شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

شبكة المعلومـــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بالرسالة صفحات

لم ترد بالأصـــل

بعض الوثائق الأصلية تالفة

Factors Affecting Blastocyst Formation, Number and Quality Following Intracytoplasmic Injection of Ejaculated, Epididymal or Testicular Spermatozoa.

Thesis

By

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Submitted for the Partial Fulfillment of MD Degree
(Andrology and STDs)

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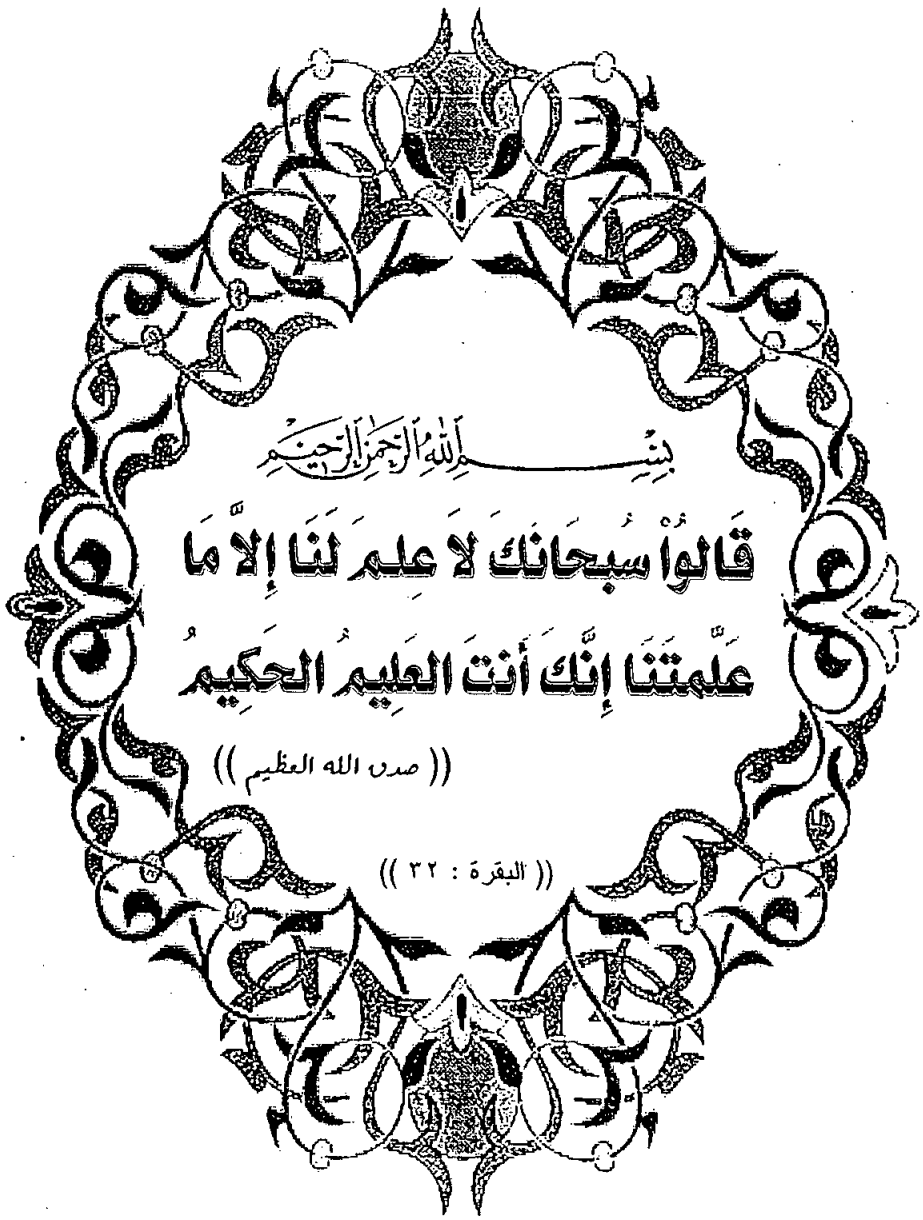
DEPARTMENT OF ANDROLOGY AND STDs
FACULTY OF MEDICINE- CAIRO UNIVERSITY
(2005)


بسم الله الرحمن الرحيم
قَالُوا سُبحَانَكَ لاَ عِلمَ لَنَا إِلاَّ مَا
عَلَّمتَنَا إِنَّكَ أَنتَ العَلِيمُ الحَكِيمُ
((صدق الله العظيم))
((البقرة : ٣٢))

بسم الله الرحمن الرحيم

كلية الطب - جامعة القاهرة

محضر اجتماع لجنة الحكْم على الرسالة المقدمة من الطبيب/ رشـاد محمـود مصطفى أحمـد

توطئة لدخوله امتحان الدكتوراة في : في طب و جراحة أمراض الذكورة و التناسل

اجتمعت لجنة الحكم على الرسالة المكونة من السادة:

الأستاذ الدكتور/ كمـــال ذكى محمـــود شعيـــر – (عن المشرفين).

الأستاذ الدكتور/ أحمد عمر القراقصى – (ممتحن داخلي).

الأستاذ الدكتور/ علاء عبد العال مباشر – (ممتحن خارجي).

و ذلك في يوم الخميس الموافق ٢٠٠٥/١/١٣ في تمام الساعة الثانية عشرة ظُهْرا في جلسة علنية بمركز التعليم الطبي - قاعة رقم (١).

هذا و قد استهل الباحث المناقشة بعرض بنود الرســالة وهـــى : إلـــى مقدمة، عرض نظري، طريقة البحـــث، المناقشـــة، الملخـــص الانجليـــزى، المراجع و الملخص العربي.

ثم ناقش السادة أعضاء لجنة الحكم في

و قد قررت اللجنة:

الأستاذ الدكتور	الأستاذ الدكتور	الأستاذ الدكتور
كمال ذكى محمود شعير	أحمد عمر القراقصى	علاء عبد العال مباشر

Factors Affecting Blastocyst Formation, Number and Quality Following Intracytoplasmic Injection of Ejaculated, Epididymal and Testicular Spermatozoa.

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centre of fertility and andrology care (CFAC) , Cairo, Egypt.
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The present work aims at defining the male factors affecting the blastocyst formation in terms of number, quality and implantation rate in couples undergoing ICSI when fresh epididymal (group 2: n= 17) and testicular (obstructive (group 3: n= 13) and non-obstructive(group 4: n= 21)) sperms were used and to compare these data to the results of intracytoplasmic sperm injection of ejaculated sperms (group 1: n= 21) taking in consideration genetic defects including Y_q [11] (microdeletions) (group 5: n= 9), CFTR variants and mutations (congenital bilateral absence of the vas deferens) (group 6: n= 13) and topographic site of TESE (testicular sperm extraction).

In the present study, the outcome of ICSI treatment using spermatozoa from men with a microdeletion of the Y chromosome was compared with that of ICSI treatment using spermatozoa from oligozoospermic men without these deletions. Clinical pregnancy rate per cycle, implantation rate per embryo transferred and multiple pregnancy rate were 22.2% versus 42.9%, 27.8% versus 35% and 50% versus 55.5% respectively.

Fertilization and blastocyst formation rates were significantly lower in group 4 ($P < 0.05$). The incidence of expanded and hatching blastocysts was significantly lower in group 4 ($P < 0.05$). Overall in 93% ejaculate ICSI cycles, blastocysts were transferred on day 5. This was significantly higher than the 55.6% day 5 transfers in the non-obstructive azoospermic group ($P < 0.05$). Implantation rate per embryo was significantly higher in the ejaculate ICSI group compared with the other groups ($P < 0.05$). Clinical pregnancy per transfer was similar between groups; however, significantly fewer multiple pregnancies were encountered in the non-obstructive azoospermic group ($P < 0.01$).

AF508 genotypes demonstrated a satisfactory fertilization rate, 2PN fertilization rate, cleavage rate, blastogenesis rate, clinical pregnancy rate, implantation rate embryo and multiple pregnancy rate when compared with those of the ejaculate group. So, we concluded that, cystic fibrosis mutations in the male partner do not appear to compromise oocyte fertilization, embryo implantation rates, or the opportunity for blastocyst stage development and transfer.

In conclusion, the site and the source of sperm retrieval, most likely to be like a mirror that highly reflect of the severity of spermatogenic disorder, affects the rate and quality of blastogenesis.

Key wards:
azoospermia/testicular spermatozoa / blastocysts/in-vitro maturation/ Y_q [11]microdeletions/ CFTR variants/ICSI.

Acknowledgement

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Rashad M.Mostafa

TO **THE SPIRIT OF MY FATHER,**

Whose biggest dream was ever to see me a doctor,

MY MOTHER,

The one who gave me her life and took nothing in return,

MY WIFE Dr. KARIMA who put up this work schedule over our life and affectionately shared this burden with me,

MY LOVELY SONS "AHMED and ISLAM ".