

single weekly subcutaneous (SC) injection of 250 mcg rec-hCG for a minimum of 12 weeks. All patients performed self-administration of rec-hCG by using a ready-to-inject, prefilled syringe (Ovidrel®; choriogonadotropin alfa; MerckSerono) [see Figure 1].

All patients presented with clinical signs of hypogonadism and were azoospermic.

Testis biopsy histopathology results revealed peritubular fibrosis and maturation arrest.

Mean baseline (pretreatment) hormone levels were as follows:

LH =  $0.46 \pm 0.28$  mUI/mL

FSH =  $0.39 \pm 0.32$  mUI/mL

Total Testosterone =  $41.3 \pm 26.9$  ng/dL.

Total motile sperm count was  $39 \times 10^6$  (range  $0.0$ - $156.9 \times 10^6$ ) at the 12<sup>th</sup> treatment week.

Testosterone levels were  $647.5 \pm 219.0$  ng/dL at the completion of treatment.

A marked improvement in virilization, libido and erectile function was also observed after treatment [see Figure 1].

Mean combined testis volume increased from 24 mL before to 33 mL posttreatment.

Headache, gynecomastia and increased estradiol levels were observed in one man who did not recover spermatogenesis.

All patients reported hCG SC self-administration with minimal or no local side effects and/or discomfort.

