

CORRESPONDENCE

Answers given by:

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Question No.1: What is the limit of male procreation?

A: Spermatogenesis, as well as the testosterone secretion, is present throughout male’s lifespan, which, theoretically, creates the premises for procreation. There are published cases of men aged 90-92 who fall into this category.

In reality, with age, the pathology of the sex chromosomes appears, such as the chromosomal abnormalities, in addition to the structural ones of the sperm cell, as well as forms of associated pathology, autosomal dominantly transmitted diseases and concomitant pathologies.

In general, the probability of generating a pregnancy decreases especially after the male’s age of 50, the phenomenon being more obvious in the elderly male (after 65 years).

Thus, the existence of chromosomal abnormalities decreases the quality of sperm, with age. To these is added the hypospermia, which is also produced by androgen deficiency.

Question No.2: How can it be explained that some women have an abundant secretion of cervical fluid?

A: The clear, transparent liquid secretion identified in the cervix is called “cervical mucus” and is hormonally determined. Sometimes, the cervical mucus is produced abundantly, right at the time of ovulation, being a specific sign for this. After ovulation, the cervical secretion diminishes.

Question No.3: Does being “RT-PCR negative” or “SARS-CoV-2 antigen negative” mean that you are not infected with SARS-CoV-2?

A: Unfortunately, the molecular detection and viral antigens techniques only provide an image of a “momentary” status of your health.

If the result is negative for the identification of SARS-CoV-2 at the time of testing, it will miss the early stage of this infection (in which the virus does not replicate enough to be detected) and, of course, will not allow any subsequent infection to be detected, after testing.

For better accuracy of the results, it would be ideal to perform a detection test as follows:

- a **RT-PCR** type: within 4-5 days after the onset of COVID symptoms or, possibly, since the direct contact with an infected person

- an **Antigen** type: in the first days after the onset of COVID symptoms, when the viremia is higher.

Regardless of the testing method chosen, the medical staff will collect the nasopharyngeal and/or oropharyngeal exudate swab for viral detection.

References:

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3. https://ec.europa.eu/health/system/files/2022-02/covid-19_rat_common-list_en.pdf
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Question No.4: Can menstrual changes occur after SARS-CoV-2 infection?

A: Post-infection changes may occur in the menstrual cycle with SARS-CoV2 such as:

- irregular menstruation (> 35 days)
- an increase of the premenstrual syndrome symptoms-PMS (cramps, bloating, libido changes, anxiety, depression, insomnia)
- amenorrhea
- abnormal bleeding or “spotting” between periods of normal menstruation
- heavy bleeding or metrorrhagia prolonged (bleeding for longer than a week, requiring doubled hygiene and protection measures).

There is increasing interest in understanding the post-acute sequelae of SARS-CoV-2 (PASC) following infection, although, there is a lack of scientific research on these topics.

References:

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