

Evaluation the Effect of Interleukin-6 and Tumor Necrosis Factor in Semen Quality of Infertile Men with Varicocele.

تقييم تاثير انترلوكين 6 وعامل نخر الورم في نوعية السائل المنوي لدى الرجال العقيمين والمصابين بالقليلة الدوائية الخصوية

Dhafer Taher Al-Wades *

Dr. Salman A. Al- Jibouri **

Dr. Raed T. Al-karrawe ***

الخلاصة

الهدف: تقييم تأثير ارتفاع مستوى الانترلوكين 6-interleukin و عامل نخر الورم Tumor necrosis factor في بلازما المنوي على نوعية السائل المنوي لدى الرجال العقيمين المصابين بالقليلة الدوائية الخصوية.

المنهجية: دراسة وصفية أجريت في مركز الخصوبة والعقم التخصصي في مدينة الصدر الطبية في مدينة النجف الاشرف خلال الفترة الاولى من نيسان لغاية الاول من حزيران 2014 تم اختيار عينة عرضية (غير احتمالية) مكونة من (75) رجل يعاني من العقم المصابين بالقليلة الدوائية الخصوية و(25) أصحاء كعامل سيطرة ومقارنة تراوحت اعمارهم (20-40) سنة تم استعمال استبانة تتضمن فترة الزواج وسلامة العينة من الامراض المزمنة مثل مرض السكري و الاورام السرطانية وكذلك الامراض الجنسية الانتقالية , تم جمع المعلومات من خلال المقابلة الشخصية للمرضى و تم تحليل النتائج باستخدام T-test و Z-test.

النتائج: أظهرت نتائج الدراسة ان 42% من الرجال المصابين بالقليلة الدوائية الخصوية يعانون من ارتفاع مستوى بروتينات الحركة 6 في بلازما المنوي وكذلك أظهرت هذه الدراسة ان هناك علاقة عكسية $R = -0.58$ بين ارتفاع مستوى بروتينات الحركة 6 في بلازما المنوي مع انخفاض حركة النطف التقدمية و كذلك وجود علاقة عكسية $R = -0.30$ بين ارتفاع مستوى بروتينات الحركة 6 في بلازما المنوي مع نقصان تركيز النطف (مليون/مل). وكذلك أظهرت نتائج الدراسة ان 41% من الرجال المصابين بالقليلة الدوائية الخصوية يعانون من ارتفاع مستوى عامل نخر الورم في بلازما المنوي وكذلك أظهرت هذه الدراسة ان هناك علاقة عكسية $R = -0.17$ بين ارتفاع مستوى عامل نخر الورم في بلازما المنوي مع انخفاض حركة الحيوانات المنوية و كذلك وجود علاقة عكسية $R = -0.25$ بين ارتفاع مستوى عامل نخر الورم في بلازما المنوي مع نقصان في تركيز النطف.

الاستنتاج: أستنتجت الدراسة ان هنالك علاقة بين الرجال العقيمين والمصابين بالقليلة الدوائية الخصوية و ارتفاع تركيز انترلوكين 6 وعامل النخر الورم في بلازما المنوي , وكذلك استنتجت هذه الدراسة ان زيادة في تركيز انترلوكين 6 وعامل نخر الورم يؤثر سلبا علي نوعية السائل المنوي والمتضمنة تركيز النطف و حركة النطف التقدمية .

التوصيات: اوصت الدراسة بأن جميع الذكور الذين يعانون من العقم يجب ان يتأكدوا من وجود الدوالي من خلال الفحص السريري. واوصت الدراسة على ان جميع المصابين بالدوالي ويعانون من العقم يجب قياس مستوى IL-6 وكذلك TNF في السائل المنوي.

Abstract:

Objective: The study was designed to evaluation of effect Interleukin-6 and Tumor necrosis factor in seminal plasma to semen quality in infertile men with varicocele.

Methods: A descriptive correlation study was conducted in specialized infertility center / teaching AL-Sadder medical city in Najaf city from first of April 2014 to the first of June 2014. Sample was selected that consisted of (75) infertile men with varicocele, and (25) healthy subject as control, their age between (20-40) years old. A questionnaire format and observational checklist were used which including marriage period, excluding from chronic disease like diabetic, cancer, sexual transmitted disease. The data were collected through the utilization of questionnaire and the structure interview technique with varicocele patients. Data was analyzed by using T-test and Z-test

Results: The result of the study sample have revealed that 42% from all subjects has elevated Interleukin-6 concentration in seminal plasma ,and also the elevation Interleukin-6 level in seminal plasma has inversely correlation $R = -0.58$ with decreased in sperm motility ,also has inversely correlation $R = -0.30$ with low sperm count. From other hand 41% from all subjects has elevated Tumor necrosis factor levels in seminal plasma ,and also the elevation Tumor necrosis factor concentration in seminal plasma has inversely correlation $R = -0.17$ with decreased in sperm motility ,also has inversely correlation $R = -0.25$ with low sperm count.

Conclusions: They study concluded there was a significant difference between elevation of Interleukin-6 and Tumor necrosis factor levels in seminal plasma in infertile men with varicocele, and they study concluded there was a significant correlation between increased levels of Interleukin-6 and Tumor necrosis factor in seminal plasma with reduce sperm count and motility .

Recommendations: the study recommended that: Varicocele examination and diagnosis should be done to all infertile male. Varicocele patients with abnormal seminal fluid examination should be estimated concentration of Interleukin-6 and Tumor necrosis factor in seminal plasma

*student of master, Department of Microbiology-College of Medicine / University of Kufa.

** Professor of Microbiology- College of Medicine / University of Kufa.

*** Assist. Professor of Urology - College of Medicine / University of Kufa.

E-mail : Dhafer-Al wades @yahoo.com

INTRODUCTION

Infertility is defined as inability of couples to achieve pregnancy following one year of unprotected intercourse .By this criterion, infertility affects 13% - 18% of couples and male factors account for up to half of all cases⁽¹⁾.

One of male infertility cause is varicocele which is present in 2% - 22% of the adult male population. In men with abnormal semen analysis , the prevalence of varicocele reach 25 % ,of cases ,varicocele have been linked to serious of events such as : biochemical changes in the epididymal fluid , a stasis of internal spermatic vein , elevated scrotal temperature , testicular hypoxia , and retrograde blood flow of renal and adrenal ⁽²⁾.

Varicocele , which is the distension of the pampiniform venous plexus , usually on the left side , result from inversion of blood flow in the internal spermatic vein . It is the most common cause of male infertility⁽³⁾.

IL6 –like factor has been shown to be produced by Sertoli cells is responsive to interleukin 1 alpha (IL1 α), Lipopolysaccharide LPS and latex beads but also to FSH and testosterone .The action of IL6 in testis is reduces transferrin secretion in Sertoli cells .Moreover, IL6 inhibits spermatogenesis and reduces sperm motility. Increase levels of IL6 in seminal plasma have been reported to be associated with infertility ⁽⁴⁾.

TNF α has been reported to be secreted by germs cells. By using a bioassay, northern blot analysis and in situ hybridization.⁽⁵⁾ Have shown that spermatids (round) and pachytene spermatocytes produce TNF α . Somatic cells do not appear to produce TNF α , but further studies are required to confirm this observation. Human seminal plasma contains both TNF α and soluble TNF α receptors ⁽⁶⁾.

The presence of TNF α receptors has been demonstrated in Leydig, and Sertoli cells TNF α receptors in the testis are probably under the control of growth factors and hormones. TNF α receptors are enhanced by FSH, EGF and bFGF ⁽⁷⁾.

Aims of study

This study was conducted to evaluate the relationship of varicocele with other potential immunological and hormones parameters in male infertility by using the following objectives:

- 1.** Estimation of Interleukin-6 (IL-6), and Tumor necrosis factor (TNF) in seminal plasma.
- 2.** Study of correlation between concentration of IL-6 and TNF , in seminal plasma with seminal fluid parameter include sperm count , sperm motility and semen viscosity .

METHODOLOGY:

This study was performed during the period from First of April 2014 to First of June 2014. All planned investigation was carried out on 75 infertile subjects with varicocele. These subjects were selected from people attended the specialized center for infertility in Al-sadder medical city in Najaf and satisfied the full requirements of the study these compared with 25 healthy men as control group subjects. Careful history was obtained from patients including age, duration of married, varicocele .

The selections of subjects for this study depended on much exclusion include.

- ❖ Patient with cancer, Hypogonadism , Testis Injured and Patient and that previously infected with gonorrhea.

For each patient the following test were carried out

- ❖ Routine seminal fluid analysis (SFA) .by using machlar chamber for determent sperm concentration (sperm/ml) and percentage sperm progressive motile
- ❖ Estimated concentration (IL-6) and (TNF) in seminal plasma by special kits of – Enzyme –Linked – Immune- Sorbet - Assay ELISA

Seminal fluid sample

Semen sample collection and delivery.

The following instructions for sample collection and delivery were based on WHO .2010 recommendations

- 1- The sample was collected after a minimum of 48 hours and no longer than 7 days of sexual abstinence.
- 2- Two semen samples were collected for initial evaluation.
- 3- Ideally the sample was collected in the privacy of a room near the laboratory. If not, it should be delivered to the laboratory within 1h after collection.
- 4- The sample was obtained by masturbation and ejaculated into a clean, wide- mouthed glass or plastic container.
- 5- Ordinary condoms must not be used for semen collection because they may interfere with the viability of spermatozoa.
- 6- Incomplete samples were not analyzed, particularly if the first portion of the ejaculate is lost.

RESULTS:

Table (1) Percentage of elevation Interleukin-6 and Tumor necrosis factor in seminal plasma of infertile men with varicocele

Studies parameter	Percentage %	P Value
Interleukin-6	42%	Sign <0.05
Tumor necrosis factor	41%	Sign < 0.05

Table (1) Also shows the percentage of elevated concentration of IL-6 was (42%) in seminal plasma, Also table (1) referred the percentage of elevated concentration of TNF was (41%) in seminal plasma.

The IL-6 and TNF levels in SP were measured by ELISA test. Based on information from kits. The normal value of IL-6 and TNF concentration in SP. IL-6 was 7.8 – 10.0 pg/ml and TNF was 4.6 – 12.4 pg/ml.

Table (2) Correlation between increased concentrations of IL 6 in SP and semen parameters.

Parameter studies	M±SD	R	P value
IL 6	17.1±10.6		
Sperm motility	37.4±20.3	- 0.58	Sign <0.05
Sperm count	34.3±10.6	- 0.30	Sign <0.05

M = mean

SD= standard division

R = correlation coefficient

Table (2) shows the elevated concentration of IL-6 in SP has strong inverse correlation R = (- 0.58) with sperm motility, Also this table was shown the elevated concentration of IL 6 in SP has inverse correlation R = (- 0.30) with sperm count this correlation.

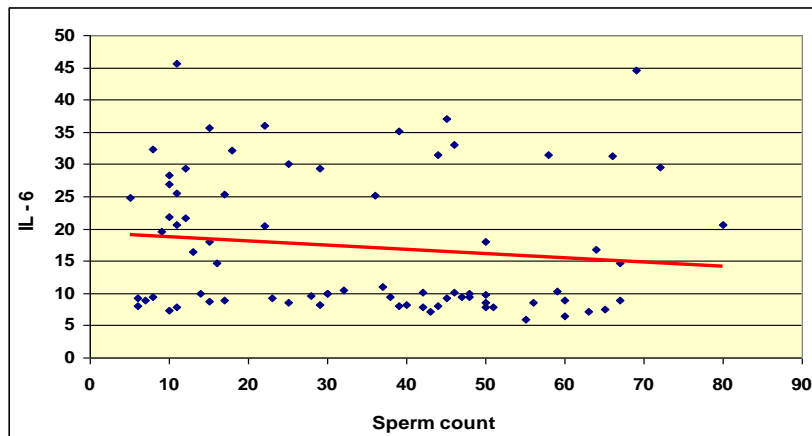


Figure (1) Correlation between the concentration of IL6 in SP with sperm concentration in infertile men with varicocele .

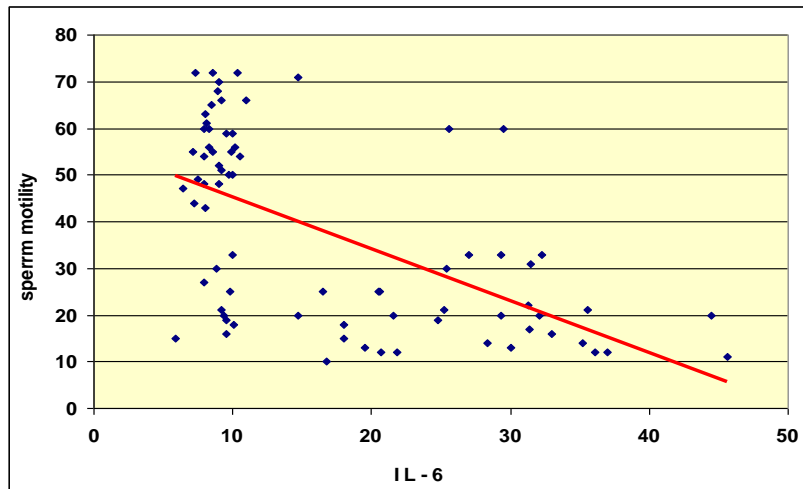


Figure (2) Correlation between the concentration of IL6 in SP with sperm motility in infertile men with varicocele .

Table (3) Correlation between increased concentrations of TNF in SP with seminal fluid parameter.

Studies parameter	M±SD	R	Tc	Tt	P value
TNF	18.8±10.2				
Sperm motility	37.4±20.3	- 0.17	1.47	1.96	No sign
Sperm count	34.3 ± 20.6	- 0.25	2.2	1.96	sign

M = mean

SD= standard division

Tt = t-table

R = correlation coefficient

Tc= t-calculate

Table (3) was reflected the correlation between increased levels of TNF in SP with seminal fluid parameter.

From table (3) No significant difference and correlation R= (– 0.17) between elevated TNF levels in SP with reduce sperm motility. Also table (5) reflected significant difference and inversely correlation R= (- 0.25) and between elevated TNF levels in SP and low sperm count.

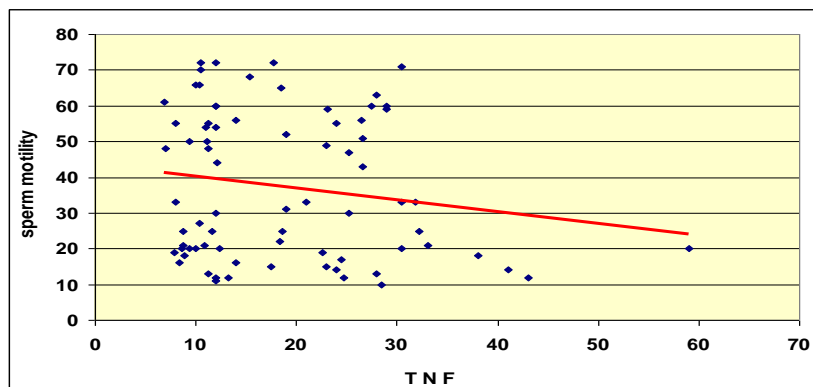


Figure (3) Correlation between the concentrations of TNF in SP with sperm motility

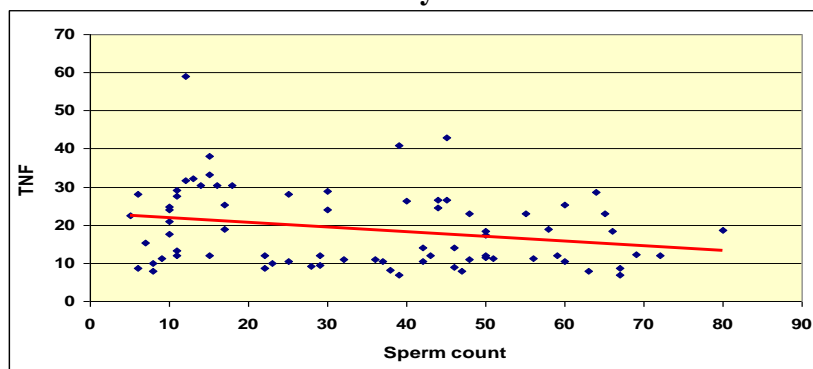


Figure (4) .Correlation between the concentrations of TNF in SP with sperm count.

DISCUSSION

Correlation between elevated concentration of IL-6 and seminal fluid parameter.

The data obtained from table (1) shown the percentage of increased concentration. Of IL 6 in SP was (42%) of infertile men with varicocele and that has significant difference (P value < 0.05) when compared with control subjects. This results were in agreement with observation of ⁽⁸⁾ the seminal fluid of subfertile men with varicocele were shown to contain increased concentration of IL 6 and decreased concentration of transferrin .

Table (2) reflected the effect of increased levels of IL 6 in SP on the sperm motility and sperm count . The IL6 secreted from sertoli cells of testis ⁽⁹⁾ Table (2) Shown that there was an inversely correlation between high level of IL-6 in SP and reduced sperm count. Increased IL- 6 amount cause inhibition of the production of sertoli cells transferrin. Transferrin is responsible for transportation of Iron through the blood- testis barrier. Iron one of main element that stimulated dividing spermatocyte and spermatide ⁽¹⁰⁾. The present study was in agreement with that found by ⁽¹¹⁾. Decreased Iron supply as consequence of transferrin deficiency , result in decreased cell division and caused reduce in sperm count or oligozoospermia .

Also table (2) explained the correlation between high levels of IL6 in SP with reduce sperm motility (R = - 0.58) in strong inversely correlation , this correlation has significant difference (P value <0.05) when Compared Tc with Tt . IL-6 inhibits spermatogenesis and reduces sperm motility ⁽¹²⁾.

Our study data was in agreement with ⁽¹³⁾. they observed that the elevate concentration of interleukin -1 , interleukin -6 and soluble IL-6 receptors in seminal plasma was associated to(Asthinozoospermia) .

The tumor necrosis factor(TNF) family includes two structurally and functionally-related protein , TNF α / caectin and TNF β / lymphotoxin TNF α is synthesized as a preprotein . TNF α has been reported to be secreted by germs cells including spermatid and spermatocyte, human SP contains both TNF α and solubleTNF α receptors ⁽¹³⁾.

TNF α receptors has been demonstrated in Leydig and Sertoli cells, TNF α receptors are enhanced by FSH and growth factor EGF and bFGF ⁽¹⁴⁾ .

Depended on the obtained results from table (1) .The (41%) percentage of elevate TNF levels in SP of infertile men with varicocele and this Percentage has significant difference (P value < 0.05) when compared with control subjects . But the data obtained from table (3) was explained that there was no significant difference (P value > 0.05) correlation R (- 0.17) Between elevated levels of TNF in SP with sperm motility .

The motility of sperm means the movement or swimming of sperm in semen this process controlled by many enzymatic system persist mostly in accessory sex gland. The present study was in agreement with finding of ⁽¹⁵⁾ in which the presence TNF and IL2 in seminal plasma were not correlated with sperm motility .Whereas ⁽¹⁶⁾ .found that the ability of TNF α to cause a reduction in sperm motility is controversial . The Eiserman believed was incompatible with result of present study.

Also table (3) shown the significant difference (P < 0.05) and inversely correlation R (- 0.25) between elevated TNF levels in SP with low sperm count . TNF α receptors has been demonstrated in Leydig and Sertoli cells. ⁽¹⁷⁾From other hand the spermatogenesis initial in seminiferous tubules under action of Leydig and Sertoli cells therefore , can be shown a negatively correlation between TNF α and sperm count .

The result from present study was in agreement with finding by ⁽¹⁸⁾ the found the administration of TNF α to male induce a dramatic decline in testosterone levels and provokes sever seminiferous epithelium damage .

Also the present study was agreed with ⁽¹⁹⁾ data in which , the sertoli cells Insulin – Link growth factors(IGF-I) a stimulating factor for both steroidogenesis and germ cell development , the action of TNF α in testis which result to reduces FSH action on Aromatase activity and inhibin in sertoli cells , decreased in testosterone levels and reduces(IGF-I) bioavailability , Finally the TNF α has inhibitory effect on testicular function ⁽²⁰⁾.

CONCLUSION

There was a significant correlation between increased levels of Interleukin-6 and Tumor necrosis factor in seminal plasma with reduce sperm concentration and motility .

RECOMMENDATIONS:

The study recommended that:

1. Varicocele examination and diagnosis should be done to all infertile male.
2. Varicocele patients with abnormal seminal fluid examination should be estimated concentration of Interleukin-6 and Tumor necrosis factor in seminal plasma.

REFERENCES:

1. Lammarrone E . Balet R. Lower AM, Gillott C, Grudzinskas JG. Male infertility . Best practice research, 17(2): 211-229 . 2004
2. Said SA, Aribarg A, Virutamsen P. The influence of varicocele on parameters of fertility in large group of men presenting to infertility clinics . Fertility and sterility .;57(6):1289-1293 . 2004
3. Kursh ED . What is incidence of varicocele in a fertile population

- a. Fertility and sterility ; 48(3): 510-511 . 2004
4. Hirano,T. and Kishimoto T,Interleukine-6, in ptiptide Growth factor and their Recetors , part 1(eds M.B sporn and A.B Roberts) , Springer-Verlag .New York pp633-66] . (2004)
 5. Hussenet , F , Dousset , B , Cordonnier , J.L, et al Mise en evidence de tumor necrosis le sperme normal . factor dans la Presse medicale ,20 1902-3 .] .(2006)
 6. Maudult , C, Besset, V , Revoi, A and Benahmed , M Experssiom and regulation of TNF α receptors in testicular somatic cells (submitted . (2005)
 7. Maudult , C, Jaspas , J.M , Poncelet , E et al Tumor necrosis factor α antagonizes follicle- stimulating hormone action in cultured porcine Sertoli cells . Endocrinology , 133,69-76 .] (2005)
 8. Naz R.K and Kaplan, P increased levels of IL 6 in seminal plasma of infertile male . *Journal of a ndrology* 15 , 220-7 . (2004)
 9. Bookfor , F.R, Wang,D, Lin , T.et al Effects of interleukin 6, interleukin 2, and Tumor necrosis factor on transferrin release from Sertoli cells in culture . Endocrinology . 129. 256-262. (2006)
 10. Comhaire , F.H and Bosmans, E Cytokines in semen of normal men and of patients with andrological disease . The American Fertility Society conjointly with Canadian Fertility and Andrology Society 11-14 October 2003 , Montreal , Canada ,Fertil,Steril . (program suppl .) S44-5 . (2003)
 11. Adamopoulos ,D, Lawrence, D.M, Vassilopoulos, P. hormone levels in the reproductive system of normospermic men and patient with oligospermia and varicocele. *J.Clin.Endocr.Metab*,59,447-62 . (2008)
 12. Verhoeven , G local control system within the testis . *Bailliers clinical Endocrinology and Metabolism* ,6, 313-33(2002)
 13. Beutler, B, Cachectin/Tumor Necrosis Factor and Lymphotoxin , in Peptide Growth Factor and their receptors ,PartII(eds M.B Sporn and A.B Roberts) , Sringer-Verlag .New York. PP39-70 . (2004)
 14. Bosmans, S.R, Paulsen , C.A. and McLach Ian. R.IRelationship of serum inhibin levels to serum follicle stimulating hormone and sperm production in normal men and men with varicocele. *J.Clin.Endocrinol. Metab*, 74,859-64(2002)
 15. Parhar , R.S , Carver –Ward, J.A, Jaroudi.K et al effects of cytokines on the motility and in –vitro penetration potential of human sperm . *Andrology in the Nineties* , 21-24 April, Genk , 2003 , Abstract, p.108. (2004)
 16. BozhedomovVA,LipatovaNA,RokhlikovIM.AlexeevRA UshakovaI V. Male fertility and varicocele: role immune factors *Andrology* (1):51-8. ,(2014)
 17. Elisermann , J , Register , K.B, Strickler, R.C and Collin , J.L.The effect of tumor necrosis factor on human sperm motility in vitro , *Journal of Andrology* , 10, 270-4 .] (2004)
 18. Mealy ,K, Robinson , B , Millette , C.F et al . the testicular effects of TNF . *Annals of surgery* , 211,470-5 . (2004)
 19. Besset , V, Le Magueresse-Battistoni, et al. *Endocrinology* . (1995)
 20. De,S.K,Chen,H.L,Pace,J.L, et al. Expression of tumor necrosis factor- α in mouse spermatogenic cells *Endocrinology* 133,389-96 . (2006)