

# Microdissection Testicular Sperm Extraction for Non-Obstructive Azoospermia – Is Longitudinal Testicular Incision Better?

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## Introduction & Objectives

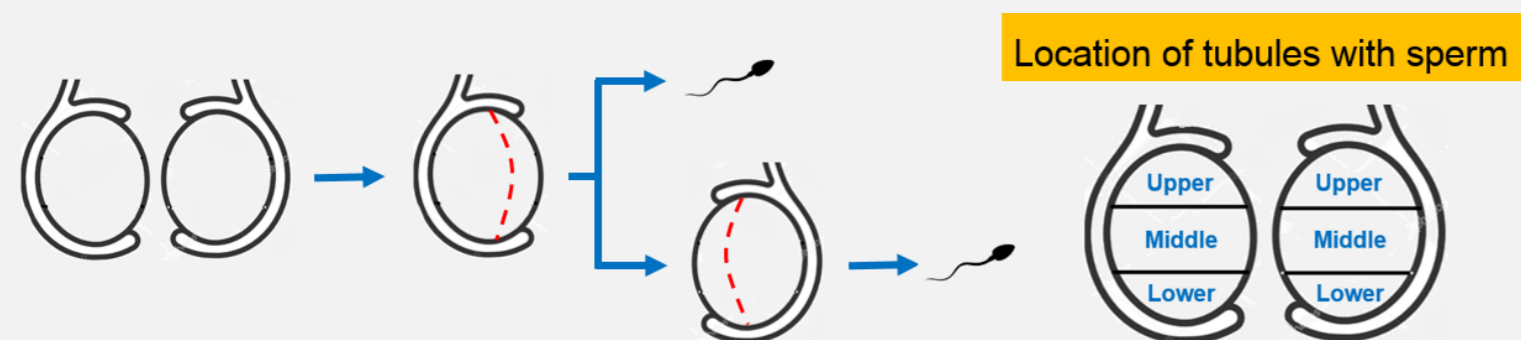
There are controversies on the orientation of incision on the testis while at doing mTESE. Horizontal incision is advocated to avoid damages of the circumferential sub-tunical arteries.

The purposes of this study :

- (1) to analyze the location of sperm yield at mTESE by using longitudinal incision.
- (2) to discuss the impact of longitudinal incision to the change of testicular volume.

## Materials & Methods

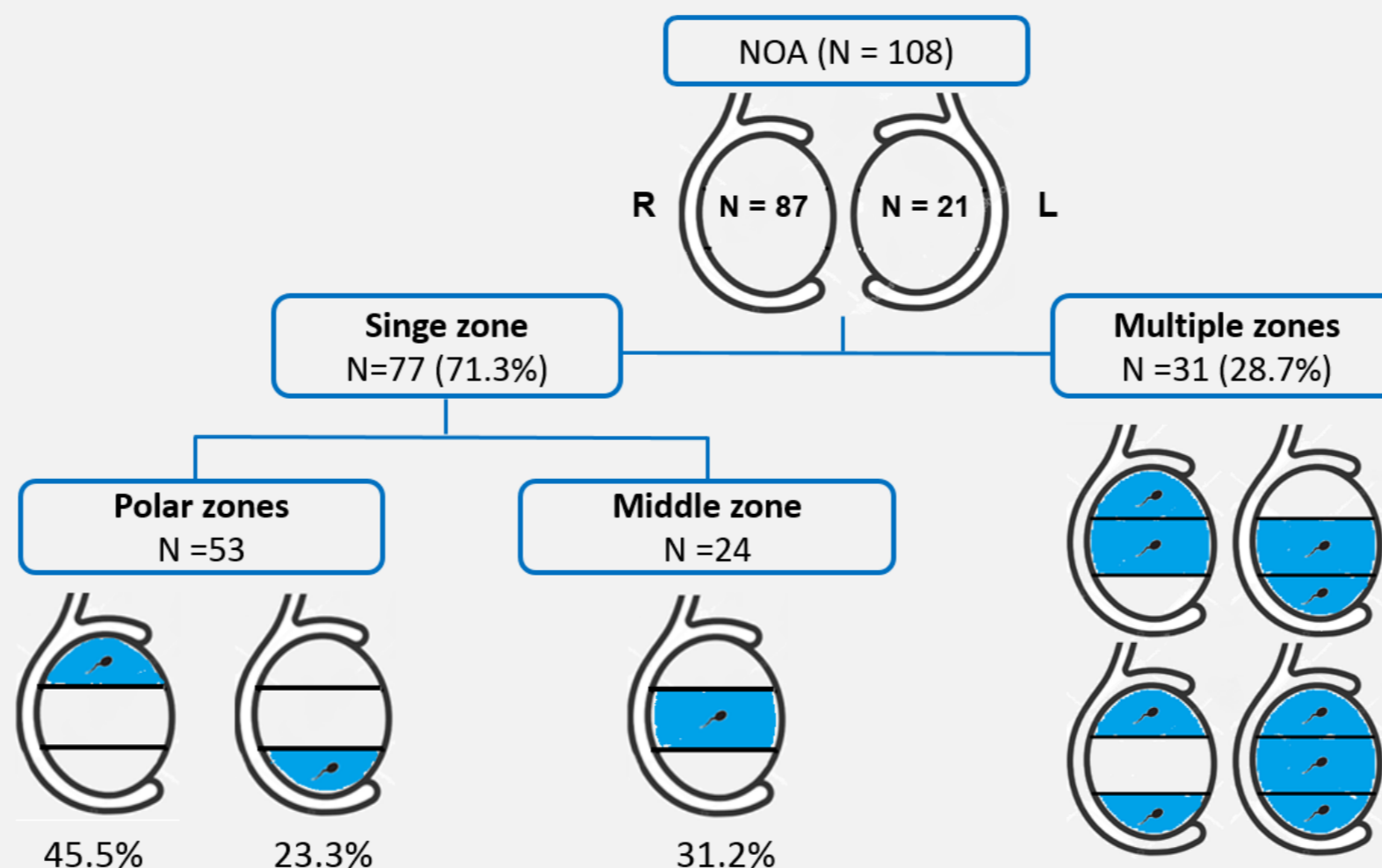
- A total of 108 men with NOA had sperm identified at mTESE in our institute from 2013 to 2018.



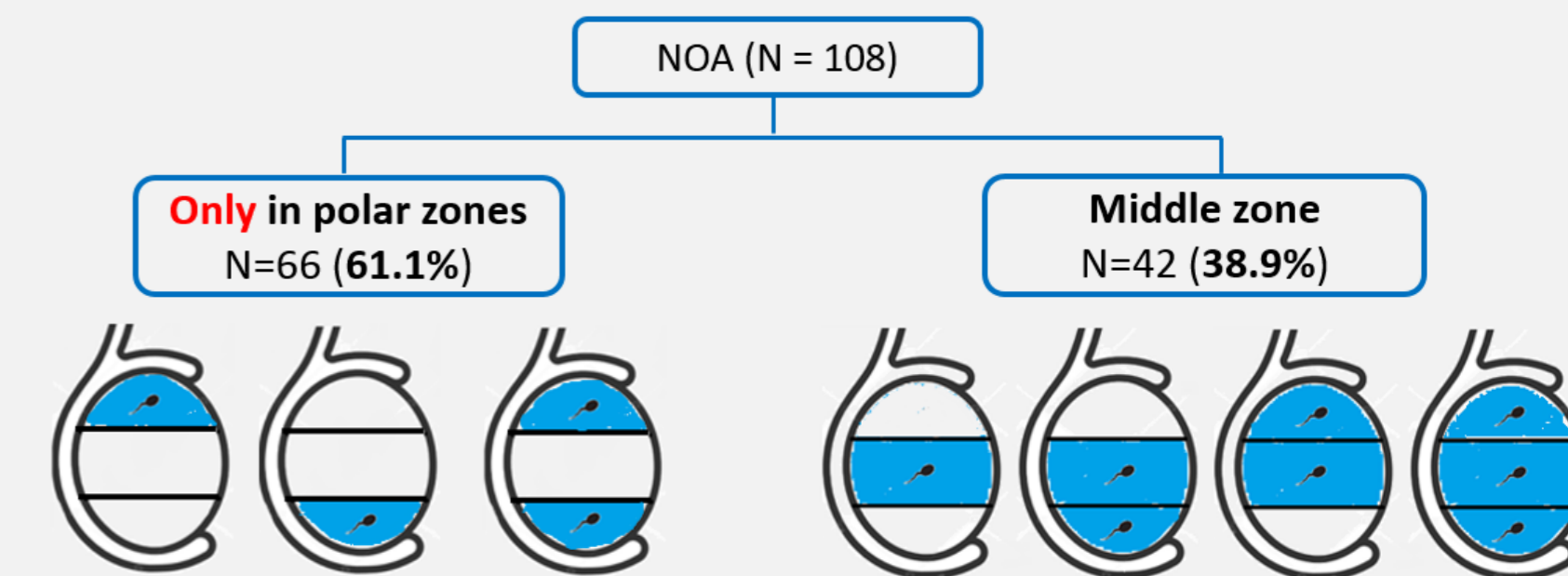
- All patients received a therapeutic mTESE at a later session and the testicular size was measured again.

## Results

- Among these men, 87 (80.6%) had sperm identified at the first testicle, and 21 (19.4%) needed to explore the contralateral side.
- In 71.3% men sperm were found only in a single zone and in 28.7% sperm were seen in multiple zones.
- Among patients with sperm retrieval in a single zone, the most popular sites were at the upper pole, which was followed by the middle part and the lower pole respectively.



- Overall, in 38.9% men sperm were identified at least in middle zone, while in 61.1% men sperm were only found at the polar zones.
- There was no significant difference in demographic data among patients with various sperm presenting patterns.
- At the later therapeutic mTESE, sperm was successfully retrieved in all patients at the previously registered positive location and there was no testicular atrophy identified.



## Conclusions

- Single longitudinal incision** for mTESE is more likely to have a thorough exploration of the testicular parenchyma.
  - Transverse incision : miss **61.1%** chance of sperm retrieval.
- No** case of testicular atrophy noted.