. The FR and PR are shown in the table.

Etiology	Aspermia	Failure to collect	Immotile sperm	Severe oligo.
No. of trials	40	30	20	85
FR %	53.2	54.6	44.5	45.9
PR/ICSI %	34.2	28	21	22.8

Conclusions: Azoospermia is not the only indication for testicular sperm extraction.

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Does time less consumed to immobilize the sperm during intracytoplasmic sperm injection technique (ICSI) improve fertilization rates? S. M. Abreu Filho, R. Ceccatelli, E. R. Gabaglia. In Vitro Clin, Goiania, Brazil.

Objective: Exposure of human oocytes and embryos to artificial conditions appears to impair their ability to implant. As a consequence, significant