

Outcome of Intracytoplasmic Sperm Injection in the Treatment of Male-Factor Infertility: Experience at Shin Kong WHS Memorial Hospital

黃一勝

**Hung-En Chen; Thomas I-sheng Hwang; Jiann-Loung
Hwang; Shih-Chia Huang;**

摘要

Abstract

Division of Urology, Department of Surgery, Department of Obstetrics and Gynecology*,
Shin Kong Wu Ho-Su Memorial Hospital, Taipei, Taiwan, R.O.C.

From July 1995 to December 1998, there were 113 couples with male-factor infertility who received intracytoplasmic sperm injection (ICSI) for pregnancy at Shin Kong WHS Memorial Hospital. Among them, 28 patients had azoospermia, 5 patients had oligospermia (sperm density $< 20 \times 10^6/\text{ml}$), 54 patients had asthenozoospermia (sperm density $20 \times 10^6/\text{ml}$ but motility $< 50\%$) and 26 patients had oligoasthenozoospermia (sperm density $< 20 \times 10^6/\text{ml}$ and motility $< 50\%$). In the azoospermia group, sperm were extracted by the use of microsurgical epididymal sperm aspiration (MESA) in 2 patients and testicular sperm extraction (TESE) in 8 patients. Percutaneous epididymal sperm aspirations (PESA) or percutaneous testicular sperm aspirations were also performed in 18 patients. There were 26 pregnancies in 36 ICSI cycles (26/36, 72.2%). In the oligospermia group, 4 patients got pregnant in 5 ICSI cycles (4/5, 80%). In the astheno-zoospermia group, there were 42 pregnancies in 64 ICSI cycles (42/64, 65.6%). In the oligoas-thenozoospermia group, there were 14 pregnancies in 27 ICSI cycles (14/27, 51.9%). The total pregnancy rate was 65.2% (86/132 cycles). The fertilization rate in 132 treatment cycles was 74.9% (1138/1519). No chromosomal abnormalities or major malformations were found in their children. Although the new technologies (PESA/MESA/TESE/ICSI) are expensive and have potentially increased rates of premature births, perinatal morbidity, and maternal complications, they give hope for couples with male-factor infertility who strongly desire their own offspring, especially for azoospermia patients. (J Urol R.O.C., 11:1-5, 2000)