



Original Article

Variations in Gonadal Steroids in Workers Occupationally Exposed to Toxicants at Automobile Workshops and Petrol Filling Stations

 Bilal Javed¹, Muhammad Amir Iqbal¹, Shaaf Ahmad², Husna Ahmad¹ and Nabila Roohi^{1*}
¹Department of Zoology, University of the Punjab, Lahore, Pakistan

²King Edward Medical University/Mayo Hospital, Lahore, Pakistan

ARTICLE INFO

Key Words:

LH, FSH, Testosterone, Estradiol, Steroids

How to Cite:

Javed, B., Amir Iqbal, M. ., Ahmad, S. ., Ahmad, H. ., & Roohi, N. . (2022). Variations in Gonadal Steroids in Workers Occupationally Exposed to Toxicants at Automobile Workshops and Petrol Filling Stations: Variations in Gonadal Steroids in Workers. *Pakistan Journal of Health Sciences*, 3(05).
<https://doi.org/10.54393/pjhs.v3i05.194>

*Corresponding Author:

Nabila Roohi
 Department of Zoology, University of the Punjab,
 Lahore, Pakistan
nabilaruhi@gmail.com

 Received Date: 27th September, 2022

 Acceptance Date: 5th October, 2022

 Published Date: 31st October, 2022.

ABSTRACT

The most at risk for occupational toxicity brought on by exposure to heavy metals and PAHs among various vocations are gas station attendants and auto workers. The gonadal and its regulating hormonal pattern were identified in the current investigation in gas station attendants and car employees. **Objective:** This study's goal is to ascertain the impact of various occupational toxicants on the ovarian health of gasoline station attendants (PPA) and car technicians (AMM). Gonadal steroids and the hormones that control them were examined for this reason and their relationship to gonadal function was established. **Methods:** For this, blood samples from 19 gas station attendants and 29 auto mechanics were obtained from various gas stations and car shops, respectively. The University of the Punjab in Lahore provided the blood samples for the 24 controls. Using commercially available ELISA kits, the levels of serum estradiol, follicle stimulating hormone (FSH), luteinizing hormone (LH), and testosterone were examined. The significance of changes was evaluated using the one-way ANOVA test. **Results:** When compared to the control group, there was a little decrease in the levels of estradiol, follicle-stimulating hormone, luteinizing hormone, and testosterone among fuel station attendants and car employees. **Conclusions:** Pertinently, reduced reproductive and their regulatory hormonal levels predispose future risk of manifesting reproductive health issues.

INTRODUCTION

Occupational environments are major source of different varieties of harmful chemical substances. In Pakistan due to poor economic and health conditions, a number of uneducated people are forced to do work in these hazardous working environments. Due to the lack of awareness, these people are not familiar of basic health conditions. Chemicals are omnipresent anthropogenic pollutants they are poisonous, carcinogenic, and can induce mutations in all organisms, including humans [1]. Automobile workers belong to such occupational section of the society which are most likely to get harmed by chronic toxicity of lead and the reason behind that is their daily working processes which include motor vehicle spray painting, assembly, welding, brazing and processing of

radiators. The toxicity of lead become a community problem when the family members especially children get harmed by indirect method and source of this indirect toxicity is uniforms or clothes of workers which they use at their occupational sites [2]. Polycyclic aromatic hydrocarbons (PAHs) may covalently attach with proteins and deoxyribonucleic acid (DNA), which results in biochemical disturbance and cell damage in various animals and cause cancer in human. The main source of these harmful pollutants in the environment includes forest fire, petroleum leakage, burning of oil and coal. These pollutants have adverse effects on male reproductive system [3]. Low antioxidant capacity and free radical genesis, in occupationally exposed workers,

evidences an early biochemical sign of a deranged metabolic state [4]. Gonadal functions are controlled via feedback loops which involves hypothalamic periodic pulses of gonadotropin releasing hormone (GnRH) to the adenohipophysial cells which in turn synthesize luteinizing hormone (LH) and follicle stimulating hormone (FSH) [5]. LH acts on the Leydig cells where they start testosterone synthesis, and FSH which stimulates sperm production [6]. Unusual synthesis of prolactin by pituitary tumors can effect and depress the production of both LH and FSH resulting in gradual decrease in testosterone formation in the testes [7]. Infertility is an increasing problem all over the globe, affecting 8–15% of couples in reproductive life [8]. Impotency in men is manifested by different lethal factors which encompasses, testicular blockage, metabolic alterations, and environmental toxins [9,10]. Occupational and unintentional exposure to chemicals, use of alcohol, drugs, and use of androgenic steroids are capable of exerting deep oppressive effect on the formation of sperm and androgens by the testes [11]. Estimation of reproductive hormones and oxidative indices interaction in serum of males occupationally exposed to chemicals is important in envisaging those who may develop serious disease together with infertility [12]. According to current research, oxidative stress is caused by an imbalance between the levels of the antioxidants peroxidative and antioxidative in plasma. As a consequence, the metabolic and functional problems of the male reproductive cells are reduced in many types of infertility [13,14]. This study's goal is to ascertain the impact of various occupational toxicants on the ovarian health of gasoline station attendants (PPA) and car technicians (AMM). Gonadal steroids and the hormones that control them were examined for this reason and their relationship to gonadal function was established.

METHODS

Male attendants and mechanics' blood samples were gathered from several Lahore gas stations and vehicle repair businesses, respectively. Healthy controls were sampled from the University of the Punjab's Quaid-e-Azam Campus with age and sex matching. A comprehensive Proforma was prepared to know the entire medical history of participants and their demographic features. After giving detailed explanation to every participant about the aim and purpose of research work, written consent was taken by them. Questionnaire was filled by each participant individually before taking the blood sample from them. Demographic data included systolic and diastolic blood pressure, history of smoking, age, gender, weight, height, any kind of drug addiction, medication, HBV, HCV, HIV screening and any past ailment history. Inclusion criteria

setup for the petrol pump workers and automobile mechanics was at least, more than six months (6-8 hours daily) of exposure in the hazardous occupational environments having dust and exhaust fumes, petroleum vapors and aromatic hydrocarbons. Total forty-eight male exposed subjects (Age; 17-60 years) were recruited in this research work. Nineteen were petrol pump attendants, twenty-nine were automobile mechanics or workers and twenty-four were healthy control individuals, selected from general population. Blood samples of both workers and control samples were analyzed for their LH FSH, estradiol and testosterone level by using ELISA kits. Subjects whose sampling was done were categorized in two groups as follow:

- Control group** Healthy Males
- Group I** Petrol Pumps attendants (PPA)
- Group II** Auto-Mobile Mechanics (AMM)

RESULTS

Comprehensive presentation of studied parameters in all studies groups are depicted in Table I.

Parameters	Controls (n=24)	Petrol Pump Attendants (n=19)	AMM (n=29)	P-value
Estradiol (pg/mL)	32.63 ± 2.37	27.76 ± 2.77	31.15 ± 1.98	0.3
FSH (mIU/mL)	5.26 ± 0.64	5.19 ± 0.65	4.80 ± 0.75	0.8
LH (mIU/mL)	4.59 ± 0.58	3.38 ± 0.41	3.38 ± 0.41	0.1
Testosterone (ng/mL)	4.91 ± 0.44	4.43 ± 0.52	4.43 ± 0.43	0.7

Table 1: Levels of Gonadal and its regulatory hormones in comparable groups. Values are mean ± SEM.

Parameters	Control vs Petrol Pump Attendants	Control vs Automobile Workers	Petrol Pump Attendants vs Automobile Workers
Estradiol (pg/mL)	14.92 ↓	4.53 ↓	12.21 ↑
FSH (mIU/mL)	1.33 ↓	8.74 ↓	7.51 ↓
LH (mIU/mL)	26.36 ↓	26.36 ↓	-
Testosterone (ng/mL)	9.77 ↓	9.77 ↓	-

Table 2: Presenting percentage difference of comparable groups Non-significant decrease of 14.92 % was evidenced in petrol pump attendants when compared to control. In control vs automobile worker's comparison mild decrease of 4.53 % was evidenced in automobile workers. Additionally, mild elevation of 12.21 % of Estradiol was present in automobile mechanics when compared with petrol pump attendants as shown in figure 1 and table 2.

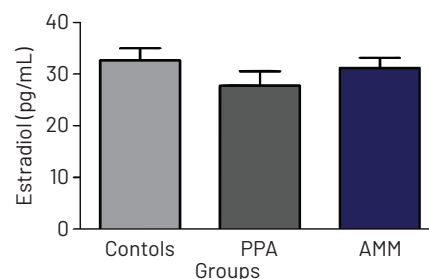


Figure 1: Comparison of Estradiol (pg/mL) in studied groups.

Values are mean ± SEM

Non-significant decrease of 1.33% was evidenced in FSH levels in PPA when compared to controls. Controls vs AMM comparison demonstrated non-significant decrease of 8.74% in FSH levels as compared to controls. Moreover, mild decrease of 7.51% was observed in automobile mechanics when compared to PPA as shown in Figure 2, and Table 2.

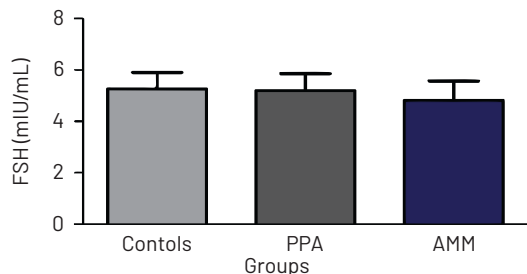


Figure 2: Comparison of Serum Follicle Stimulating Hormone (mIU/mL) in comparable groups. Values are mean ± SEM.

Levels of LH demonstrated non-significant decline of 26.36% in petrol pump attendants when compared to controls. A non-significant decrease of 26.36% was evidenced in automobile mechanics as compared to controls. Additionally, no difference was found in automobile mechanics when compared with petrol pump attendants as shown in Figure 3 and Table 2.

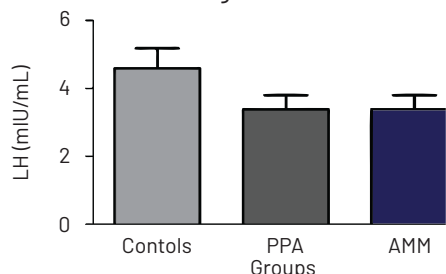


Figure 3: Comparison of Luteinizing Hormone (mIU/mL) in studied groups. Values are mean ± SEM.

There was a non-significant decrease of 9.77% in testosterone levels in both petrol pump attendants and automobile workers as compared to controls. Moreover, no difference was evidenced in automobile mechanics when compared to petrol pump attendants as shown in Figure. 4 and Table 2.

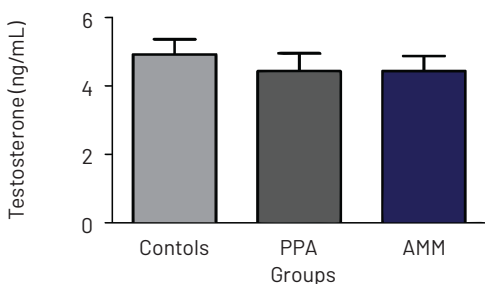


Figure 4: Comparison of Serum Testosterone (ng/mL) in studied groups. Values are mean ± SEM.

DISCUSSION

The present study was designed to determine the effect of different occupational toxicants on the gonadal health of petrol pumps attendants and automobile mechanics. Estrogens produced in testis interacts with estrogen receptors (ER), perpetuating the initiation of transcription of specific genes. Estrogen receptors (ER α and ER β) are present in most of the cells of testis and in some other parts of the genital tract. Hence, the role of estrogens in physiology of male reproduction is of great concern [15-19]. A non-significant decrease in Estradiol concentration is observed among the members of exposed groups (Both petrol pump attendants and automobile workers). Follicle-stimulating hormone (FSH) plays an important role in reproduction of mammals. It stimulates testicular and ovarian functions through a G-protein-coupled receptor on the surface of target cells. In females, FSH induces the maturation of ovarian follicles by targeting a FSH receptor (FSHR) expressed only on granulosa cells. In males, FSH supports spermatogenesis and also stimulates sertoli cell proliferation in testes. FSH clinically used in treatment of infertile men and ovulatory women [20,21]. In our study, mild decrease in FSH concentrations was observed among the individuals of exposed groups (Both petrol pump attendants and automobile workers). Decreased level of FSH may results in number of ailments like azoospermia, oligospermia and infertility. Azoospermia is defined as a "disease in which there is absence of sperm in minimum two different samples ejaculated by same subject (including the centrifuged sediment)[22]. In the general population, 10 to 15% of couples suffer from infertility issues [23]. Of these infertile males, 10 to 20% (or 1% of all men in the general population) suffer from azoospermia (24). Detailed history, hormone profile, physical examination, genetic predisposition imaging play important role to conclude the classification of the azoospermia clinically [22,25]. Luteinizing hormone (LH) is produced in all classes of vertebrates (fishes to mammals). Basophilic cells known as gonadotrophs in the anterior pituitary gland produced and stored LH. In males, LH targets the interstitial cells (Leydig cells) present in testis, which results in production of androgens. Additionally, secondary function of the LH is to promote spermatogenesis through androgens [26]. A non-significant decrease in LH concentrations is observed among the members of exposed groups (Both petrol pump attendants and automobile workers). Decrease in LH results in the lower secretion of sex steroids, failure of ovulation and luteinization and atrophy of interstitial cells, whereas, excessive secretion of LH results in hyperplasia of testicular cells (interstitial) which is followed by atrophy, increased secretion of estrogen or androgen, super-ovulation, and accelerated sexual maturation. Low blood LH

level causes different human diseases like craniopharyngioma and adrenogenital syndrome [27]. The testis secretes male sex hormones (dihydrotestosterone, androstenedione and testosterone) which are collectively referred to as androgens, which include. Testosterone is abundant as compared to all other hormones, which made it more significant. Testosterone changes into more active hormone dihydrotestosterone in the target tissues. Testosterone is produced by interstitial cells of Leydig, present in the interstices of seminiferous tubules which make up 20% of the mass of the adult testes. Leydig cells are almost absent in the childhood and testes almost produce no testosterone at that time, but it is abundant in newly born male infants for the first few months of life and in adult's male at any time after puberty, in both these times testes secrete large amount of testosterone [28]. In this study, non-significant decrease in Testosterone concentrations is observed among the members of exposed groups (Both petrol pump attendants and automobile workers). Decrease in the testosterone level can cause some serious problem like infertility, oligospermia and erectile dysfunction (ED). Wide interest has been shown in deficiency of testosterone in men with ED. Some physiologists favor the determination of level of testosterone only under certain circumstances for example when there is bilateral testicular atrophy or a decrease in libido [29]. Recently it was shown that a permissive role is played by in erectile function. The functioning of nitric oxide synthase relies on sufficient levels of androgen, and deficiency of androgens might affect the functioning of gene i.e. phosphodiesterase type-5 (PDE-5) [30]. Recently it was reported that some patients of hypogonadism and ED might respond to androgenic supplements but they do not respond to phosphodiesterase type-5 (PDE-5) inhibitors [31]. Therefore, clarification is required on some points but it seems clear that in erectile mechanism testosterone plays an important role. Low level of testosterone can cause decreased bone mineral density and muscle mass, central obesity, increased fat mass, decreased energy and libido, insulin resistance, dysphoria and irritability [32]. The occurrence of clinical deficiency of androgen (low testosterone levels and symptoms) was reported recently to be nearly 6% to 12% in elderly and middle-aged men [33]. Testes are one of the complex organs in mammals which are characterized by two major functions: production of spermatozoa and synthesis of steroid hormones. It is a familiar fact that maintenance of spermatogenesis and normal testicular development are controlled by gonadotrophins and testosterone whose effects are transformed by factors which are locally-produced, and among them estrogens are noticeably concerned [34]. The

reproductive tract of the male has high levels of estrogens as compared to general blood compartment [35], therefore it favors the fact that testis is the source of estrogens [36]. Hypogonadotropic hypogonadism is described by low FSH serum levels in relationship with generally, low LH levels and low serum testosterone levels. According to study in University of Illinois, almost half of men who have suffered from non-obstructive azospermia (NOA) also suffer from hypogonadotropic hypogonadism. This result shows that hypogonadotropic hypogonadism may be significantly more common in the infertile males than was formerly believed. Genetic hypothalamic diseases, for instance Kallmann syndrome, and acquired pituitary deficiencies or congenital, such as pituitary tumors (functional or nonfunctional) or empty sella syndrome, can result in hypogonadotropic hypogonadism. In men who suffered from azospermia with decreased libido, gynecomastia, anosmia, visual field deficits or headaches, should be suspected for hypogonadotropic hypogonadism [37].

CONCLUSIONS

It is concluded that petrol pump attendants and automobile workers are being affected by occupational toxicity, although a non-significant decrease is observed in this study but chronic exposure to such harmful toxicants may lead towards a prominent decrease in gonadal and their regulatory hormones concentration, which may cause infertility in them. Chronic exposure to occupational toxicants may also cause some other medical problems like dysfunction of kidney, liver and other major systems of the body like nervous, reproductive and endocrine. Therefore, it is recommended that they should take some precautionary measures to save themselves from such harmful toxicants. The use of facial masks, while working in such sites and proper cleaning of the occupational sites can also prove helpful in this regard.

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

The author(s) received no financial support for the research, authorship and/or publication of this article

REFERENCES

- [1] Ji G, Gu A, Zhou Y, Shi X, Xia Y, Long Y, et al. Interactions between exposure to environmental polycyclic aromatic hydrocarbons and DNA repair gene polymorphisms on bulky DNA adducts in human sperm. *PLoS One*. 2010 Oct; 5(10): e13145. doi: 10.1371/journal.pone.0013145.
- [2] Pachathundikandi SK and Varghese ET. Blood zinc, protoporphyrin, serum total protein, and total cholesterol levels in automobile workshop workers in

- relation to lead toxicity: Our experience. *Indian Journal of Clinical Biochemistry*. 2006 Sep; 21(2):114-7. doi:10.1007/BF02912924.
- [3] Xia Y, Han Y, Zhu P, Wang S, Gu A, Wang L, et al. Relation between urinary metabolites of polycyclic aromatic hydrocarbons and human semen quality. *Environmental Science & Technology*. 2009 Jun; 43(12):4567-73. doi:10.1021/es9000642.
- [4] Anetor JI, Anetor GO, Iyanda AA, Adeniyi F. Environmental chemicals and human neurotoxicity: magnitude, prognosis and markers. *African Journal of Biomedical Research*. 2008;11(1).
- [5] Wingfield JC, Lynn S, Soma KK. Avoiding the 'costs' of testosterone: ecological bases of hormone-behavior interactions. *Brain, Behavior and Evolution*. 2001 May; 57(5):239-51. doi:10.1159/000047243.
- [6] Anawalt BD, Bebb RA, Matsumoto AM, Groome NP, Illingworth PJ, McNeilly AS, et al. Serum inhibin B levels reflect Sertoli cell function in normal men and men with testicular dysfunction. *Journal of clinical endocrinology and metabolism*. 1996 Sep; 81(9):3341-5. doi:10.1210/jcem.81.9.8784094.
- [7] Keating NL, O'Malley AJ, Freedland SJ, Smith MR. Diabetes and cardiovascular disease during androgen deprivation therapy: observational study of veterans with prostate cancer. *Journal of the National Cancer Institute*. 2010 Jan; 102(1):39-46. doi:10.1093/jnci/djp404.
- [8] Dyer SJ. International estimates on infertility prevalence and treatment seeking: potential need and demand for medical care. *Human Reproduction*. 2009 Sep; 24(9):2379-80; author reply 2380-3. doi:10.1093/humrep/dep219.
- [9] Anetor JI and Adeniyi FA. Antioxidant status in occupational lead Toxicity in Nigeria. *Biokemistri*. 2001;11:1-7.
- [10] Emokpae MA, Uadia PO, Mohammed AZ, Omale-Itodo A. Hormonal abnormalities in azoospermic men in Kano, Northern Nigeria. *Indian Journal of Medical Research*. 2006 Sep; 124(3):299-304.
- [11] Järup L. Hazards of heavy metal contamination. *British medical bulletin*. 2003; 68:167-82. doi:10.1093/bmb/ldg032.
- [12] Okoli SU, Charles-Davies MA, Onifade AA, Adekola S. Hypogonadism in males exposed to mixed chemicals in a mechanic village in Bodija, Ibadan. *Journal of Scientific Research and Reports*. 2015; 8(7):1-9.
- [13] Araujo AS, Ribeiro MF, Enzweiler A, Schenkel P, Fernandes TR, Partata WA, et al. Myocardial antioxidant enzyme activities and concentration and glutathione metabolism in experimental hyperthyroidism. *Molecular and Cellular Endocrinology*. 2006 Apr; 249(1-2):133-9. doi:10.1016/j.mce.2006.02.005.
- [14] Martinez CS, Escobar AG, Torres JG, Brum DS, Santos FW, Alonso MJ, et al. Chronic exposure to low doses of mercury impairs sperm quality and induces oxidative stress in rats. *Journal of Toxicology and Environmental Health - Part A*. 2014; 77(1-3):143-54. doi:10.1080/15287394.2014.867202.
- [15] O'Donnell L, Robertson KM, Jones ME, Simpson ER. Estrogen and spermatogenesis. *Endocrine reviews*. 2001 Jun; 22(3):289-318. doi:10.1210/edrv.22.3.0431.
- [16] Mowa CN and Iwanaga T. Expression of estrogen receptor-alpha and -beta mRNAs in the male reproductive system of the rat as revealed by in situ hybridization. *Journal of molecular endocrinology*. 2001 Jun; 26(3):165-74. doi:10.1677/jme.0.0260165.
- [17] Saunders PT, Sharpe RM, Williams K, Macpherson S, Urquart H, Irvine DS, et al. Differential expression of oestrogen receptor alpha and beta proteins in the testes and male reproductive system of human and non-human primates. *Molecular human reproduction*. 2001 Mar; 7(3):227-36. doi:10.1093/molehr/7.3.227.
- [18] Carreau S, Bourguiba S, Lambard S, Galeraud-Denis I, Genissel C, Levallet J. Reproductive system: aromatase and estrogens. *Molecular and Cellular Endocrinology*. 2002 Jul; 193(1-2):137-43. doi:10.1016/s0303-7207(02)00107-7.
- [19] Scobie GA, Macpherson S, Millar MR, Groome NP, Romana PG, Saunders PT. Human oestrogen receptors: differential expression of ER alpha and beta and the identification of ER beta variants. *Steroids*. 2002 Nov; 67(12):985-92. doi:10.1016/s0039-128x(02)00047-8.
- [20] Themmen APN and Huhtaniemi IT. Mutations of gonadotropins and gonadotropin receptors: elucidating the physiology and pathophysiology of pituitary-gonadal function. *Endocrine reviews*. 2000 Oct; 21(5):551-83. doi:10.1210/edrv.21.5.0409.
- [21] Dias JA, Cohen BD, Lindau-Shepard B, Nechamen CA, Peterson AJ, Schmidt A. Molecular, structural, and cellular biology of follitropin and follitropin receptor. *Vitamins and Hormones*. 2002; 64:249-322. doi:10.1016/s0083-6729(02)64008-7.
- [22] Menkveld R. Clinical significance of the low normal sperm morphology value as proposed in the fifth edition of the WHO Laboratory Manual for the Examination and Processing of Human Semen. *Asian journal of andrology*. 2010 Jan; 12(1):47.
- [23] Stephen EH and Chandra A. Declining estimates of infertility in the United States: 1982-2002. *Fertility and Sterility*. 2006 Sep; 86(3):516-23. doi:

- 10.1016/j.fertnstert.2006.02.129.
- [24] Jarow JP, Espeland MA, Lipshultz LI. Evaluation of the azoospermic patient. *Urology journal*. 1989 Jul;142(1):62-5. doi: 10.1016/s0022-5347(17)38662-7.
- [25] Gudeloglu A and Parekattil SJ. Update in the evaluation of the azoospermic male. *Clinics (Sao Paulo)*. 2013;(68):27-34. doi: 10.6061/clinics/2013(sup01)04.
- [26] Nedresky D and Singh G. Physiology, luteinizing hormone. In *Stat Pearls* [Internet] 2021 Sep. Stat Pearls Publishing.
- [27] Katsumi W. Brief Review of Luteinizing Hormone (LH, Lutropin) and Shibayagi's Rat LH ELISA KIT. Gunma University Technical Consultant, Shibayagi Co., Ltd. 2006:1-0.
- [28] Bouwer J. The association between physical activity, blood pressure and renin in black African teachers: The SABPA Study (Doctoral dissertation, North-West University).
- [29] Johnson AR 3rd and Jarow JP. Is routine endocrine testing of impotent men necessary? *Urology journal*. 1992 Jun; 147(6):1542-3; discussion 1543-4. doi: 10.1016/s0022-5347(17)37620-6.
- [30] Aversa A, Isidori AM, Greco EA, Giannetta E, Gianfrilli D, Spera E, et al. Hormonal supplementation and erectile dysfunction. *European Urology*. 2004 May; 45(5):535-8. doi: 10.1016/j.eururo.2004.01.005.
- [31] Shabsigh R, Kaufman JM, Steidle C, Padma-Nathan H. Randomized study of testosterone gel as adjunctive therapy to sildenafil in hypogonadal men with erectile dysfunction who do not respond to sildenafil alone. *Urology journal*. 2008 May;179(5):97-102. doi: 10.1016/j.juro.2008.03.145.
- [32] Matsumoto AM. Andropause: clinical implications of the decline in serum testosterone levels with aging in men. *Journals of Gerontology - Series A Biological Sciences and Medical Sciences*. 2002 Feb; 57(2):M76-99. doi:10.1093/gerona/57.2.m76.
- [33] Araujo AB, O'Donnell AB, Brambilla DJ, Simpson WB, Longcope C, Matsumoto AM, et al. Prevalence and incidence of androgen deficiency in middle-aged and older men: estimates from the Massachusetts Male Aging Study. *Journal of clinical endocrinology and metabolism*. 2004 Dec; 89(12):5920-6. doi: 10.1210/jc.2003-031719.
- [34] Carreau S, Genissel C, Bilinska B, Levallet J. Sources of oestrogen in the testis and reproductive tract of the male. *Journal of andrology*. 1999 Aug; 22(4):211-23. doi:10.1046/j.1365-2605.1999.00172.x.
- [35] Hess RA. Oestrogen in fluid transport in efferent ducts of the male reproductive tract. *Reviews of reproduction*. 2000 May; 5(2):84-92. doi: 10.1530/ror.0.0050084.
- [36] Carreau S. Germ cells: a new source of estrogens in the male gonad. *Molecular and Cellular Endocrinology*. 2001 Jun;178(1-2):65-72. doi: 10.1016/s0303-7207(01)00411-7.
- [37] Fraietta R, Zylberstejn DS, Esteves SC. Hypogonadotropic hypogonadism revisited. *Clinics (Sao Paulo)*. 2013;(68):81-8. doi: 10.6061/clinics/2013(sup01)09.