Biochemistry of biological fluids (BIOCH 472)

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Class 13:

Semen

Objectives for this lecture

- State the structures involved in sperm production and their function.
- Describe the normal appearance of semen and abnormalities in appearance.
- State the parameters considered when evaluating sperm speciment.

Semen

- Semen analysis for:
- √ Fertility to have children.
- Patients with abnormal results need in vitro fertilization (IVF) at andrology labs.
- → Forensic analyses.

Jobs

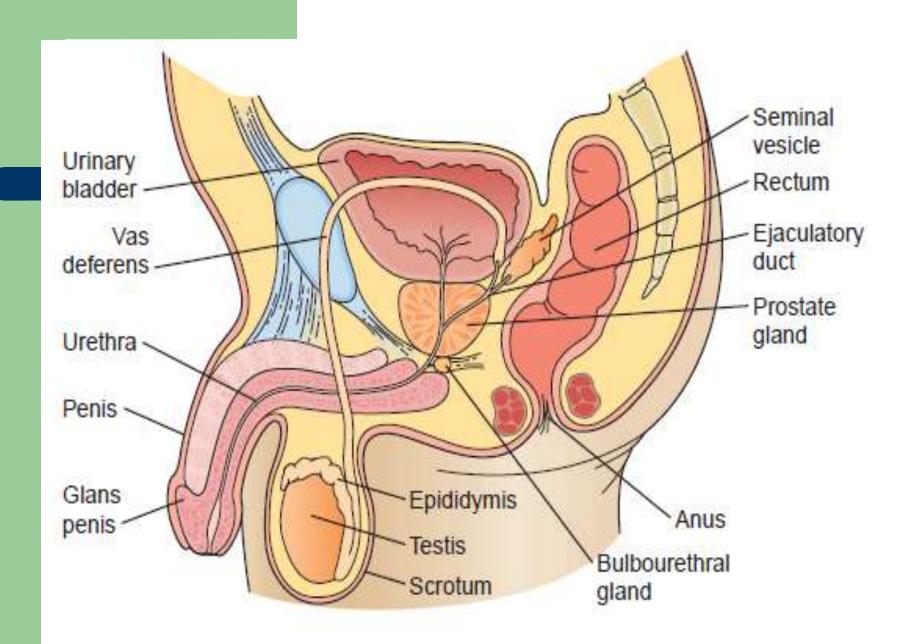
Physiology of Semen

Parts contributed by the testes for Semen:

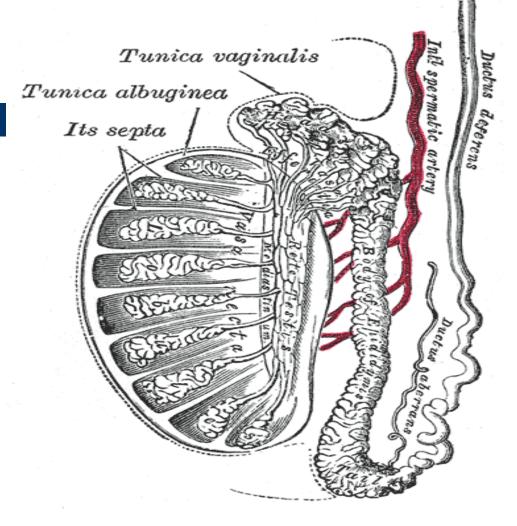
1.	Spermatozoa	5 %
	oponinatozoa	0 /

2.	Seminal	fluid	60	%
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4. Bulbourethral glands 5 %



In the Testis:



In the Testis:

- Germ cells located in the epithelial cells of the seminiferous tubules produce spermatozoa.
- Sertoli cells provide support and nutrients for the germ cells.
- In the epididymis, the sperm mature and develop flagella, and stored till ejaculation.

Seminal vesicles:

- produce the majority of the fluid present in semen (60% to 70%).
- Contains a high concentration of fructose.
- fructose is used for the energy needed for the flagella.
- Absence of fructose sperm do not display motility in the semen analysis.

prostate gland:

- Aids in propelling the sperm through the urethra by contractions during ejaculation.
- semen volume is acidic fluid produced by the prostate gland.
- acidic fluid contains acid phosphatase, citric acid, zinc, and proteolytic enzymes responsible for both the coagulation and liquefaction.

bulbourethral glands:

- Below the prostate.
- Thick, alkaline mucus that helps to neutralize acidity.
- Semen fluid should be alkaline to:
 - Neutralize the vaginal acidity present from bacterial vaginal flora.
 - Without this neutralization, sperm motility will diminish.





- After sexual abstinence of from 2 to 3 days to not longer than 5 days.
- prolonged abstinence give higher volumes and decreased motility.
- Use sterile glass or plastic containers.
- Collect in a room provided by the laboratory, by masturbation.
- Or collect in nonlubricant rubber or polyurethane condoms.

Semen Analysis

Appearance:

- gray-white color.
- > musty odor.
- white turbidity due to WBCs (infection).
- red coloration due to RBCs. (prostate cancer).
- Yellow coloration caused by urine, or abstinence, or medications.
- Urine is toxic to sperm, affect motility.

Liquefaction:

- fresh semen specimen is clotted.
- liquefy within 30 to 60 min after collection.
- Analysis begin after liquefaction occurred.
- After 2 h, if specimen has not liquified, proteolytic enzymes such as alphachymotrypsin may be added.

• Volume:

- > Normal between 2 and 5 mL
- > Increased volume seen in abstinence.
- > Decreased is associated with *infertility*.

Viscosity:

- related to specimen liquefaction.
- Normal specimen is easily drawn into a pipette and form droplets (threads) that do not appear clumped when discharged.
- Increased viscosity impede sperm motility.

- pH :
- alkaline with a range of 7.2 to 8.0.
- > increased pH is indicative of infection.
- decreased pH is due to increased prostatic fluid.

Sperm Concentration/Count :

- normal values 10 to 20 million sperm/ mL.
- dilute semen to immobilizes the sperm.
- diluting fluid contains sodium bicarbonate and formalin, or saline and water.
- Only fully developed sperm counted.
- immature sperm cells (spermatids) (>1million) caused by viral infections, exposure to toxic chemicals, and genetic disorders.

Sperm Morphology :

- nonmotile produces infertility.
- evaluate the structure of head, neckpiece, midpiece, and tail.
- abnormalities in head cause poor ovum penetration.
- neckpiece, midpiece, and tail abnormalities affect motility.

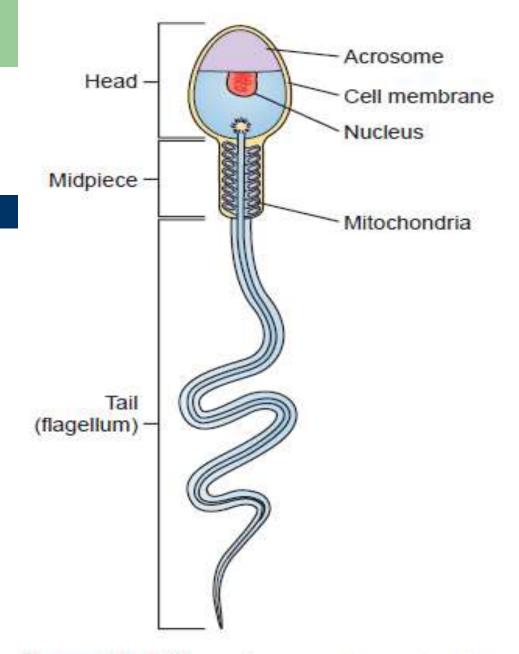
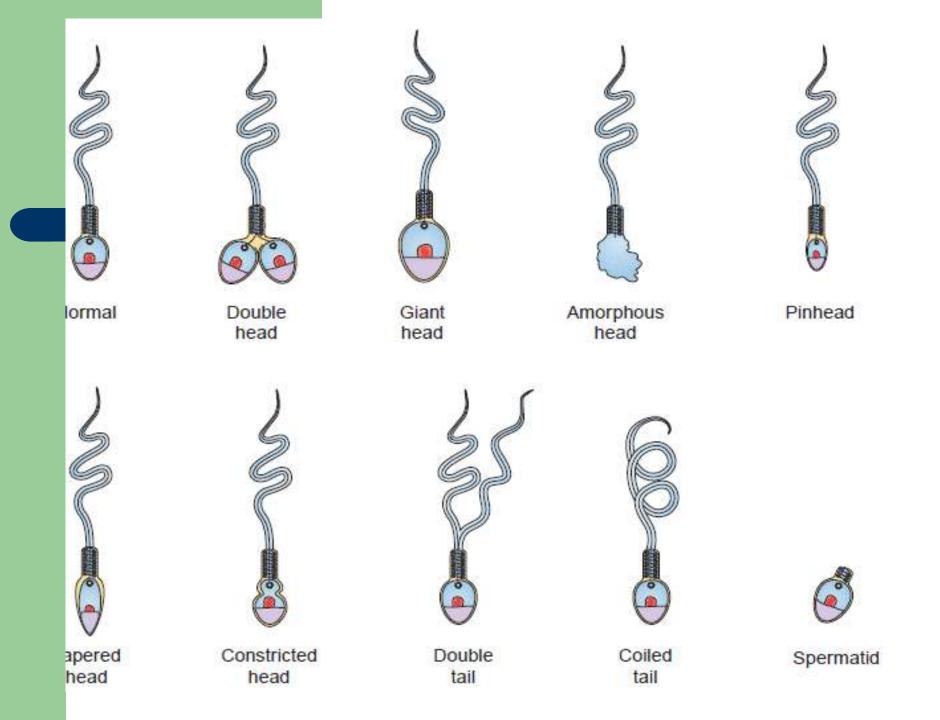


Figure 11-3 Normal spermatozoa structure.



Sperm Viability :

- abnormal viability:
 - ✓ normal sperm concentration.
 - markedly decreased motility.
- carry eosin-nigrosin stain, and counting:
 - ✓ Living cells remain a bluish white color
 - ✓ dead cells stain red.
- normal viability requires 75% living cells.

Seminal Fluid Fructose :

- Low sperm concentration can cause a low to absent fructose level in the semen.
- normal quantitative level is equal to or greater than 13 mol per ejaculate.
- Specimens should be tested within 2 hours or frozen to prevent *fructolysis*.

Antisperm Antibodies :

- detected in semen, or serum (men / women).
- > possible cause of infertility.
- blood-testes barrier separates sperm from the male immune system.
- If barrier is disrupted by surgery, vasectomy, trauma, and infection, the immune system damages the sperm.

- Microbial Testing :
- presence of leukocytes indicates infection within the prostate.
- Routine aerobic and anaerobic cultures and tests performed.
- Chlamydia trachomatis, Mycoplasma hominis, and Ureaplasma urealyticum.

- Chemical Testing :
 - > Determine the levels of:
 - √ neutral –glucosidase
 - ✓ Zn, citric acid, prostatic acid phosphatase.
 - > Decrease indicate:
 - disorder of the epididymisa
 - Lack of prostatic fluid
 - acid phosphatase detection in sample for rape.

Sperm Function Tests :

- > functional ability for reproduction and IVF.
- > specialized andrology laboratories:
 - √ hamster egg penetration assay.
 - ✓ cervical mucus penetration test.
 - ✓ hypo-osmotic swelling test.
 - ✓ in vitro acrosome reaction.

SAP/VAP Electrophoresis



Laboratory Technique for Separating Seminal from Vaginal Acid Phosphatase