

## **Introduction**

Infertility in a couple is defined as the failure to conceive after 12 months of frequent unprotected intercourse. In approximately 50% of infertile couples, the problem is at least in part due to male infertility. There are many causes of male infertility including obstructive causes as (Obstruction of the ejaculatory ducts in the prostate, Congenital absence of the vas deferens, Trauma to the vas e.g., following hernia repair) or . Ejaculation disorders as (Surgery - prostate surgery, abdominal surgery on lymph glands, Medications as antidepressants, alpha blockers) and Testicular failure such as (Infections e.g., mumps Genetic - Klinefelter's syndrome, Undescended testes, Testicular cancer and Previous treatments e.g., chemotherapy, radiotherapy) (*Brugh et al., 2004*).

In the evaluation of the sub fertile man who has severe oligospermia or azospermia associated with a low volume ejaculate, the high resolution transrectal ultrasound (TRUS) has, in recent years, been a very important non-invasive imaging technique to detect abnormalities in the seminal vesicles, ejaculatory duct and the status of the prostate (*Kim et al., 2002*).

Transrectal US is a safe and accurate method for evaluating the distal male reproductive tract that helps to identify patients with potentially correctable causes of infertility (*Kuligowska, et al., 2003*).

The principal application of transrectal ultrasonography in the infertile men is to evaluate patency of distal excurrent ductal system of the male genitalia. Although gold standard for evaluation of male ductal system is vasography, TRUS has the advantage of being non-invasive. Transrectal ultrasound allows visualization of seminal vesicles, prostate and ejaculatory ducts. ( *Jarow JP. 2005* )