

침이라고 생각한다.

O-24 Alternative ICSI Treatments in Human IVF-ET Program

Jin Hyun Jun¹, Sang Jin Song¹, Chun Kyu Lim¹, Jeong Wook Kim¹,
In Ok Song², Ji Hong Song², Keun Jae You² and Inn Soo Kang²

*Laboratory of Reproductive Biology and Infertility¹, Department of Ob/Gyn²
Samsung Cheil Hospital, Sungkyunkwan University School of Medicine*

In the conventional insemination cycles, complete fertilization failure occurred in about 10% by variable factors, including poor oocytes quality, abnormal zona pellucida, cryptic spermatozoal defects and unknown problems. The complete failure of fertilization was very disappointed to both patients and clinicians. In this study, the clinical outcomes were evaluated the efficacy of alternative ICSI treatments, half-ICSI and next day-ICSI (NDI). The half-ICSI treatments, combining conventional insemination and ICSI in a given cycle, were performed in patients with normal sperm parameters. Mean fertilization rate (\pm SD) after conventional insemination and after ICSI were $53.0 \pm 31.4\%$ and $64.8 \pm 21.5\%$ ($p < 0.01$), respectively. The complete failure of fertilization occurred in 14.5% of cycles (16/110) after conventional insemination but none after ICSI. The NDI treatments were performed in three groups of oocytes, such as in-vitro matured oocytes (group I), unfertilized oocytes after conventional insemination (group II), and after ICSI (group III). The fertilization rates of NDI were 48.9% (274/560), 45.2% (506/1,119) and 13.8% (36/261) in group I, II and III, respectively. The pregnancy rate in half-ICSI was 26.4% (29/110) and in NDI was 7.5% (6/80). However, 50.0% (4/8) of pregnancy rate was achieved in the cryopreserved-embryo transfer (cryo-ET) cycles of NDI treated embryos. We conclude that the half-ICSI treatments can prevent from the complete failure of fertilization, and the NDI treatments, especially combining with cryo-ET, are effective in the in-vitro matured oocytes and unfertilized oocytes after conventional insemination in human IVF-ET program.

O-25 Y염색체 미세결실부위와 정자형성과정은 상관관계가 있는가?

성균관대의대 비뇨기과, 영동제일병원 불임연구실¹, 연세의대 비뇨기과²

서주태 · 김종현 · 윤현수¹ · 이무상²

목 적: 불임환자에서 발견되는 Y염색체의 미세결실은 보통 3부위에서 흔히 발견되는데 이 부위를 AZFa, AZFb, AZFc로 나눈다. Vogt 등에 의하면 AZFa부위의 미세결실은 Type I Sertoli cell only (SCO) (Spermatogonia가 없는 경우)를 유발하고, AZFb부위 미세결실은 Spermatogenesis arrest를 유발하며, AZFc부위 미세결실은 Type II SCO (spermatogonia가 존재하면서 일부 제한되게 정자형성과정이 있는 경우)를 유발한다고 제시하였다. 저자들은 Y염색체 미세결실이 있는 불임환자의 경우 과연 이러한 미세결실부위에 따라 고환조직