

## FURTHER EVIDENCE ON THE HIGH PREVALENCE OF MALE FACTOR INFERTILITY DIAGNOSIS IN ISRAEL

### To the Editor:

We read with great interest the recent report by Farhi and Ben-Haroush [1] on infertility causes in 2515 couples treated in two large primary infertility clinics in Israel during 1999–2007. This important update of local epidemiology which had not been thoroughly updated since 1977 [2] identified a remarkable nearly twofold increase in male factor infertility diagnosis during the 30-year interim.

In Maccabi Health Services (MHS), the second largest health management organization in Israel, all members' health-related interactions are automatically documented in a central computerized database. During the last several years MHS has established an automated registry of women diagnosed or treated for infertility. We used this database-driven registry to identify couples with physician-ascribed infertility diagnoses (ICD-9).

Out of a cohort of 87,400 suspected infertility cases between 1997 and 2010, we identified 29,282 with definitive diagnoses of infertility. Table 1 presents the distributions of causes of infertility in MHS compared to those described by Farhi et al. Similarly, male factor infertility was the most common cause, responsible for 48.80% of cases. The corroboration of this finding in a much larger population sample further emphasizes the high prevalence of male factor infertility diagnosis in Israel. It should be noted that most diagnoses of male factor infertility are based

**Table.** Causes of infertility, MHS cohort, and Farhi et al.

Definitive diagnoses	MHS (n=29517)	Farhi et al. (n=1553)
Anovulation including PCOS	31.90%	29.30%*
Mechanical	3.90%	10.00%**
Male	48.80%	37.50%
Combined	15.40%	23.10%

\*Oligo-ovulation, \*\*Tubal factor  
PCOS = polycystic ovarian syndrome

on semen analysis. A recent paper by Steeg et al. [3] concluded that the current World Health Organization criteria [4] for semen quality do not discriminate between fertile and sub-fertile men. Further studies are warranted to assess these seemingly secular trends in male reproduction function.

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