

P-11 Testicular Histopathology in Non-obstructive Azoospermia (NOA) May not Affect Successful Pregnancy

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Background & Objectives: To evaluate any difference in ICSI outcomes of NOA with different histopathologic subgroups and compare the results with OA, respectively.

Method: NOA who had multiple testicular sperm extraction (mTESE) to recover spermatozoa for ICSI from May 2001 to Feb 2004 were included in this retrospective study. NOA were categorized as Germ cell aplasia (GA, 51 cycles), maturation arrest (MA, 46 cycles) and severe hypospermatogenesis (S-HS, 53 cycles) based on the most prominent spermatogenic pattern of testicular histology. Hypospermatogenesis (HS) was defined as reduction of normal spermatogenesis with focal spermatid stage arrest, which was divided into mild, moderate and severe on the degree of normal spermatogenesis. Mild and moderate HS were excluded in this study. IVF-ET cycles of three histopathologic subgroups were compared for pregnancy outcomes. IVF/ICSI cycles with testicular sperm of obstructive azoospermia (OA, 676 cycles) were taken as control.

Results: Mean age of female patient (yrs); 32.3 in GA, 30.2 in MA, 31.8 in S-HS and 32.9 in OA Mean age of male patient (yrs); 35.2 in GA, 33.9 in MA, 35.2 in S-HS and 36.4 in OA There were no differences in 2PN fertilization rate (GA vs. MA vs. S-HS; 58.1% vs. 42.2% vs. 48.0%) among NOA subgroups which was significant difference between GA and MA ($p < 0.018$). There was no significant difference in implantation rate among subgroups (6.1%, 5.4% and 10.4%). Clinical pregnancy rate (17.5% vs. 18.8% vs. 24.0%) and live birth rate per embryo transfer (12.5% vs. 15.6% vs. 18.0%) per embryo transfer show no differences among NOA subgroups which were significantly lower than in OA (31.8% and 26.5%).

Conclusions: In patients with NOA when spermatozoa extraction from the testis is successful and embryo transfer is possible, there seems to be no differences in fertilization, clinical pregnancy and live birth rates among NOA histopathologic subgroups.

P-12 포배기배아의 완만동결법에서 포배강의 인위적 붕괴가 임상결과에 미치는 효과

윤혜진 · 윤산현 · 이소령 · 김형준 · 이원돈 · 임진호

마리아 병원

Background & Objectives: 배양액과 배양조건 등의 개선으로 포배기까지 배아를 발생시킬 수 있다. 이에 배아이식과 동결에 대한 연구가 활발하게 진행되고 있다. 유리화보관 방법에서 배아를 유리화하