Received: 20.1.2007 Accepted: 4.3.2007

Letter to Editor

Prevalence of clinical varicocele in Iran

To the Editor

Prevalence of clinical varicocele in adolescent and young population has been reported from 15 to 22.9% in different sources ¹⁻⁴. There are few if any population-based studies from Iran addressing the issue. The usefulness of such estimates are three-fold: they elucidate the role of ethnicity in the disease prevalence, make global projection through estimate pooling possible, and are instrumental in priority setting and selection of screening programs.

In a military screening program of 1348 recruits aged 18-30 (mean: 23.7) years, prevalence of clinical varicocele was estimated at 15.6% (95% CI: ± 1.9%) which seems comparable to those of similar reports ¹⁻⁴. One physician examined all of the participants in the upright position and made a diagnosis of varicocele

when any of the following were observed: typical appearance on inspection, typical bag of worms sensation on palpation, and cough or Valsalva's induced impulse while palpating the spermatic cord. Population of military recruits is a common framework for prevalence studies and several of the reports of varicocele prevalence were from such populations ^{2,5} who are very much representative of the healthy young subjects.

Varicocele has been implicated in the pathogenesis of testicular atrophy and about 15 to 20% of adults with varicocele are infertile ^{3,6}. The relatively high prevalence of varicocele supports the need for routine health visit or screening programs for adolescents or young adults ^{6,7}.

Seyed-Farzad Mohammadi*, Shahab Khatibzadeh*

References

- 1. Liang C, Wang K, Chen J. [Epidemiological study of external genital diseases in 5172 adolescents]. Zhonghua Yi Xue Za Zhi 1997; 77(1):15-17.
- 2. Meacham RB, Townsend RR, Rademacher D, Drose JA. The incidence of varicoceles in the general population when evaluated by physical examination, gray scale sonography and color Doppler sonography. *J Urol* 1994; 151(6):1535-1538.
- 3. Fontaine E, Benoit G, Jardin A, Beurton D. [Varicocele in adolescents]. Prog Urol 2000; 10(6):1099-1107.
- 4. Pfeiffer D, Berger J, Schoop C, Tauber R. A Doppler-based study on the prevalence of varicocele in German children and adolescents. *Andrologia* 2006; 38(1):13-19.
- 5. Violante P, Plaustro GL, Cirocchi R, Martinengo L, Pasquini G, Santi G et al. [Varicocele in young recruits]. *Minerva Chir* 1998; 53(1-2):45-49.
- 6. Trum JW, Gubler FM, Laan R, van der Veen F. The value of palpation, varicoscreen contact thermography and colour Doppler ultrasound in the diagnosis of varicocele. *Hum Reprod* 1996; 11(6):1232-1235.
- 7. Camoglio FS, Cervellione RM, Dipaola G, Balducci T, Giacomello L, Zanatta C et al. [Idiopathic varicocele in children. Epidemiological study and surgical approach]. *Minerva Urol Nefrol* 2001; 53(4):189-193.

^{*}Research Associate, Faculty of Medicine, Tehran University of Medical Sciences, Tehran, Iran. Correspondence to: Dr Seyed-Farzad Mohammadi, Farabi Hospital, Qazvin Square, Tehran, Iran. e-mail: sfmohamm@razi.tums.ac.ir