

days $\pm$ 4.5. Mean seminal volume was 3.6 $\pm$ 1.4ml, (1 to 7mL). When we compared both groups of cryoprotectant we observed that samples frozen/thawed with Ingá Sperm Freezing without yolk, had a significantly higher sperm motility (23.9 $\pm$ 19.5 vs 13.8 $\pm$ 13.3,  $p$ <0.0001). (Figure 1). The same was observed for normal morphology, i.e., better results with Ingá Sperm Freezing without yolk (9.5 $\pm$ 5.9 vs 6.0 $\pm$ 4.0,  $p$ <0.0001). Among the morphological defects observed, flagella was significantly more compromised in the Ingá Sperm Freezing medium with yolk (12.5 $\pm$ 5.4 vs 10.8 $\pm$ 5.3  $p$ =0.03).

**Conclusion:** The results showed that Ingá Sperm Freezing medium without yolk gives better results of sperm motility and morphology when compared to the medium with Ingá Sperm Freezing with yolk.

## P-08. Clinical outcome of in vitro maturation treatment in a series of patients with polycystic ovaries and polycystic ovaries syndrome

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**Objective:** IVM represents a patient-friendly, lower-cost fertility treatment, as the patients do not need high-doses of gonadotropins for ovarian stimulation. However, these benefits have not been enough to motivate clinicians to recommend and to use the methodology. When the technology is specifically used for patients with polycystic ovaries syndrome (PCOS) or polycystic-like ovaries (PCO-like), IVM have demonstrated results similar to classic superovulation cycles. The objective of the present work is to report the outcomes of 34 IVM cycles performed between 2013 and 2018, at Nilo Frantz Human Reproduction Center in patients with PCOS or PCO-like.

**Methods:** Thirty four patients with PCOS or PCO-like (according to the Rotterdam criteria, 2003) were recommended IVM treatment. No gonadotropin was used for follicular growth. Spontaneously menstruating patients underwent a baseline ultrasound scan at Day-2 of their menstrual cycle for antral follicle count; in anovulatory patients, a withdrawal bleeding was induced by the use of dihydrogesterona (10mg/5 days). When patients presented a trilaminar endometrium of 6mm, 10.000 UI of hCG (Choriomon<sup>®</sup>) was administered. Thirty six hours post-hCG follicular puncture was performed with a 19-Gauge needle (Cook) at an aspiration pressure of 75-80 mmHg. Follicular punctures were guided by multifrequency vaginal probe (5 a 9 mHz; Ultrasonix OP, Sonix). The oocyte-cumulus complexes (OCCs) were retrieved and cultured in pre-maturation medium for three hours (LAG, Medicult, Origio), before IVM culture for 32 hours (Medicult, Origio, supplemented with FSH e hCG). After denuding, mature oocytes (at metaphase II) were inseminated by ICSI. Zygotes were cultured until day 3 or 5. Ten days after embryo transfer,  $\beta$ hCG-test was performed. To confirm clinical gestation, the ultrasound exam was carried out two weeks later.

**Results:** The mean age of the patients was 32.14 years (between 23 and 36) and their mean BMI was 24.93 (between 17.4 and 36). Mean serum AMH level was 11.62

ng/ml (between 5.94 and 32.30) and the mean endometrial thickness was 6.2 mm (between 3.0 and 8.0mm). In vitro maturation and fertilization rates were 70.67% and 71.26%, respectively. An average of 2.47 embryos were transferred per patient (one to three/patient). Overall embryo transfers yielded a positive  $\beta$ hCG test in 40% of the patients and 36.66% clinical gestation per transfer. The total birth rate was 30% per transfer. Pregnancies were uneventful and no birth defects were detected.

**Conclusion:** The outcomes in 34 patients with polycystic ovaries or polycystic ovaries syndrome demonstrate that IVM is a valid option for fertility treatment in this group of women. Pregnancy and birth rates are very similar to those obtained after classical ovarian stimulation cycles. These data motivate us to continue using IVM and to recommend the use of this methodology among the assisted reproduction technologies currently in practice.

## P-09. Correlation between number full-term pregnancies after ICSI treatment and day of embryo transfer

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**Objective:** To correlate the number full-term pregnancies of patients submitted to the Intracytoplasmic Sperm Injection (ICSI) technique, with day of embryo transfer: day two/three (cleavage stage) and day five/six (blastocyst stage).

**Methods:** A retrospective study was performed at Clinical of Reproductive Medicine in Zona of Mata Mineira by selection medical records. The study included 649 patients, with a mean age of 35.22 $\pm$ 4.39, from 2014 to 2017 and transferred fresh embryos, after ICSI, on days two, three, five or six of embryo culture. Ranged age of patients was 18 to 45 years. The variables analyzed were: total, clinical and biochemical pregnancy rate, abortion rate and number full-term pregnancies. To analyze the data, the patients were divided into two groups: Group I - embryo transfer D2/D3 (n=349); and Group II - embryo transfer D5/D6 (n=300). The variables were analyzed by the chi-square test, using GraphPad Prism, version 7.04, ( $p$ <0.05).

**Results:** Group II patients had a higher total pregnancy rate (47.67% versus 37.54%) when compared to group I ( $p$ <0.05). However, the clinical pregnancy rate (34.38% and 38.33%) and full-term pregnancies (70.83% and 80.87%), respectively, groups I and II, did not showed statistical differences ( $p$ >0,05), although they are numerically larger in group II. Biochemical pregnancy rates were higher in group II (19.84% versus 8.40%) when compared to group I ( $p$ <0.05). The abortion rate was not different between the groups (26.67% and 17.39%), respectively groups I and II ( $p$ >0.05), although it presented a higher number in group I.

**Conclusion:** For better embryo selection embryos are frequently transferred in the blastocyst stage. However, the study showed that the number of full-term pregnancies does not appear to be correlated with the day of embryo transfer. Despite patients that transferred in the blastocyst stage showed greater number of total pregnancies, the number of clinical and full term pregnancies did not had statistical difference between the groups, although they are numerically greater in group II.