OOCYTES WITH SMOOTH ENDOPLASMIC RETICULUM CLUSTERS ORIGINATE BLASTOCYSTS WITH IMPAIRED IMPLANTATION POTENTIAL

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INTRODUCTION

The Alpha Scientists in Reproductive Medicine and ESHRE Special Interest Group of Embryology recently recommended not inseminating oocytes affected by SERc, since they might be associated with an increased risk of abnormal outcome. Several reports focusing specifically on SERc+ oocytes have indeed shown negative outcomes in terms of fertilization, embryo development and pregnancy rates as well as compromised obstetric and neonatal outcomes. However, a more recent publication demonstrated that healthy babies could result from SERc+ oocytes. Therefore, information regarding the clinical significance of SERc+ oocytes is still controversial.

MATERIALS AND METHODS

INTRODUCTION

RESULTS

CONCLUSION

Table 1. Binary regression analysis results for the predictive factors of SERc.

For the investigation of implantation, only cycles in which none (0%) or all the embryos transferred had implanted (100%) were included in the analysis

Table 2. Comparison of ICSI laboratorial outcomes between SERc- and SERc+ groups.

Out of the 767 blastocysts transferred, 745 derived from SERc- oocytes and 22 from SERc+ oocytes

The mean implantation rate per transferred blastocyst in the SERc- group was 20.5%, whereas no blastocyst derived from SERc+ oocytes had implanted

In this study, although oocytes displaying SERc normally reached the blastocyst stage, no blastocysts derived from SERc+ oocytes implanted. If transfers of embryos derived from SERc+ oocytes are performed, they should be approached with caution and only when no alternative embryos of sufficient quality are available.