

«ICSI Procedure and advanced techniques in medically-assisted procreation»

Second-Cycle Degree Course in "REPRODUCTIVE BIOTECHNOLOGIES"

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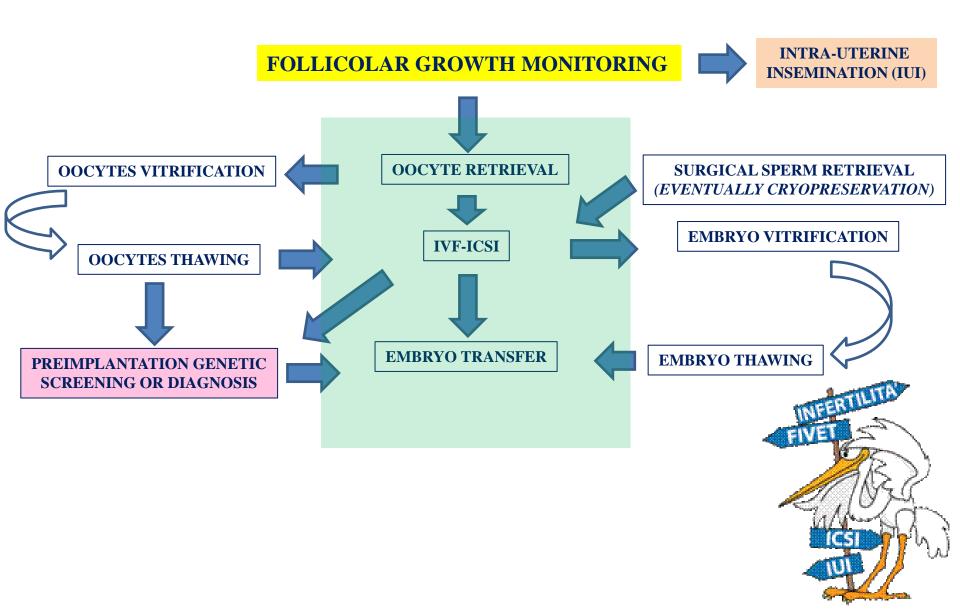
MAIN TOPICS

- ASSISTED REPRODUCTIVE TECHNIQUES

- •The oocyte retrieval (*Pick-Up*);
- •In-vitro insemination;
- •Intracytoplasmatic Sperm Injection (ICSI);
- •Assisted zona hatching;
- •Blastocyst biopsy;
- •Pre-implantation genetic diagnosis and embryo screening;
- •Vitrification of oocytes and embryos.

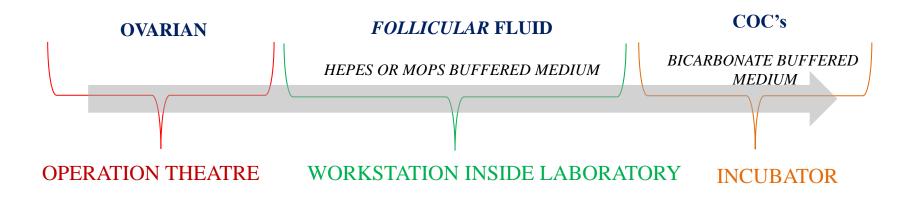
THEROICAL LESSON





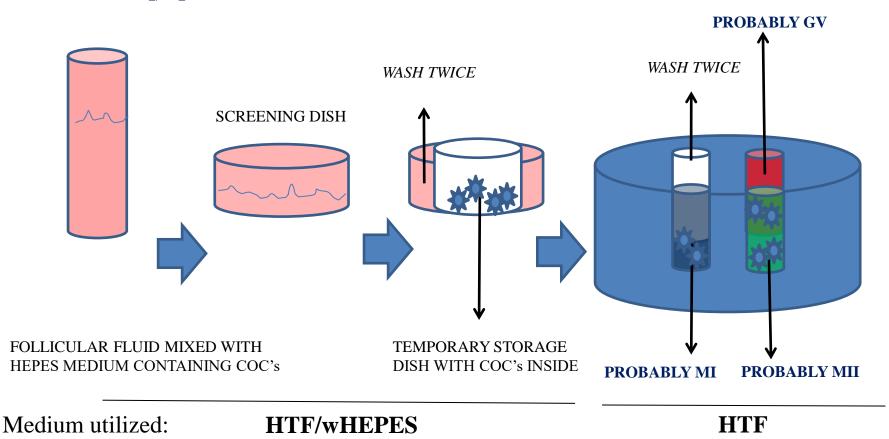


- PERFORMED INSIDE THE THEATRE UNDER ANESTHESIA (PROPOFOL) IN PRESENCE OF ANESTHESIST, GYNECOLOGYST, NURSE AND BYOLOGYST
- ULTRASOUND-GUIDED WITH 17 GAUGE NEEDLE (FOLLICULAR PUNCTURE)
- PERFORMED 35 (URINARY HCG) OR 36-38 (RECOMBINANT HCG OR GNRH-AGONIST) HOURS AFTER HCG ADMINISTRATION





The cumulus-oocyte-complexes are <u>retrieved from follicular</u> fluid, washed and <u>stored</u> <u>temporary in a clean dish</u> filled of Hepes Buffered Medium. At the end of pick-up, COC's are <u>sorted by nuclear stage maturity</u> in a new 4 well dish (bicarbonate buffer medium filled) and left in a CO_{2}/O_{2} incubator for 3 hours.





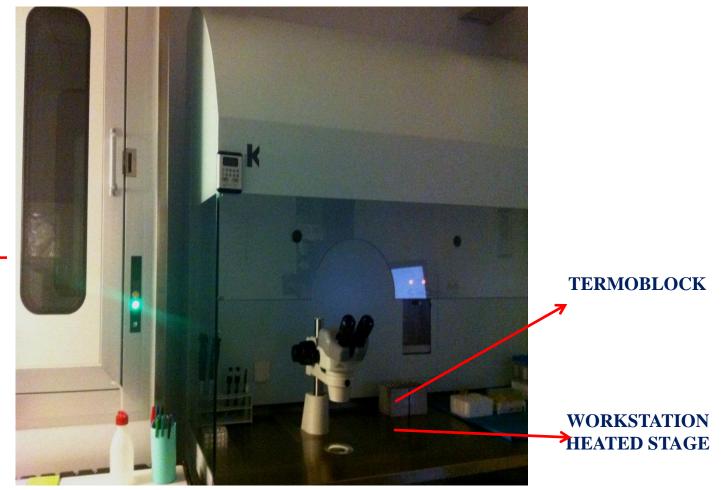


TEMPORARY STORAGE CENTER WELL DISH FOR COC's PRIOR TO INCUBATION

4 WELL DISH FOR COC'S INCUBATION AFTER OOCYTE RETRIEVAL



Keep attention: working temperature and timing of COC's outside incubator.



"PASS BOX" (IN ORDER TO MAINTAIN ASEPTIC CONDITIONS)

> (..TO MANTAIN THE CORE BODY TEMPERATURE)



IN-VITRO INSEMINATION

3 hours after retrieval: we have to choose the tecnique!

CONVENTIONAL IN-VITRO INSEMINATION (FIVET)

- TUBAL OBSTRUCTION
- NORMAL TO MODERATE OAT SEMEN SAMPLE
- ENDOMETRIOSIS
- PREVIOUS FAILURE WITH I.U.I.

INTRACYTOPLASMATIC SPERM INJECTION (ICSI)

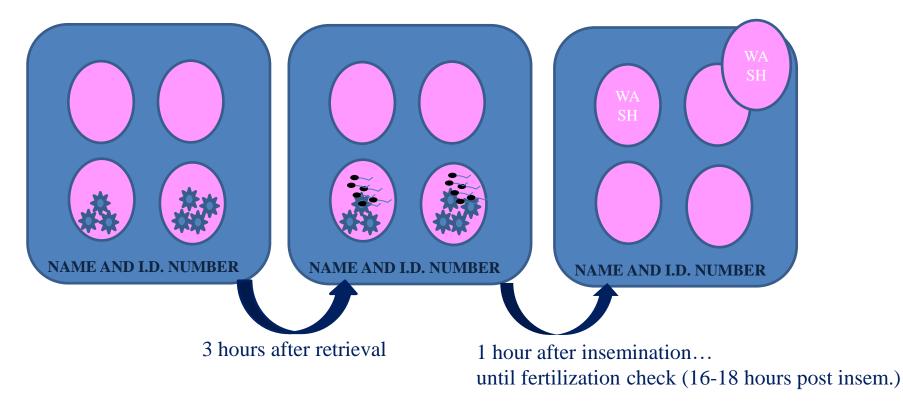
MODERATE TO SEVERE OAT SEMEN SAMPLE
CHIRURGIC SPERM RETRIEVAL (TESE/TESA/MESA)
OOCYTE THAWING
NO TO LOW EEDTH 17A ION BATE AFTED EIVET

-NO TO LOW FERTILIZAION RATE AFTER FIVET



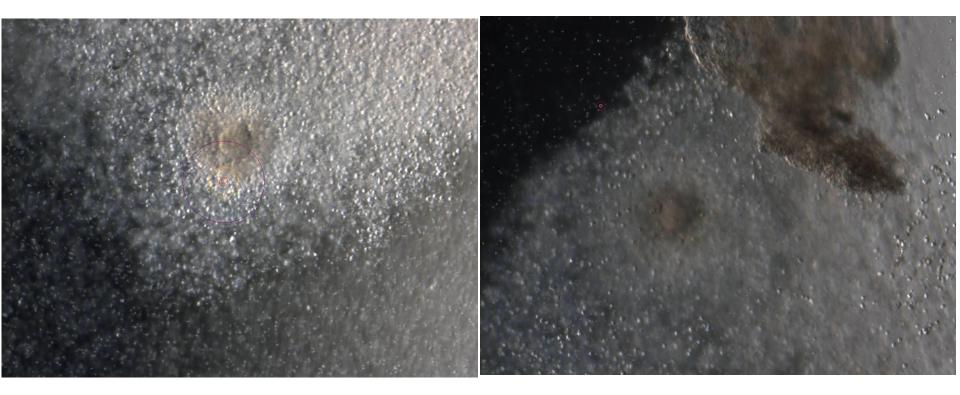
FIVET must be performed after <u>3 hours of incubation</u>. The COC's are able to reach the <u>cytoplasmic and nuclear maturity</u>.

Optimal sperm concentration inside each well is 100.000 motile spz/COC.

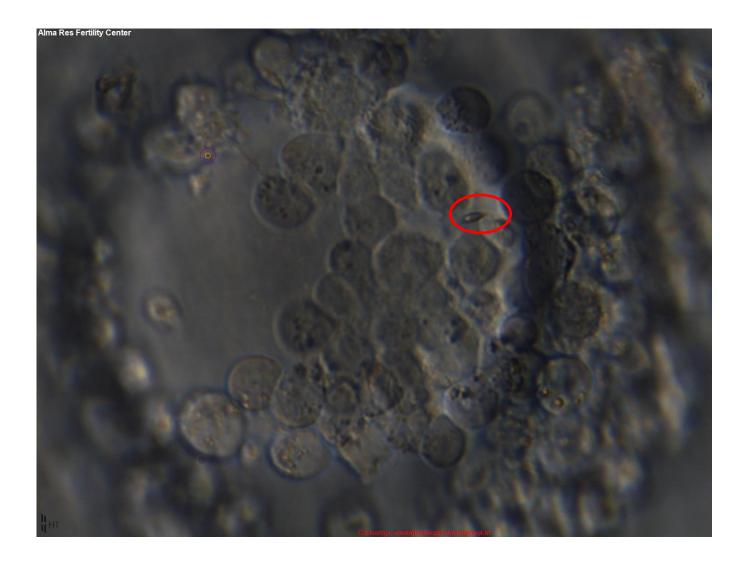


Medium utilized: HTF ("Human Tubal Fluid") (Quinn, P.)





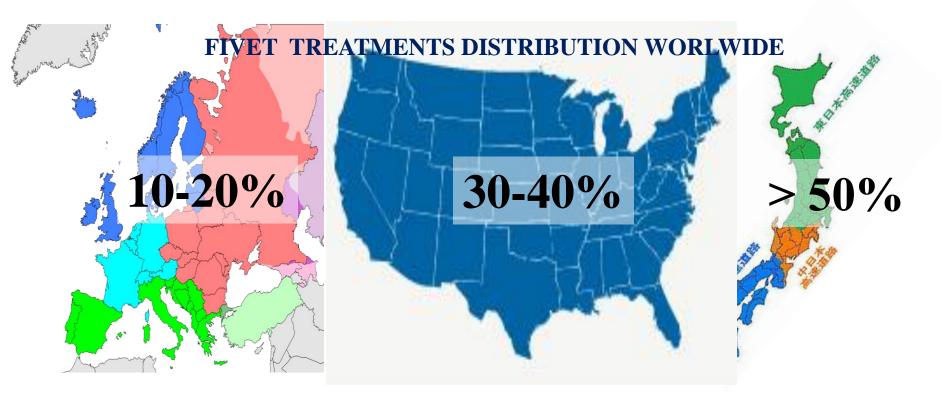






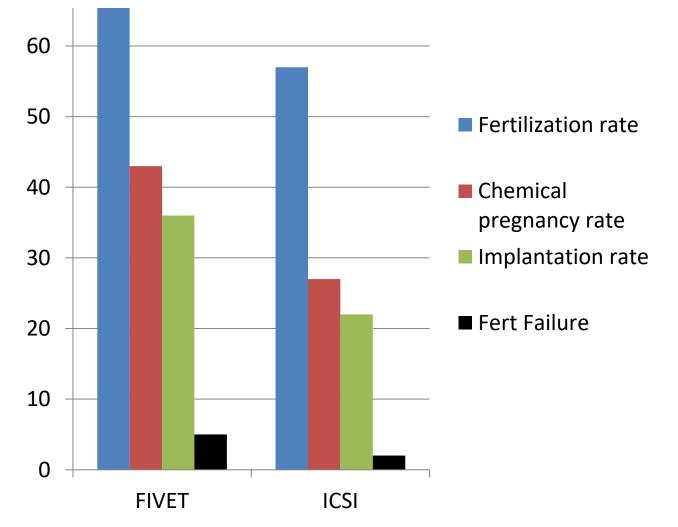






Due to the mean age of the patients and the mean percentage of oocytes harvested, in Europe biologist perform ICSI also when unnecessary.



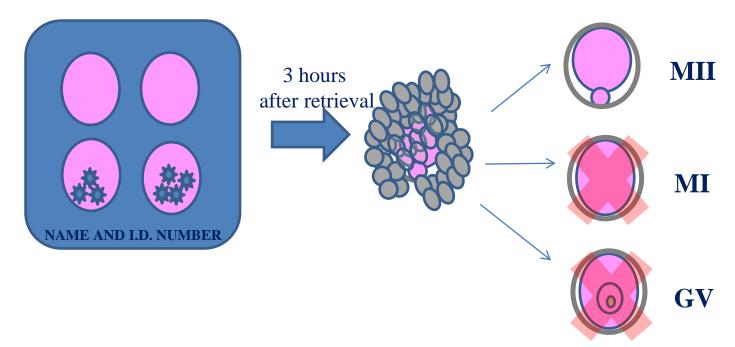


Eftekar et al. (2012). "Comparison of conventional IVF versus ICSI in nonmale factor, normoresponder patients". J Reprod Med Vol. 10. 131-136



INTRA- CYTOPLASMATIC SPERM INJECTION (ICSI)

ICSI must be performed after <u>3 hours of incubation</u>: during washing of sperm and capacitation, the COC's are able to reach also the <u>cytoplasmic maturity</u>. But, differently to fivet, <u>we must to remove</u> <u>the cumulus cells</u> and check for the nuclear maturity of each oocytes harvested. <u>Immediately, we have to perform ICSI</u> only on MII oocytes.

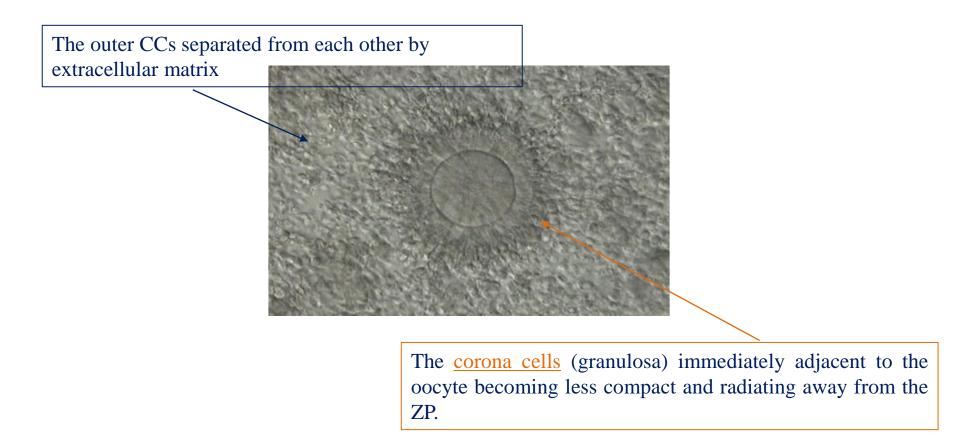


Keep attention: oocyte denuding can be performed in HTF without hepes for skilled embryologist. During training, it's better to use HTF with hepes in ordet to avoid the pH rise outside incubator.



CUMULUS-ENCLOSED OOCYTES

During the preovulatory growth, within the follicle, the oocyte is surrounded by two different somatic cell layers: *granulosa and thecal cells* that sustain oocyte nutrition and maturation providing essential metabolites, hormones, and growth factors.



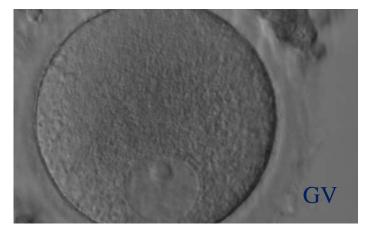


OOCYTE DENUDING

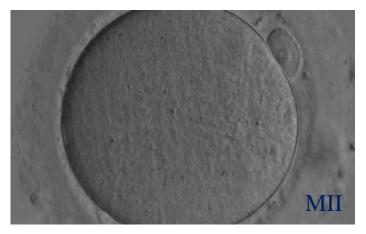
https://www.youtube.com/watch?v=xl1Hd8CZxnM



OOCYTE MATURATION STAGE



GV oocyte with an eccentrically placed nucleus and a prominent single nucleolus



Denuded MII oocyte; an intact PBI is clearly visible in the PVS



MI oocyte. This oocyte has no visible nucleus and has not as yet extruded the PBI



An empty zona pellucida



OOCYTE SIZE AND SHAPE



Normal-sized oocyte next to giant oocyte (right)



OOCYTE SIZE AND SHAPE



Note the ZP is ovoid in appearance and the PVS is enlarged at both poles



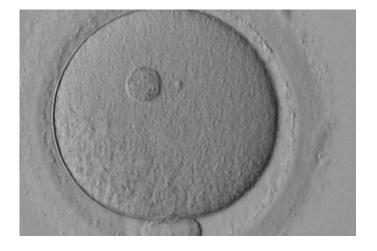
Twin oocytes in a single zona pellucida



CYTOPLASMIC FEATURES



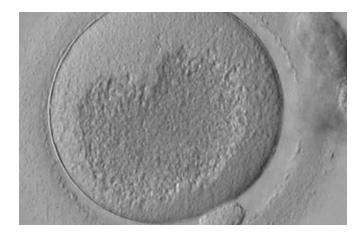
Normal homogenous cytoplasm in an MII oocyte

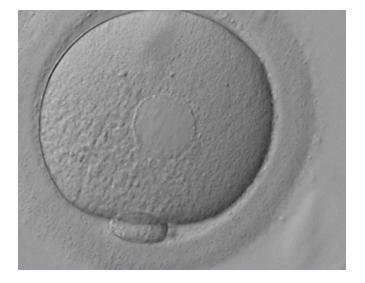


MII oocyte showing a large refractile body



CYTOPLASMIC FEATURES





MII oocyte showing a very large centrally located granular area

MII oocyte showing plaques of dilated SER discs in the cytoplasm



CYTOPLASMIC FEATURES

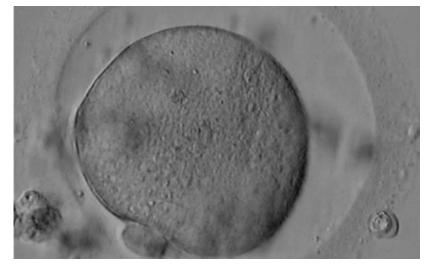


Vacuolated oocyte

Vacuolated oocyte



PERIVITELLINE SPACE



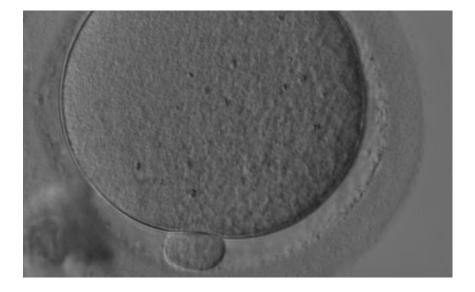


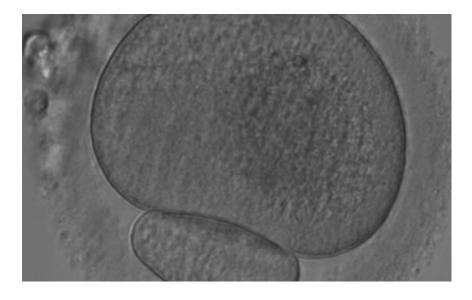
Oocyte with a large PVS. Several fragments are present in the PVS.

Oocyte with a large PVS and a granular cytoplasm.



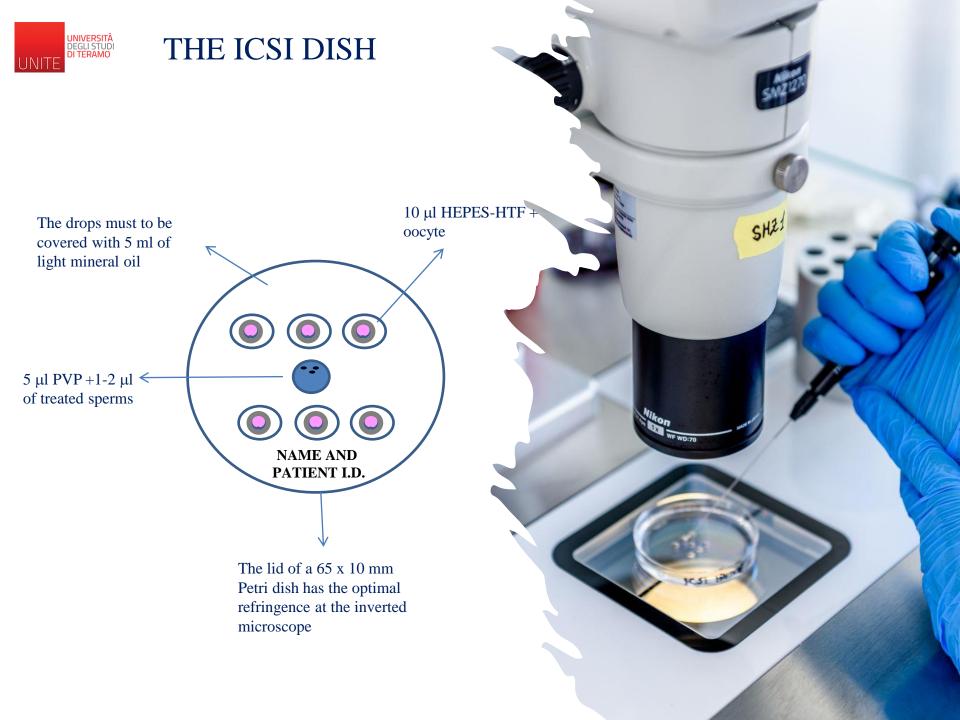
POLAR BODY





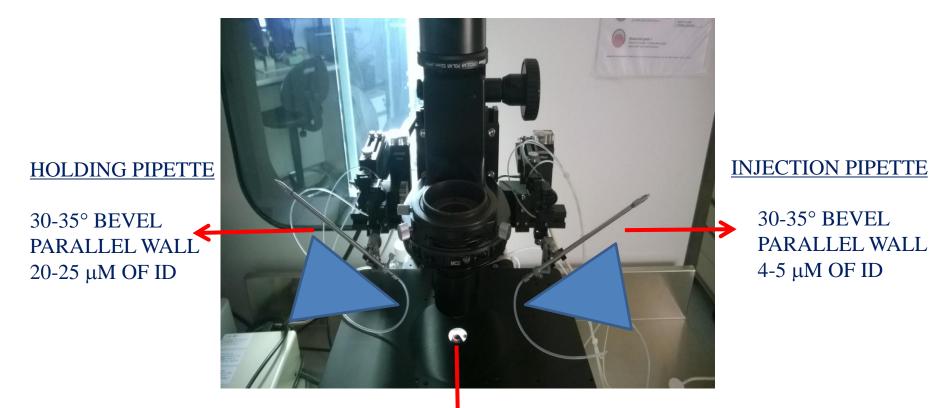
A normal-sized PBI.

A giant PBI.





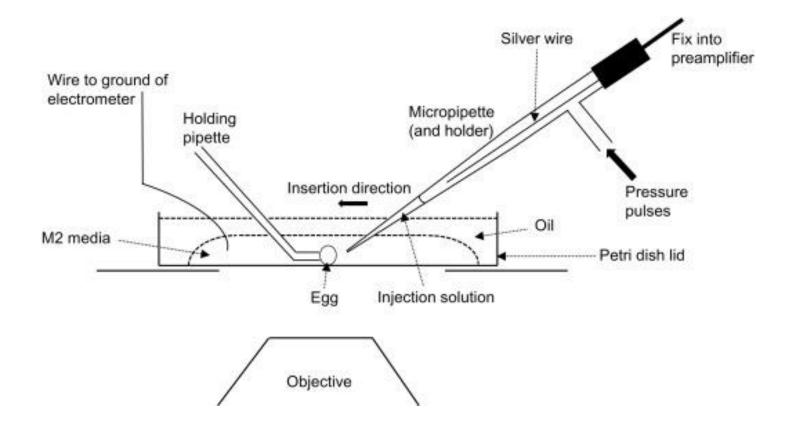
SET UP OF THE MICROMANIPULATION STATION



MAGNIFICATION

40 X FOR BETTER SPERM SELECTION

SET UP OF THE MICROMANIPULATION STATION



https://www.youtube.com/watch?v=bd442apDyus



SPERM SELECTION AND IMMOBILIZATION (INSIDE PVP DROP)



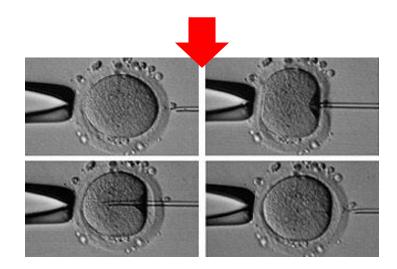
2. Move the injection to right: the sperm head become to swirl



3. Touching the sperm tail, put the sperm orizzontally and aspire it into the injection

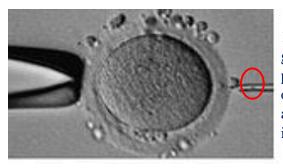
4. With the sperm inside, move the injection to the drop of the oocyte





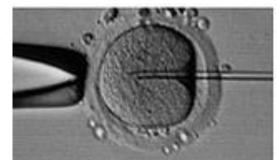
https://www.youtube.com/watch?v=uvmBRTFG7Vo&t=220s

OOCYTE INJECTION (INSIDE OOCYTE DROP)

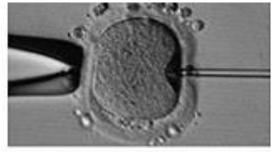


DEGLI STUD

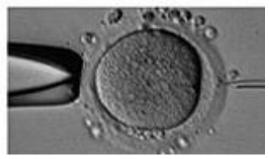
1. Hold the oocyte with a gentle suction putting the pb at 6 or 12 hrs. Focuse on the inner layer of ZP and oolemma. The sperm is at the tip of injection.



3. Perform a vigorous cytoplasm aspiration until the membrane of the oocyte brake down. Immediately, invert the direction in order to release the sperm.



2. Move the injection trough the ZP and oolemma. Stop the moviment at ³/₄ of the oocyte cytoplasm.



4. Release the sperm inside the cytoplasm and move back the injection pipette. Gently, release the oocyte from the holding suction.

https://www.youtube.com/watch?v=uvmBRTFG7Vo&t=220s



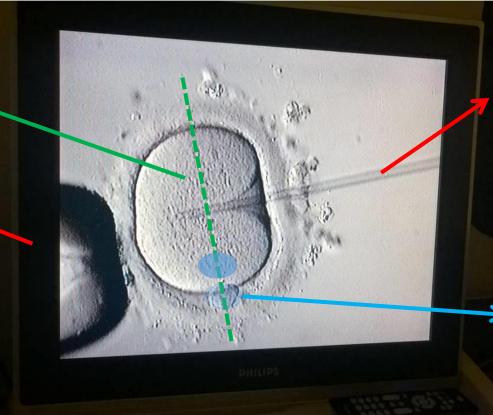
INTRACYTOPLASMATIC SPERM INJECTION (ICSI)

SPERM RELEASE

TIP OF INJECTION AT ¾ OF THE OOCYTE

HOLDING PIPETTE

30-35° BEVEL PARALLEL WALL 20-25 μM OF ID



INJECTION PIPETTE

30-35° BEVEL PARALLEL WALL 4-5 µM OF ID

POLAR BODY

12 OR 6 0'CLOCK PRESERVE MEIOTIC SPINDLE



INTRACYTOPLASMATIC SPERM INJECTION (ICSI)





INTRACYTOPLASMATIC SPERM INJECTION (ICSI)

- The occurence of fertilization has to be checked between 16 and 18 hours after insemination
- In case of FIVET insemination, the oocyte must be denuded from the corona cells eventually attached
- In case of ICSI, the oocyte has alredy been denuded, so the check can be done directly at the inverted microscope

CULTURE ONLY FOR 2PN ZYGOTE !!!

DESCARD: 1 PN ZYGOTE; 3 OR MORE PN ZYGOTE; 0 PN ZYGOTE WITH ONLY 1 CLEARLY VISIBLE PB

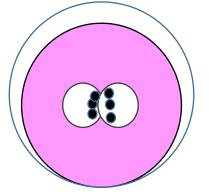


Grade 1 zygote: 2 *distinct pronucleous with nucleolus aligned and ready to singamy.*

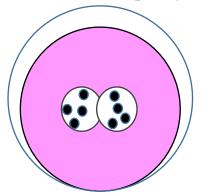


ZYGOTE SCORING

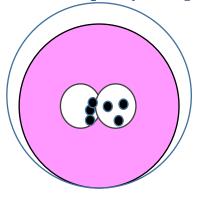
Grade 1: aligned, equality in NPB's



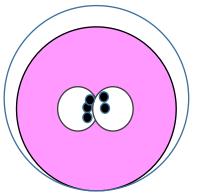
Grade 2: scattered, eqaulity in NPB's



Grade 3: non equality in alignement



Grade 4: non eqaulity in numbers



Scott, L., Finn, A.,"Morphologic parameters of early cleavage-stage embryos that correlate with fetal development and delivery." 2007. Human Reproduction, 22 pp. 230-240.











