Table 1. POS-01.66

Preoperative ART candidate	Natural pregnancy n=58	Postoperative ART candidate		
		IUI n=51	IVF n=25	ICSI n=11
ICSI n=62	10 (16,1%)	23 (37%)	19 (30,6%)	10 (16,12%)
IVF n=22	9 (40,9%)	9 (40,9%)	3 (13,6%)	1 (4,5%)
IUI n= 61	39 (63,9)	19 (31,1%)	3 (4,9%)	0

Objectives: The debate regarding the efficacy of varicocele repair to improve semen parameters and pregnancy rates is ongoing. Many authors suggest assisted reproductive technologies (ART) as an alternative for the management of male infertility. We intend to assess how varicocelectomy can improve pregnancy rate and semen quality and determine whether it can change patient candidacy for ART's procedures.
Materials & Methods: A cohort of 145 infertile men with varicocele underwent surgical varicocelectomy. The outcome was assessed in terms of improvement in semen parameters and in pregnancy. Preoperatively and postoperatively total motile sperm count (TMC) was calculated in all semen analyses. Based on TMC values, patients were divided into 3 groups according to the type of assisted reproductive technology for which they qualified; including 0 to 1.5 million or less (intracytoplasmic sperm injection candidates), 1.5 to 5 million or less (in vitro fertilization candidates) and 5 million or greater sperm (intrauterine insemination candidates). Preoperative and postoperative semen parameters were compared among individuals in these cohorts to determine the shifts in assisted reproductive technology care that are possible after varicolectomy.
Results: Mean patients age was 34 years (20-55). Surgical varicocelectomy was bilateral in 75 patients (51.7%) and unilateral in 70 (48.3%). A significant improvement in number and motility of spermatozoids was observed in 124 patients (85.5%). An overall spontaneous pregnancy rate of 40% was achieved after varicocelectomy with a mean time to conception of 11 months (range 4 to 22). Moreover, 51 couples (35.1 %) were able to use ART procedures more simple than expected: (Table).
Conclusions: We are convinced that varicocelectomy allows not only to increase the rate of natural reproduction but also to improve the quality of the sperm that could help in assisted reproduction management.

POS-01.67
Results of vasoepididymostomy for non-vasectomy patients: comparative analysis of the side-to-side technique and the two-suture invagination technique
Nguyen TN, Mai DTB, Chuyen VL, Duong QT, Tran VS
Andrology Unit, Department of Urology, Binh Dan Hospital and the Pharmaco-medical University of Ho Chi Minh City, Vietnam

Introduction: Epididymal obstructive azoospermia is the absence of sperm in the ejaculate due to an epididymal duct obstruction with normal spermatogenesis. Scrotal exploration for non-vasectomy obstructive azoospermia establishes the epididymal obstruction. Vasoepididymostomy, to overcome the obstruction, is an appropriate solution. We evaluate prospectively the results of two techniques of vasoepididymostomy: the Martin's side-to-side technique and a two-suture microsurgical invagination technique.
Methods: Between October 2000 and November 2004, 39 men with epididymal obstructive azoospermia underwent vasoepididymostomy. The two-suture microsurgical invagination technique was performed with each suture on each side of the transversal opening of the epididymal tubule. The patency, pregnancy and late failure rates of the two techniques were assessed.
Results: Twelve patients were treated with the side-to-side technique (StS group) and twenty seven patients with the two-suture invagination technique (TSI group). The patency of the anastomosis site was evaluated by spermiogram done at 1-3-6-9-12-18-24 month post-operative time and the conception. The causes of obstruction were infection in 12.8% and idiopathic in 87.2%. There was a significant diffference in patency rate and pregnancy rate of the two groups (15.4% vs. 63% and 7.7% vs. 33%, $p<0.05$, StS group and TSI group) respectively. No case of late failure was recorded.No complications were found during and after surgery.
Conclusion: Although the side-to-side technique does not required microsurgical instruments and skills, the two-suture invagination technique has significantly higher patency and pregnancy rates. The latter should be considered for male infertility treatment caused by epididymal obstruction.

POS-01.68
Antegrade scrotal sclerotherapy for the treatment of varicocele: prospective study of 180 cases
Hidoussi A, Jaidane M, Slama A, Youssef A, Kalel Y, Ben Sorba N, Mosbah AF
Department of Urology, Hôpital Sahloul, Sousse, Tunisia

Introduction: Many surgical techniques are available for the treatment of varicocele. Recently introduced, antegrade scrotal sclerotherapy is a simple and easy technique. The aim of this study is to evaluate on a prospective manner the tolerability, safety, and global efficacy of this technique and to determine factors associated with failure.
Methods: Between January 1999 and December 2005, 180 patients referred for varicocele to the Urology Departement of Sahloul University Hospital were recruited for the study. All the patients were evaluated using physical examination, spermogram, doppler ultrasonography and peroperative phlebography by the same operators. Patients were controlled at 3, 6 and 9 months post-operatively.
Results: Average age of patients was 30 years. Infertility was present in 46 % of the cases. Anterograde sclerotherapy was performed with success under local anaesthesia in 99 % of the cases. The mean operating time was 25 minutes (range 15 to 65 minutes). No intraoperative complication was recorded, and all patients were discharged within 4 hours. Minor postoperative complications were found in 6 cases. Success rate was 92 %. Only 8 % of the patients presented persistent or recurrent varicocele at 6 months. Statistical study found that the only factor associated with failure was presence of collaterals at phlebography.
Conclusion: We conclude that anterograde sclerotherapy is a simple, rapid, safe and well tolerated procedure. It is at least as efficient as other surgical options for the treatment of varicocele.

POS-01.69
Testicular sperm extraction in oncological patents: our results
Rolle L, Ceruti C, Tamagnone A, Timpano M, Negro C, Fontana D
Divisione Universitaria di Urologia 2, A.S.O. San Giovanni Battista "Molinette", Torino, Italy

Introduction: Men who remain azoospermic long after undergoing therapies for