

UNSW Embryology Course 2013

# Human Gametogenesis and Fertilisation

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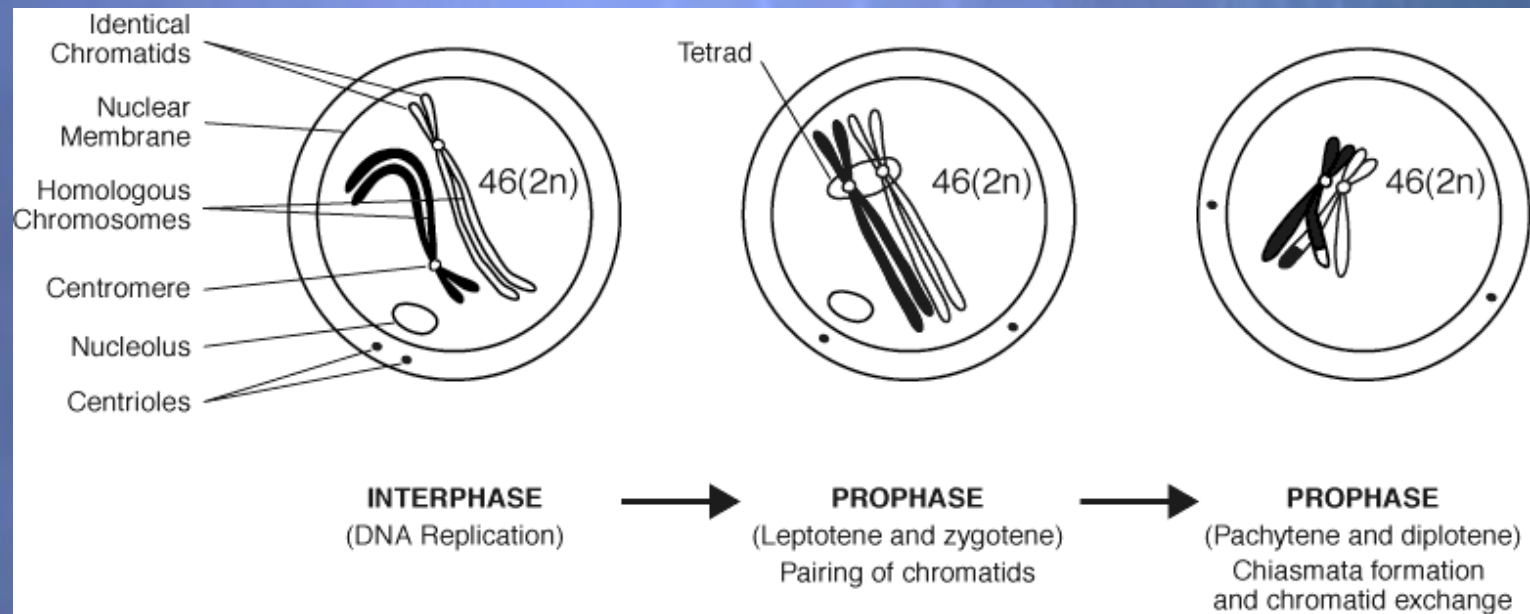
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# Learning Objectives

- ✦ Meiosis
- ✦ Gametogenesis and aneuploidy
- ✦ Capacitation and hyperactivation
- ✦ Ovulation and oocyte maturation
- ✦ Fertilisation and polyspermy
- ✦ IUI, IVF, ICSI, PICSI and IMSI
- ✦ Assisted reproduction and society

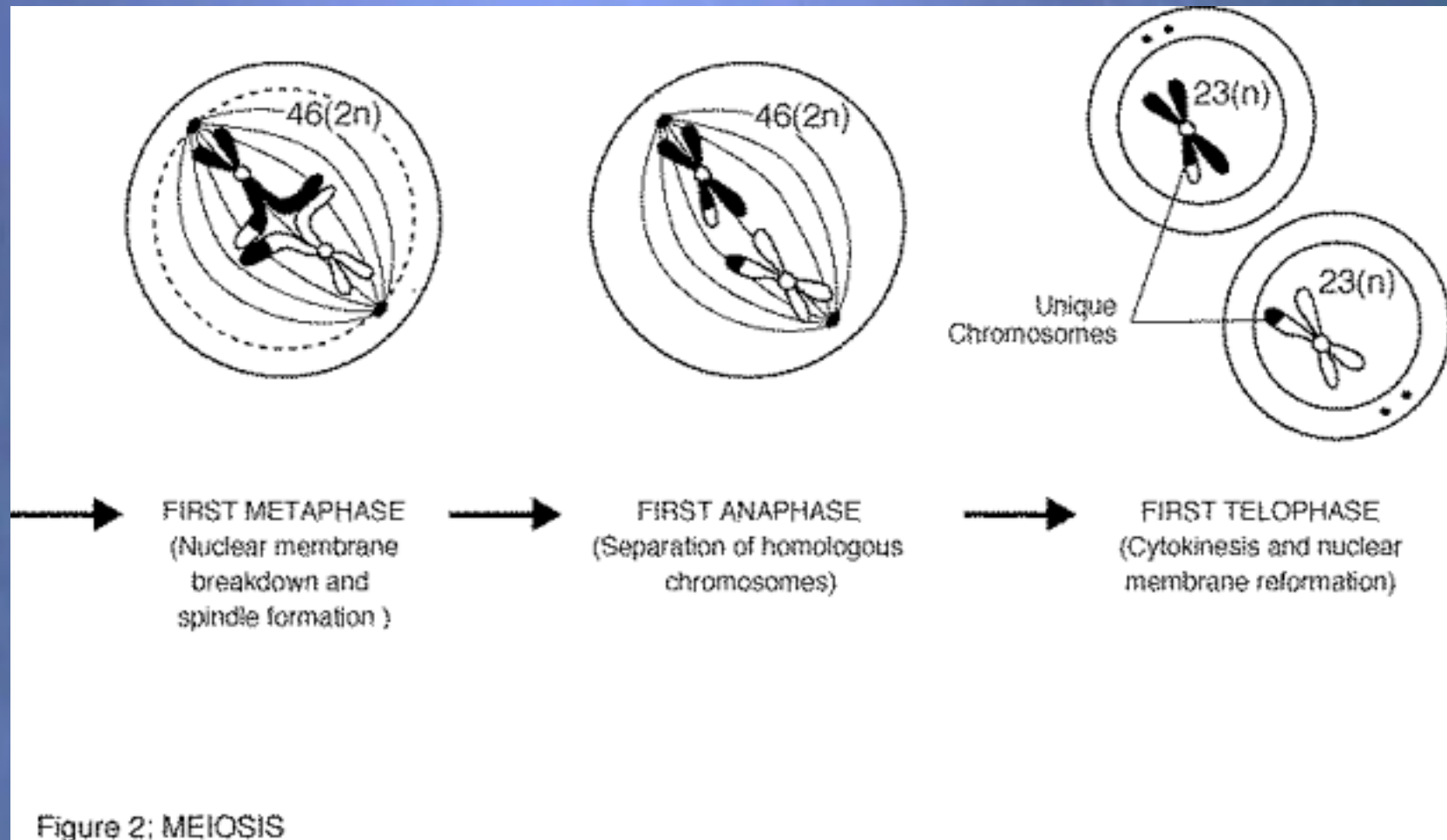
# Meiosis 1



**Figure 1: MEIOSIS**

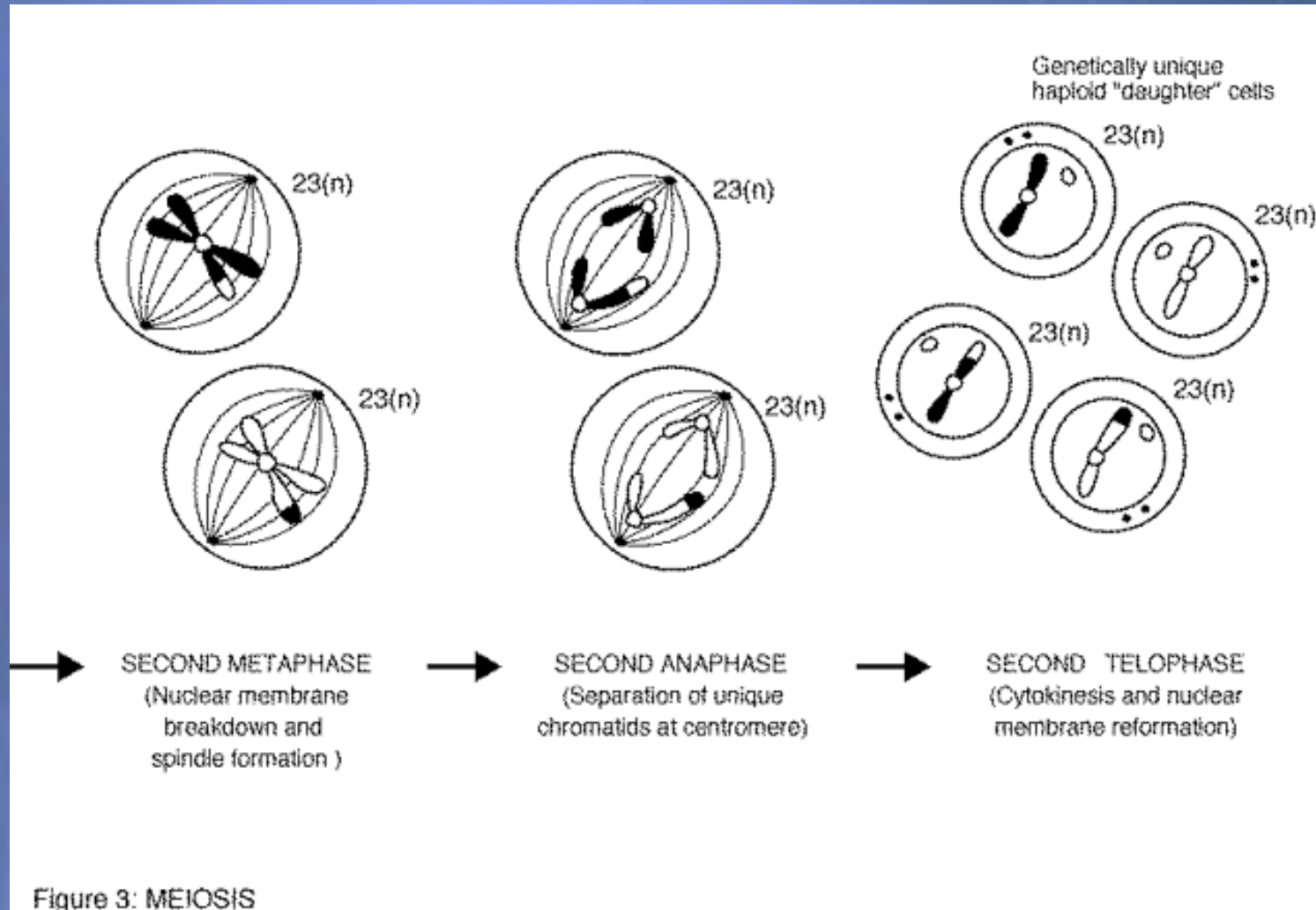
Elder, K. and Fleming, S. (2002) Gametogenesis and Preimplantation Embryo Development in Preimplantation Genetic Diagnosis (eds J. C. Harper, J. D.A. Delhanty and A. H. Handyside)

# Meiosis 1 (continued)



Elder, K. and Fleming, S. (2001) Gametogenesis and Preimplantation Embryo Development in Preimplantation Genetic Diagnosis (eds J. C. Harper, J. D.A. Delhanty and A. H. Handyside)

# Meiosis 2



Elder, K. and Fleming, S. (2001) Gametogenesis and Preimplantation Embryo Development in Preimplantation Genetic Diagnosis (eds J. C. Harper, J. D.A. Delhanty and A. H. Handyside)



# Why is meiosis a highly risky cell division?

Which aneuploidies result in subfertility or infertility?

Which aneuploidies increase with increased maternal age?

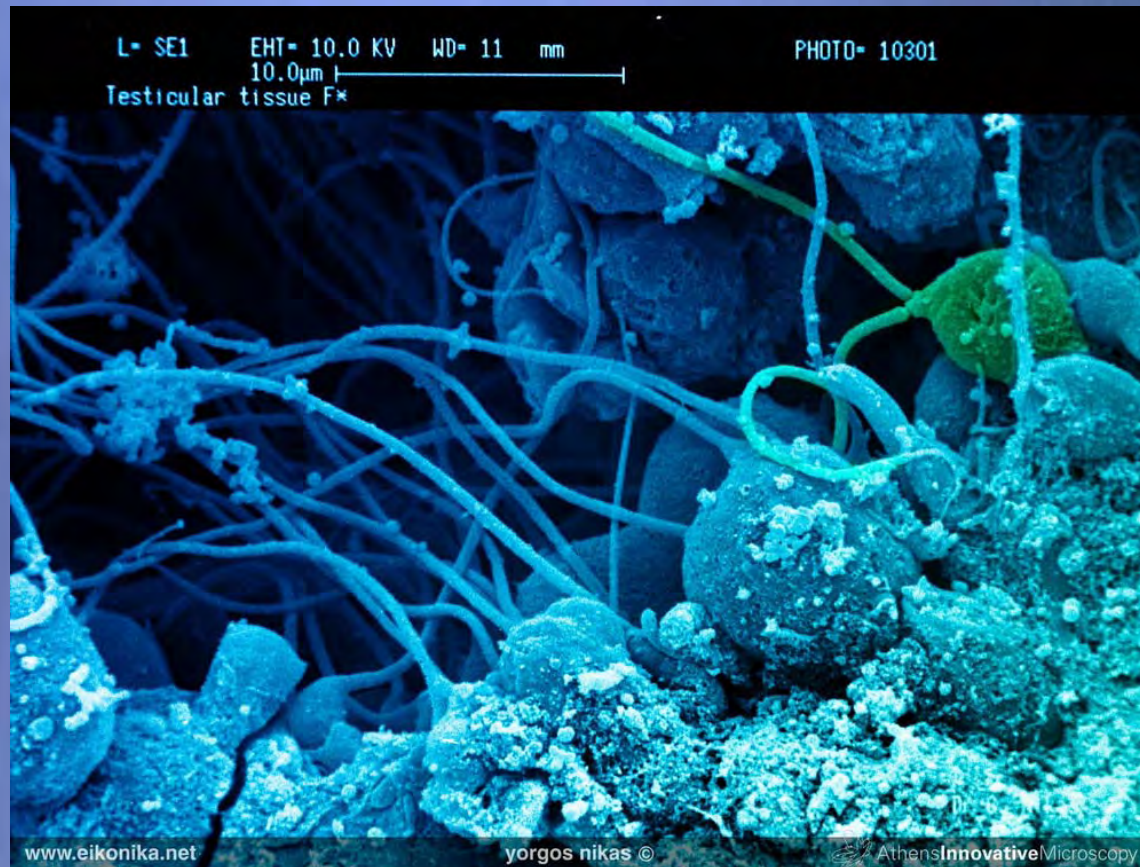
# Aneuploidy: the scale of the problem



Incidence of aneuploidy during development

<i>Gestation (weeks)</i>	<div> <div>0</div> <div>6-8</div> <div>20</div> <div>40</div> </div>						
	Sperm	Oocytes	Pre-implantation embryos	Pre-clinical abortions	Spontaneous abortions	Stillbirths	Livebirths
Incidence of aneuploidy	1-2%	~20%	~20%	?	35%	4%	0.3%
Most common aneuploidies	Various	Various	Various	?	45,X; +16; +21; +22	+13; +18; +21	+13; +18; +21 XXX; XXY; XYY

# Spermatozoa within the seminiferous tubule



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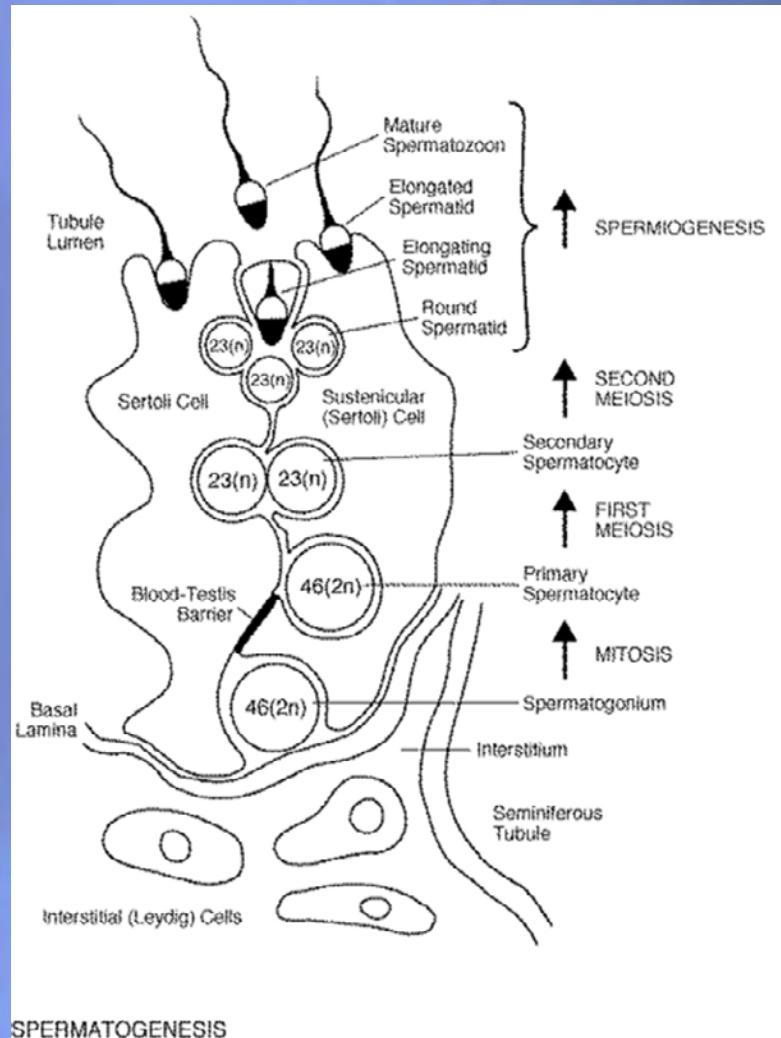
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# Spermatogenesis



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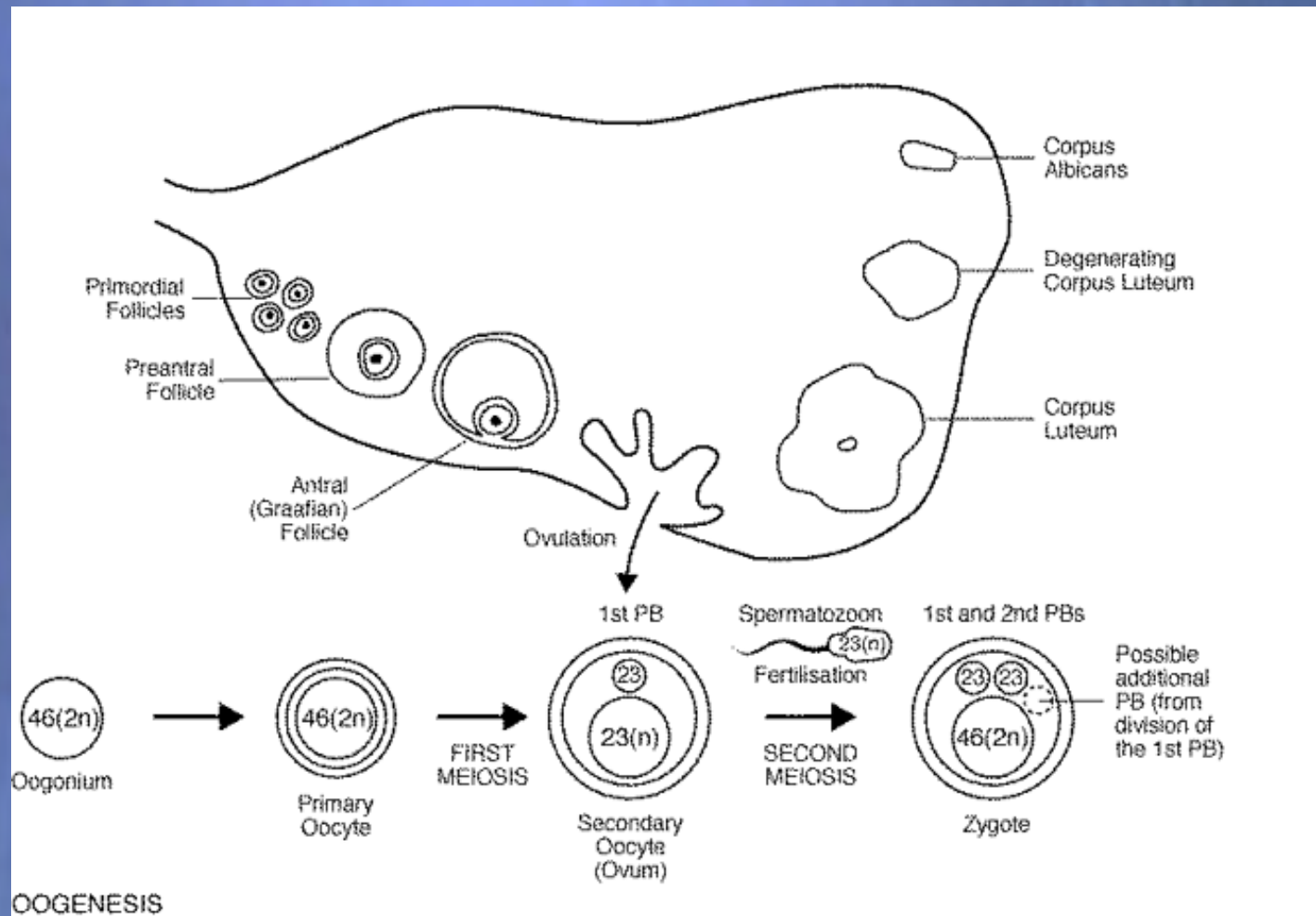
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# In what ways does meiosis differ during oogenesis?

What are the mechanisms underlying these differences?

# Folliculogenesis/Oogenesis



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# In Vitro Maturation



Prophase I



Metaphase I



Metaphase II



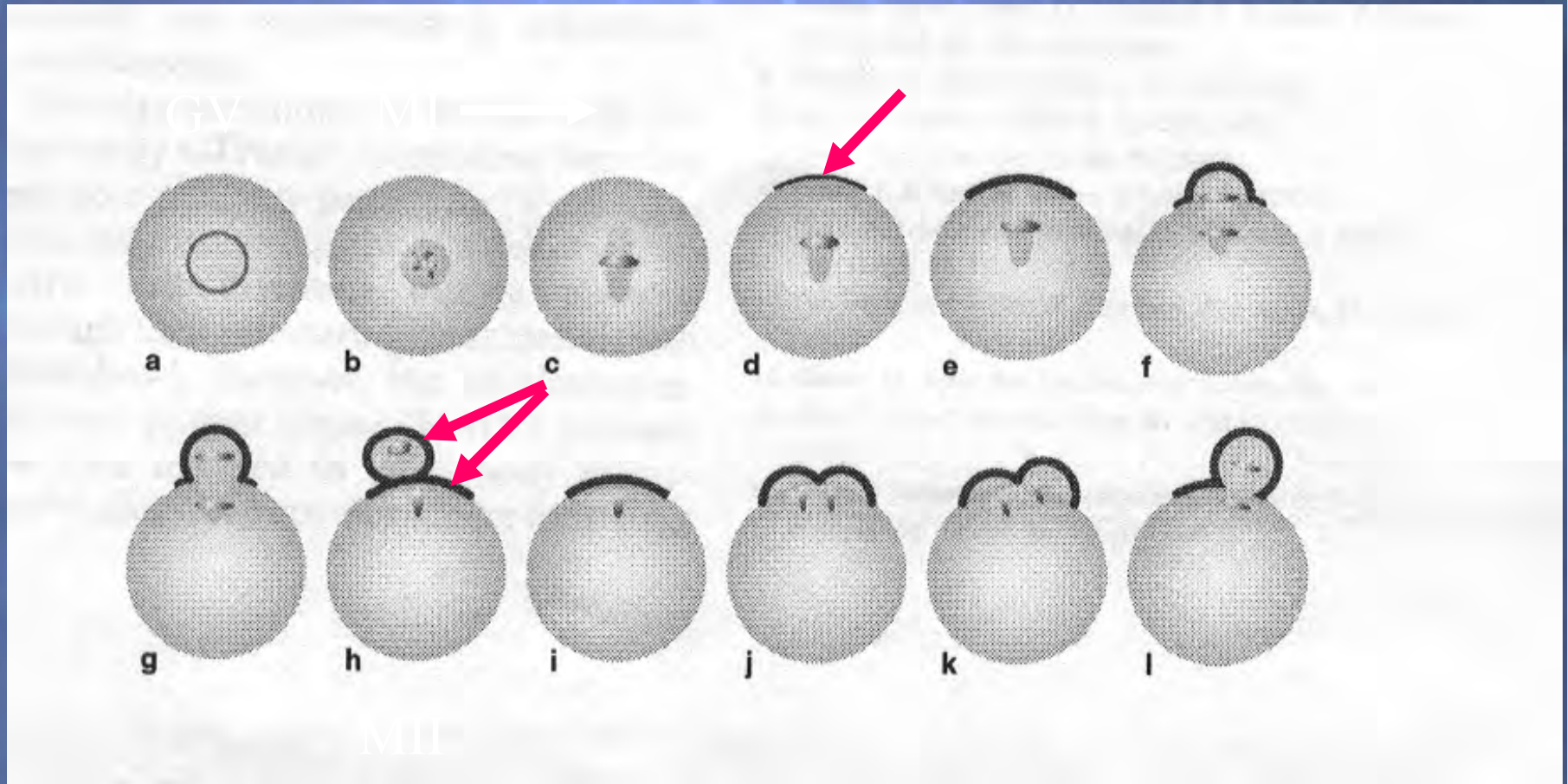
24-48 hours

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**Actin-rich domain** during PB formation in mouse oocyte:



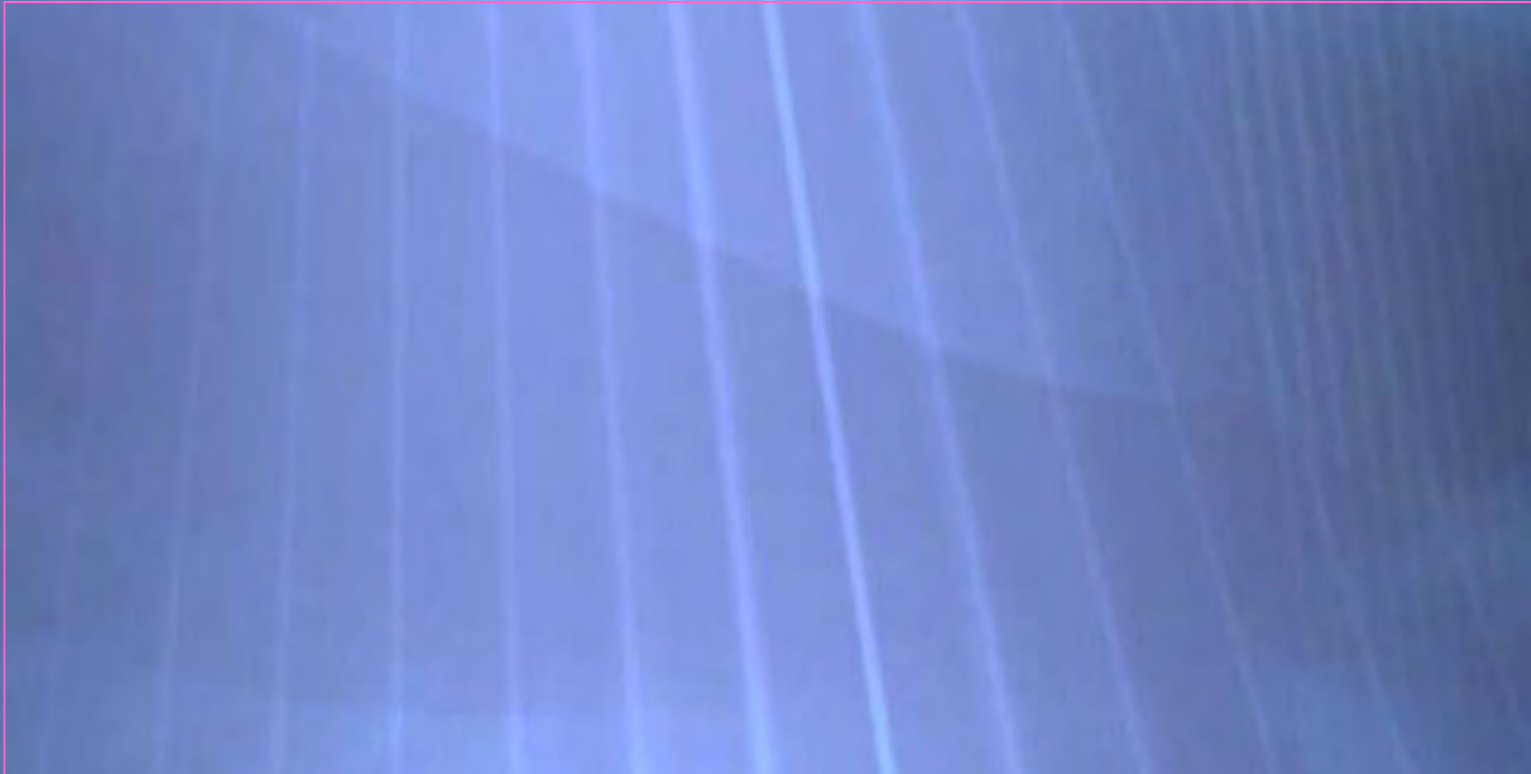
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Maro and Verlhac, 2002 Nature Cell Biology 4, 281-3

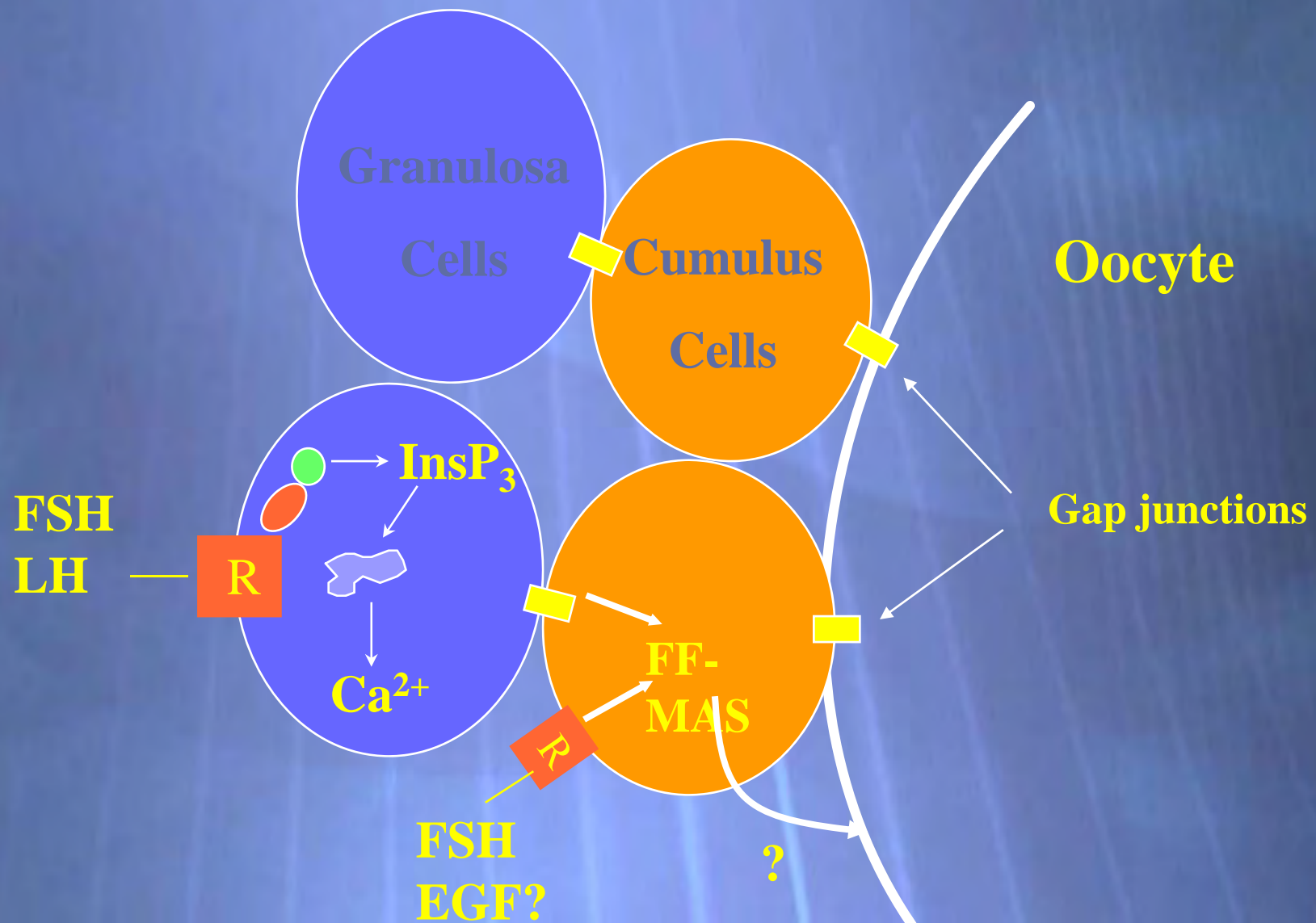
# Why is the timing of fertilisation regulated?

What are the mechanisms in the male and female that regulate fertilisation?

# Graafian follicle

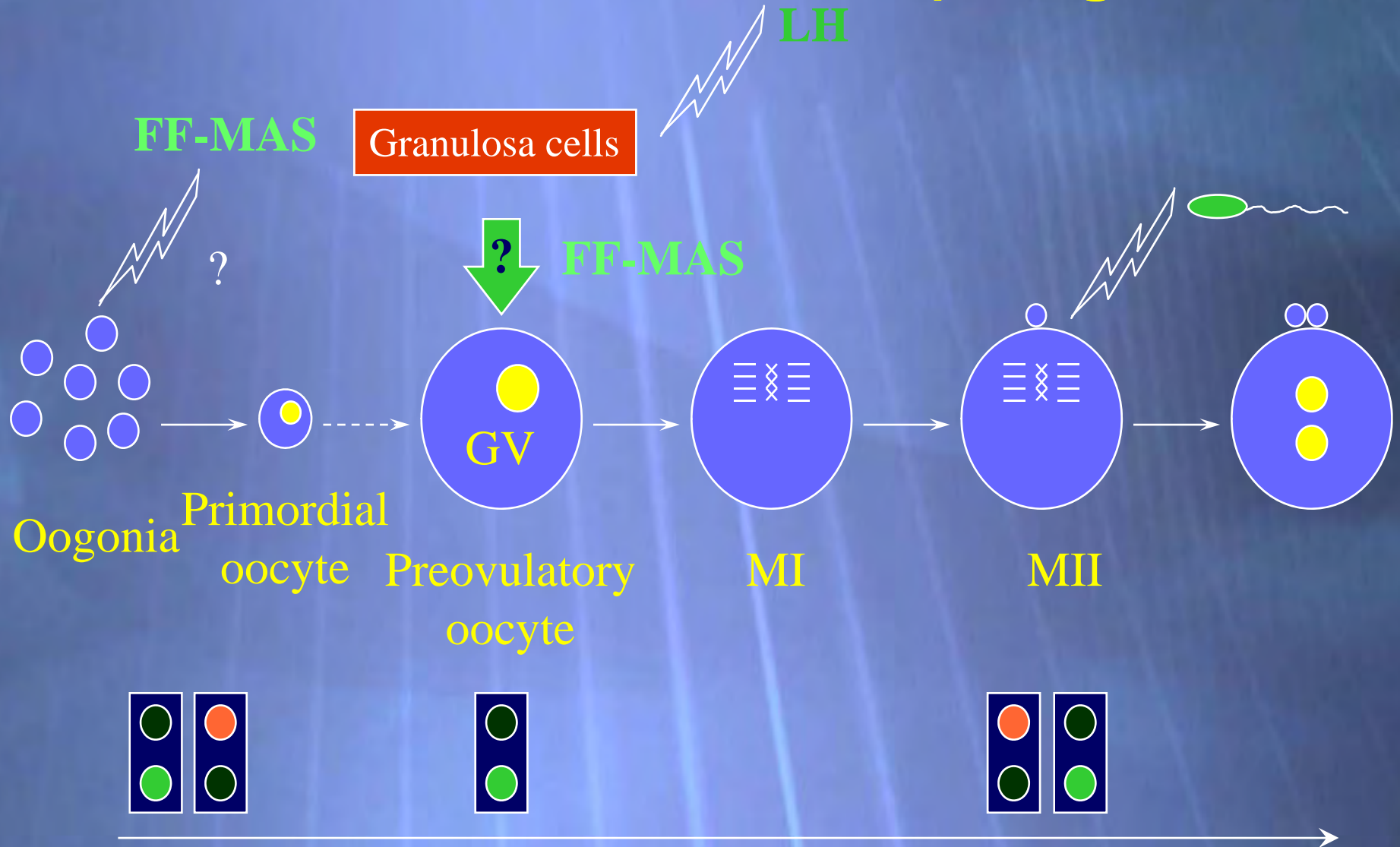


The follicle maintains the oocyte under meiotic arrest





# Meiotic start and stop signals



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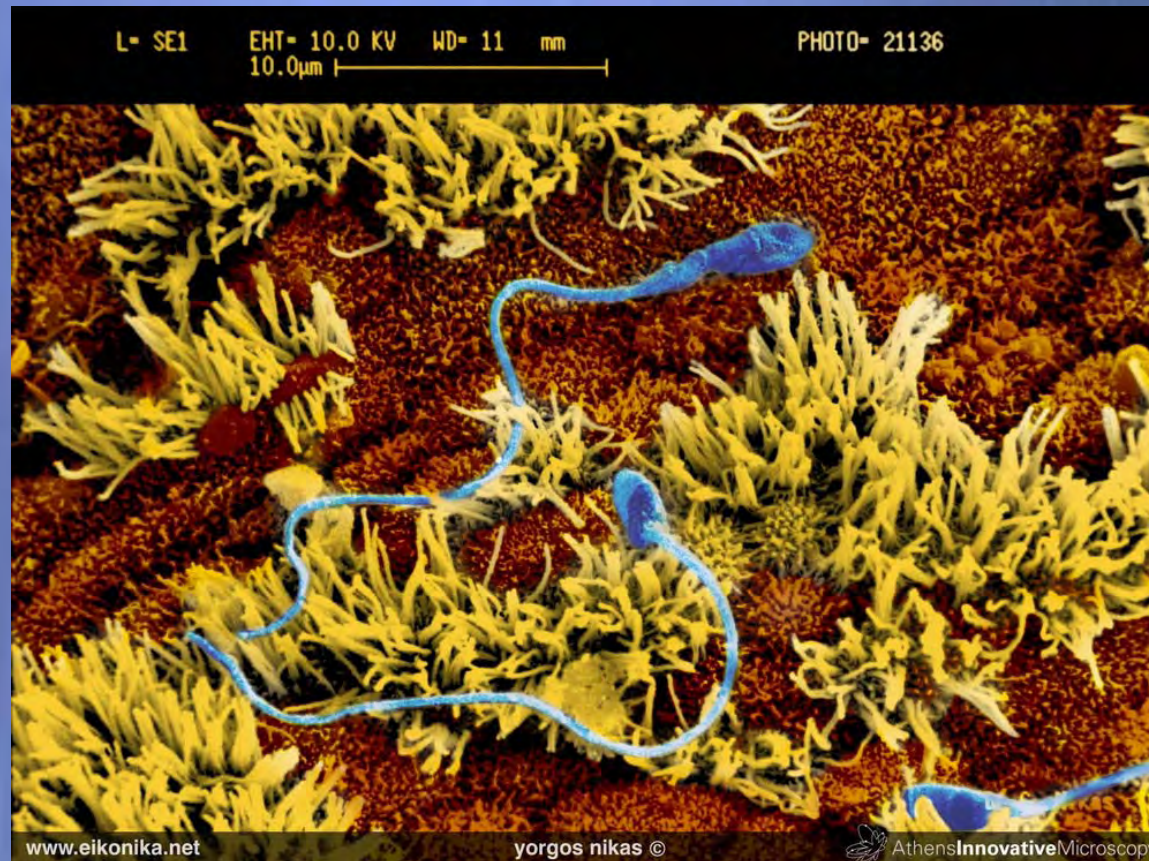
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# The pathway to fertilisation

- ✦ Capacitation
- ✦ Hyperactivation
- ✦ Oocyte maturation
- ✦ Sperm-egg recognition
- ✦ The acrosome reaction
- ✦ Sperm-egg fusion
- ✦ Oocyte activation
- ✦ Pronuclei formation
- ✦ Syngamy

# Spermatozoa traversing ciliated epithelium



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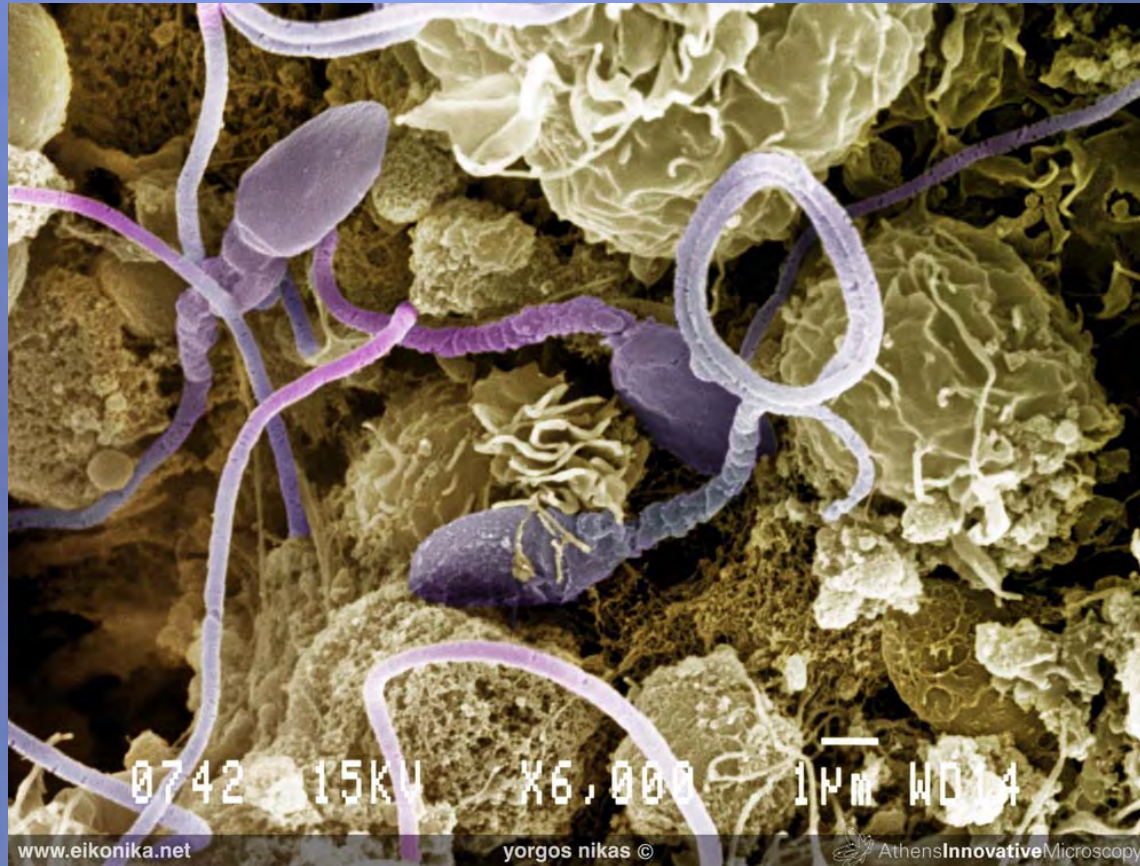
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## Acrosome reacted spermatozoa in cumulus



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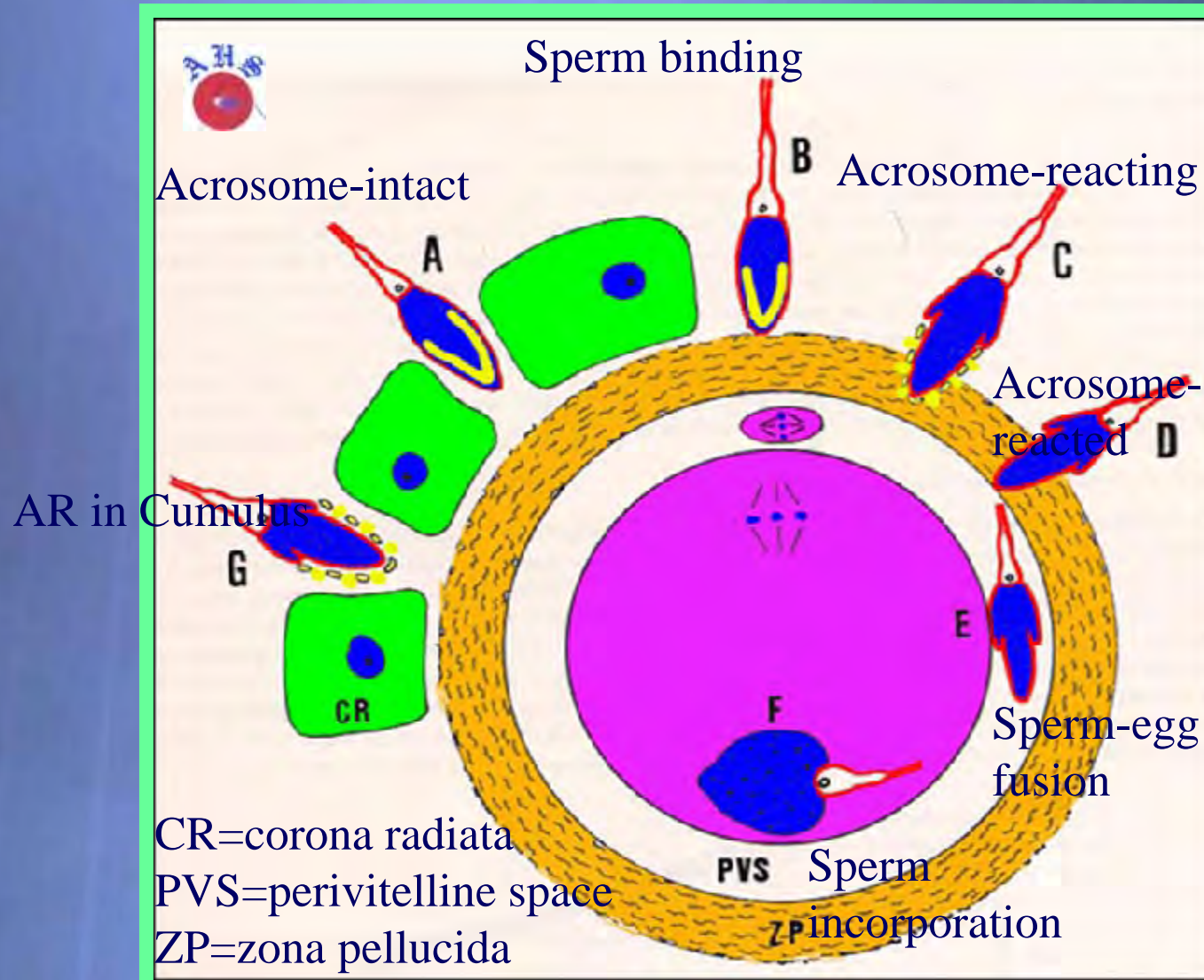
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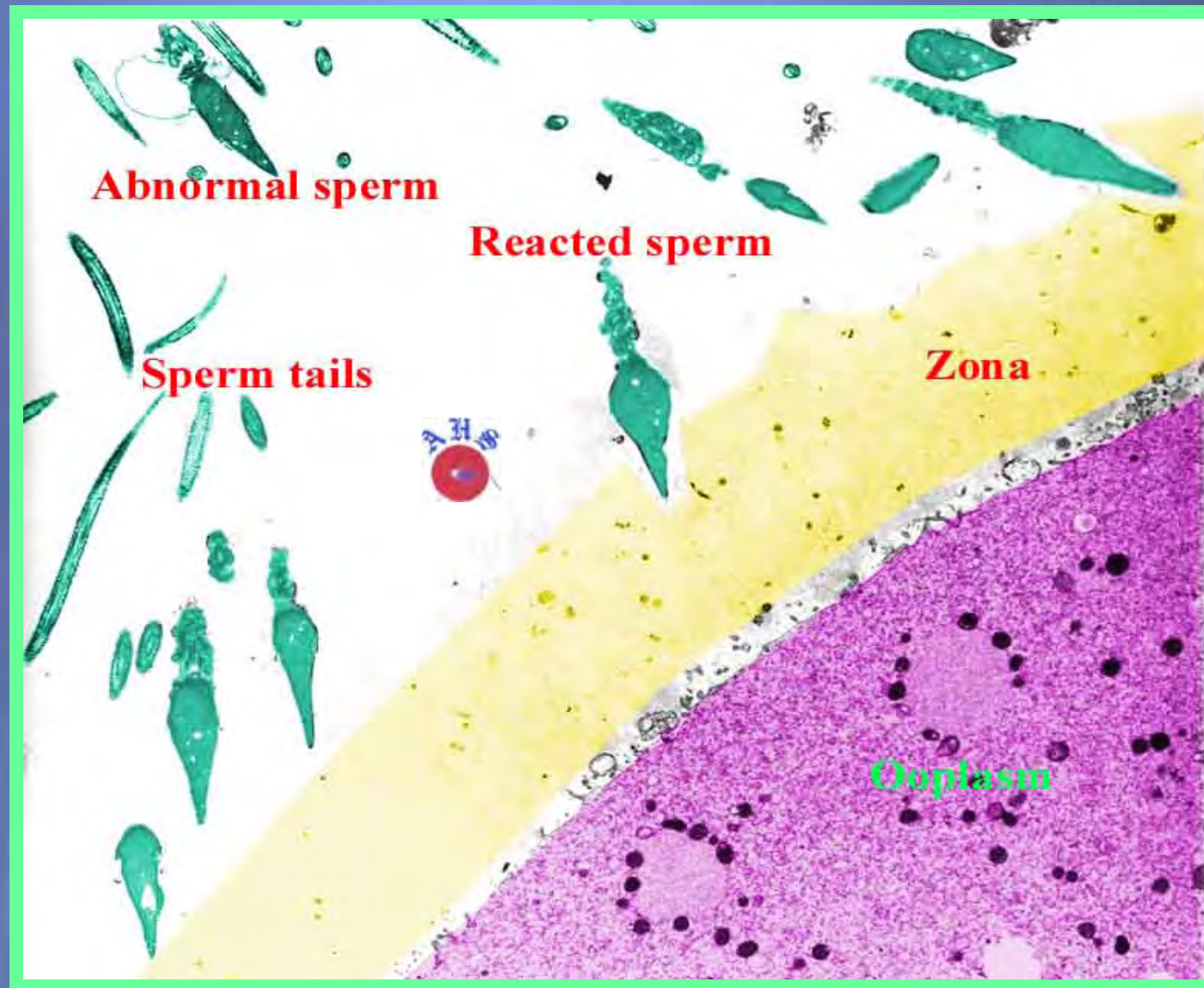


# Sperm penetration of mature egg - Diagram



Sathananthan, H. (2008) Human fertilisation after IVF and ICSI in Textbook of Assisted Reproduction for Scientists in Reproductive Technology (eds S. Fleming and S. Cooke)

## Sperm penetration of the zona - TEM

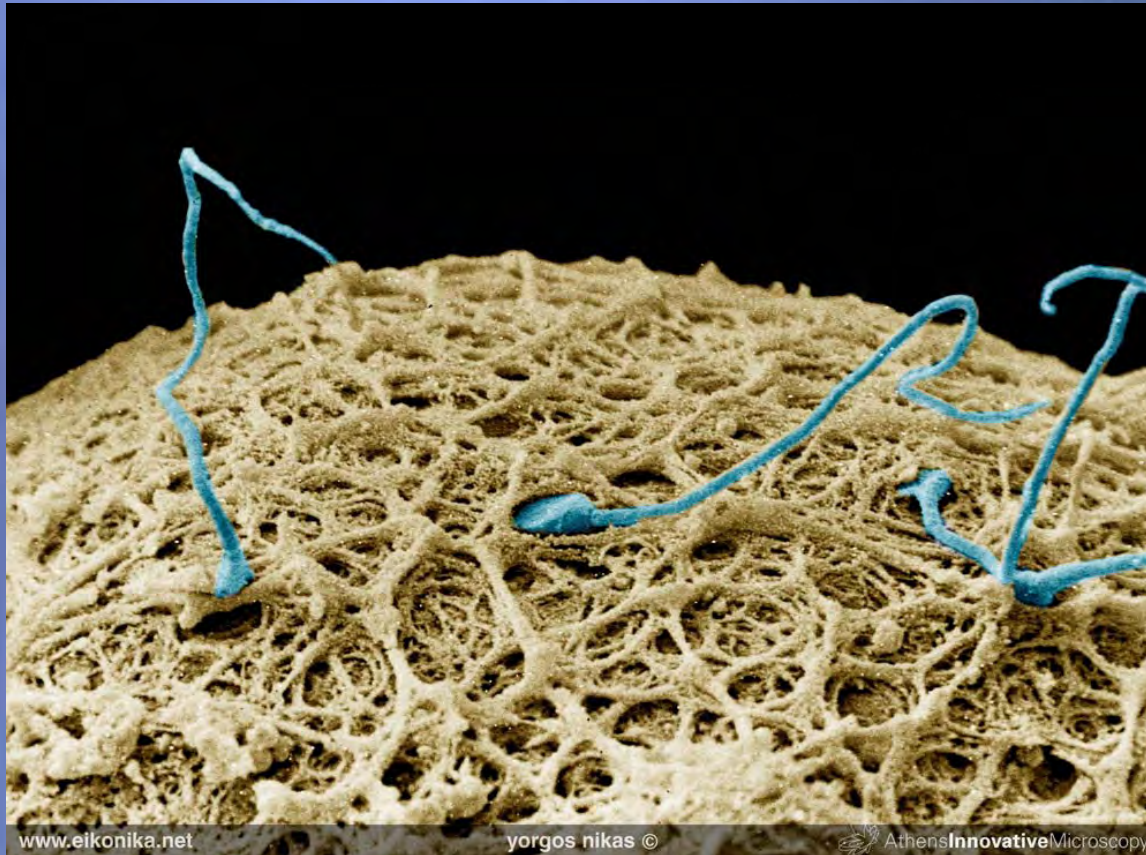


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# Spermatozoa penetrating the zona pellucida



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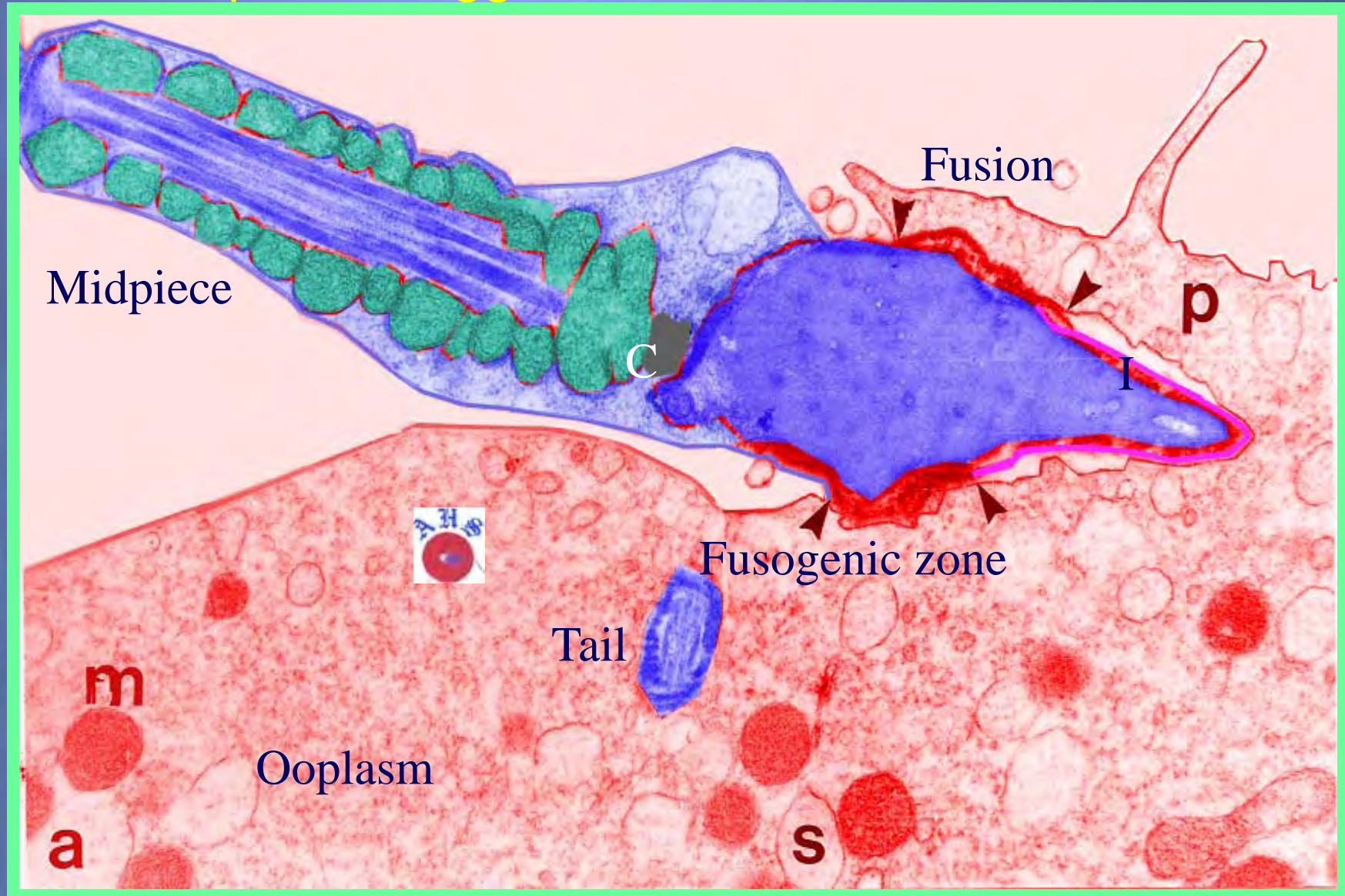
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## Sperm – egg membrane fusion - TEM

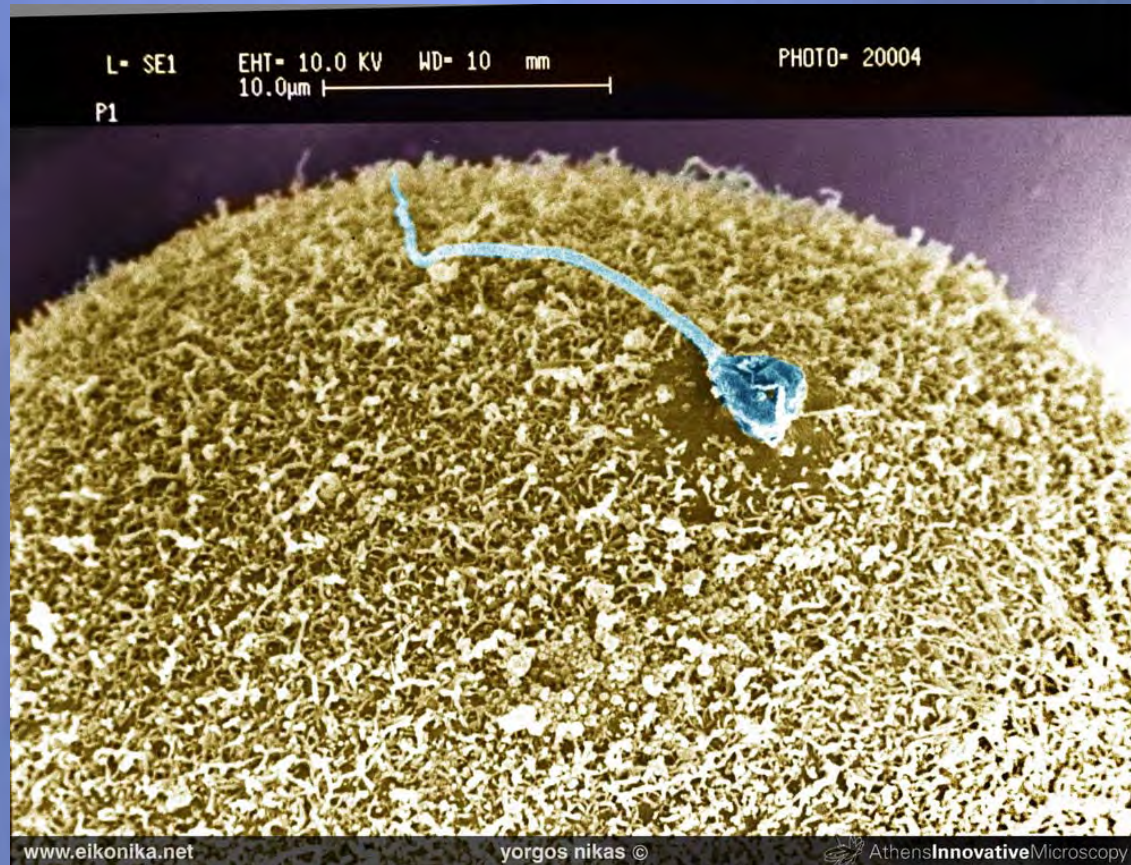


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# Spermatozoon binding to the oolemma



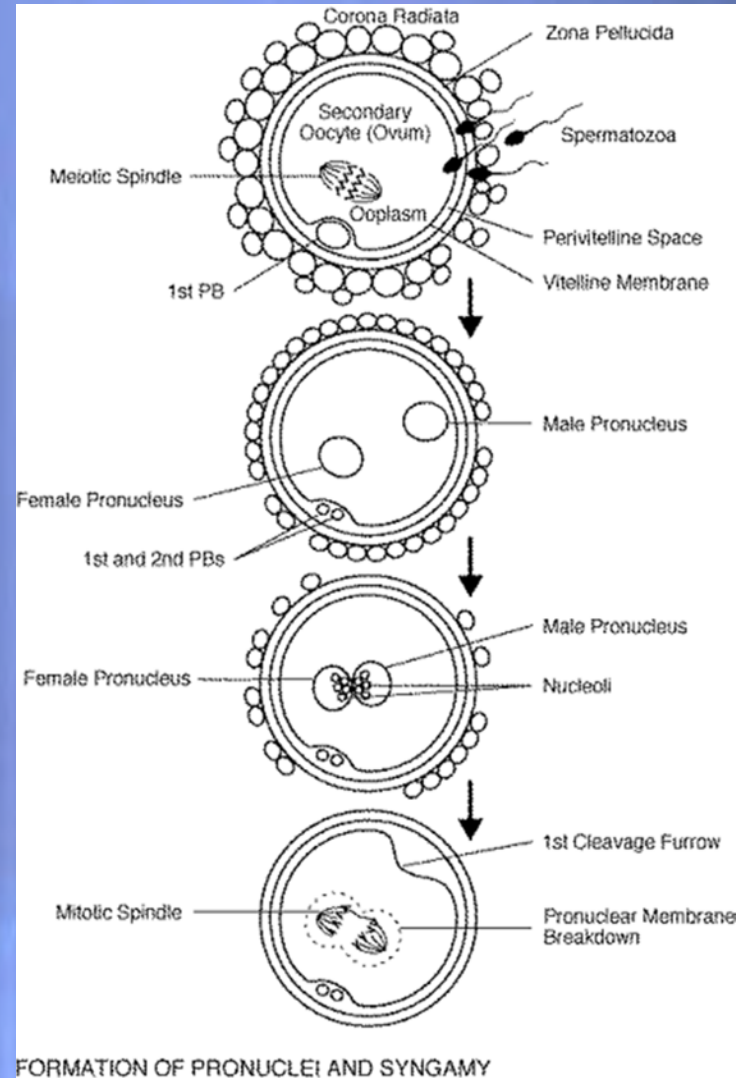
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# Formation of pronuclei and syngamy



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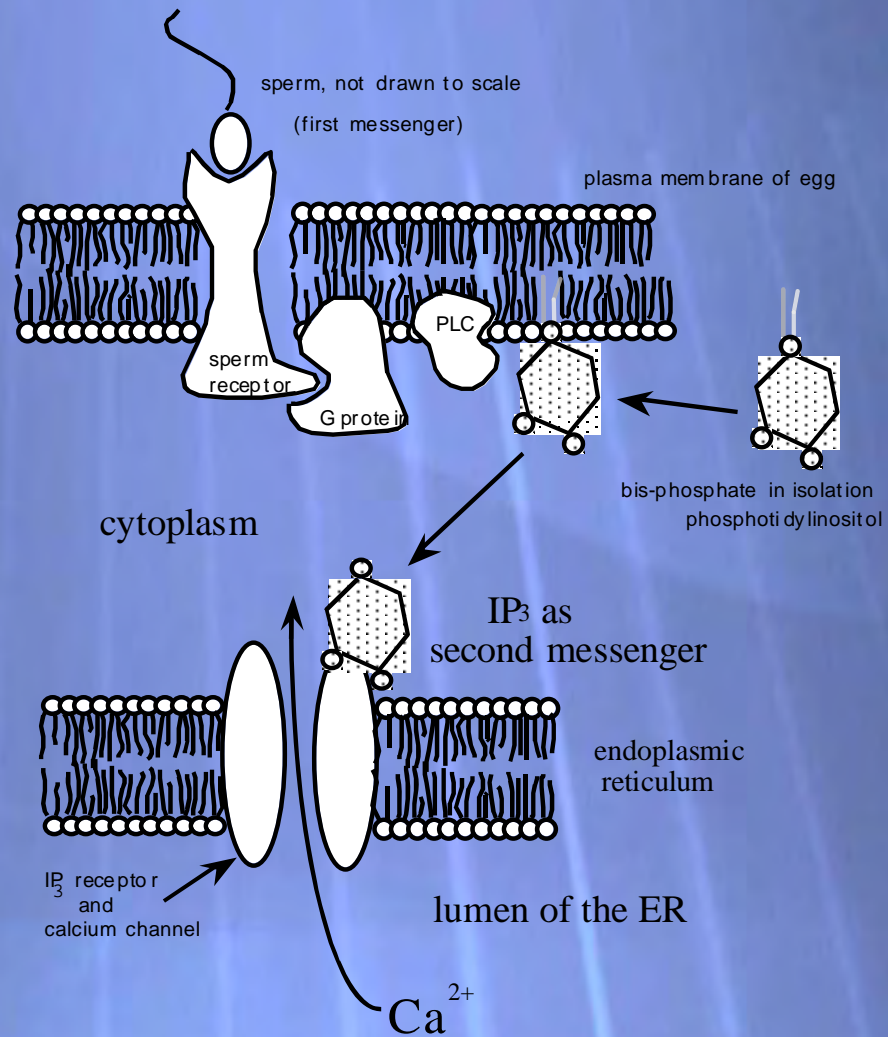
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How does the oocyte know  
it has been fertilised?

What is the mechanism by  
which the oocyte becomes  
activated?



# Role of second messengers in fertilisation

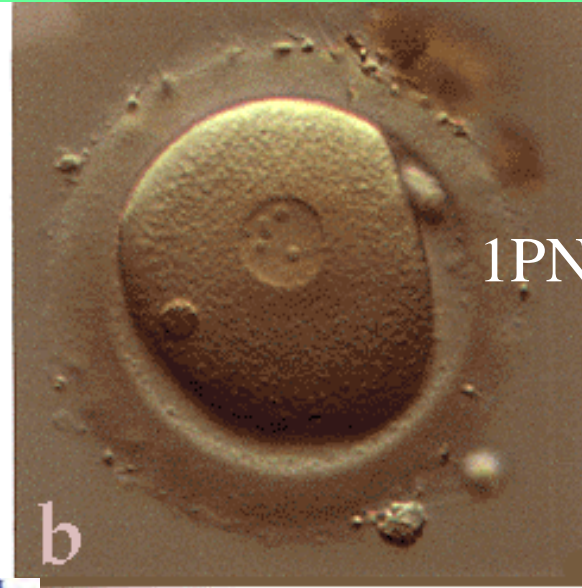
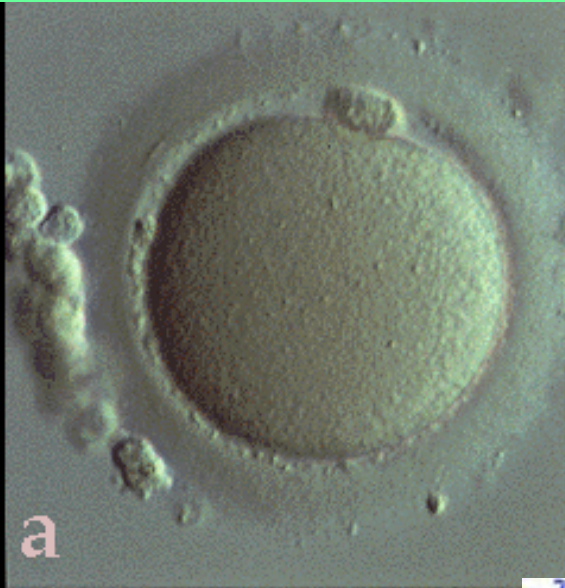


Adapted from *Developmental Biology*, third edition by Scott F. Gilbert



## Mature and pronuclear eggs – Nomarski optics

MII



1PN

2PN

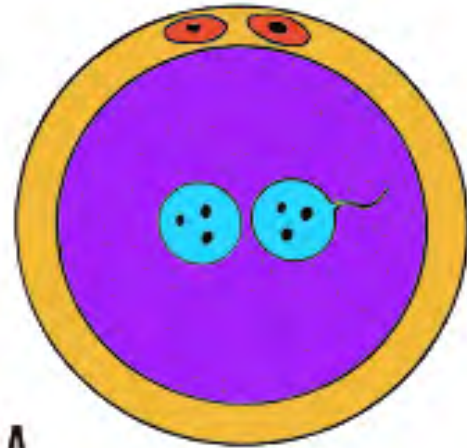


3PN

Click anywhere to return

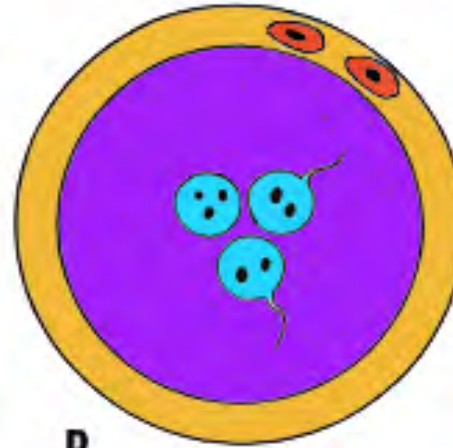
## Pronuclear ova - Diagram

Normal 2PN



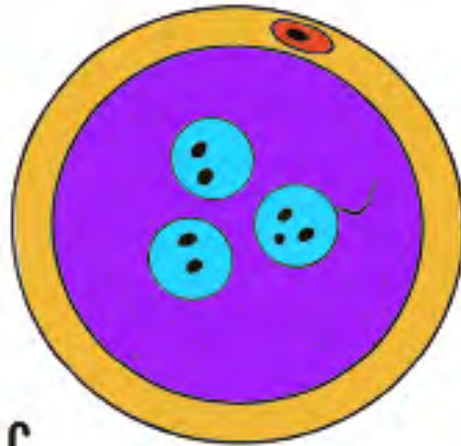
A

Dispermy



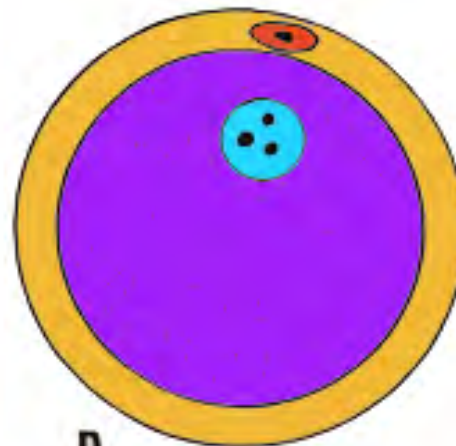
B

Digyny



C

Partheno-  
genesis



D

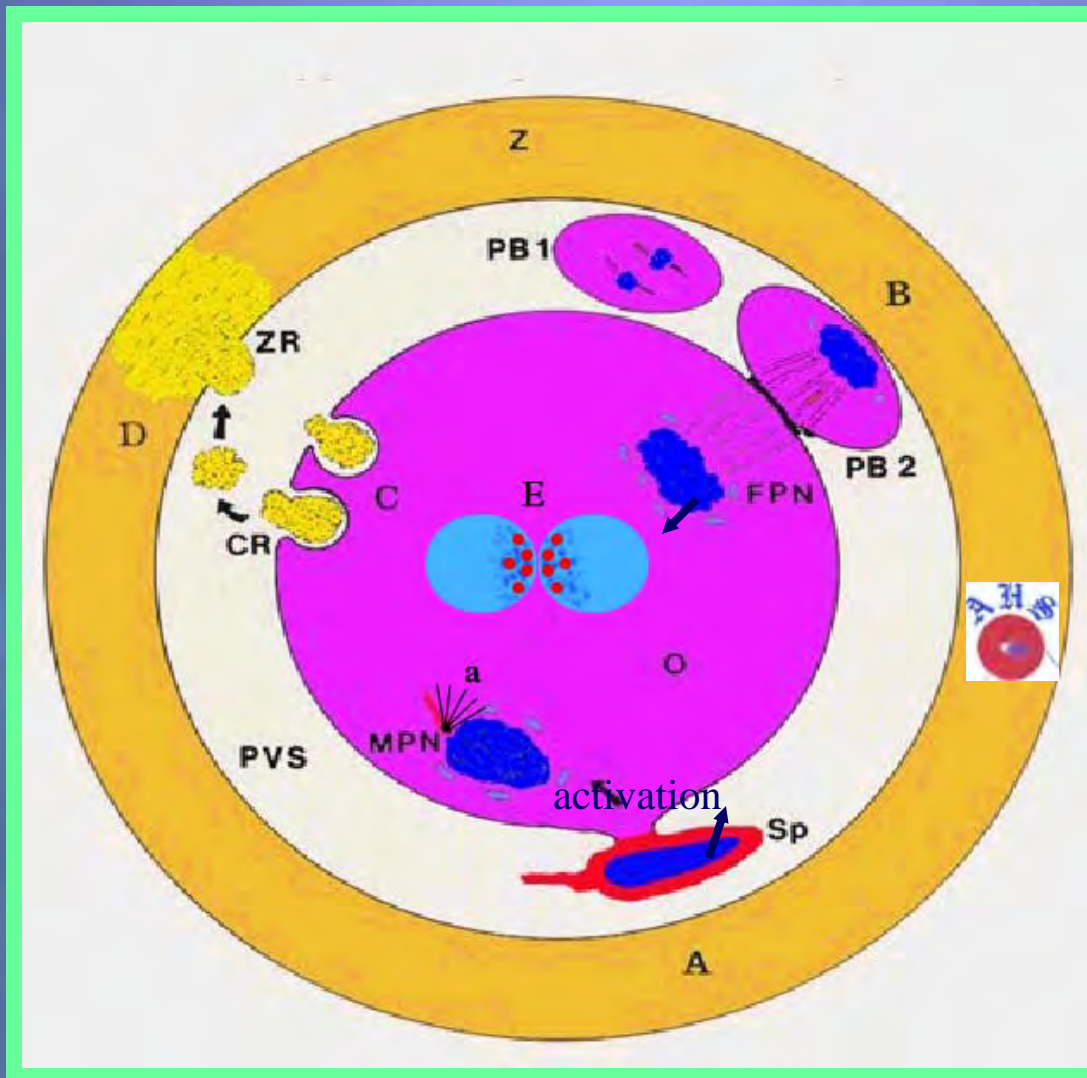


How does the oocyte  
prevent polyspermy?

How might polyspermy occur  
unwittingly in vitro?



# Fertilisation events - Diagram



- A: sperm-egg fusion
- B: second maturation division
- C: cortical reaction
- D: zona reaction
- E: association of male & female pronuclei
- a: Sperm aster forms after sperm incorporation

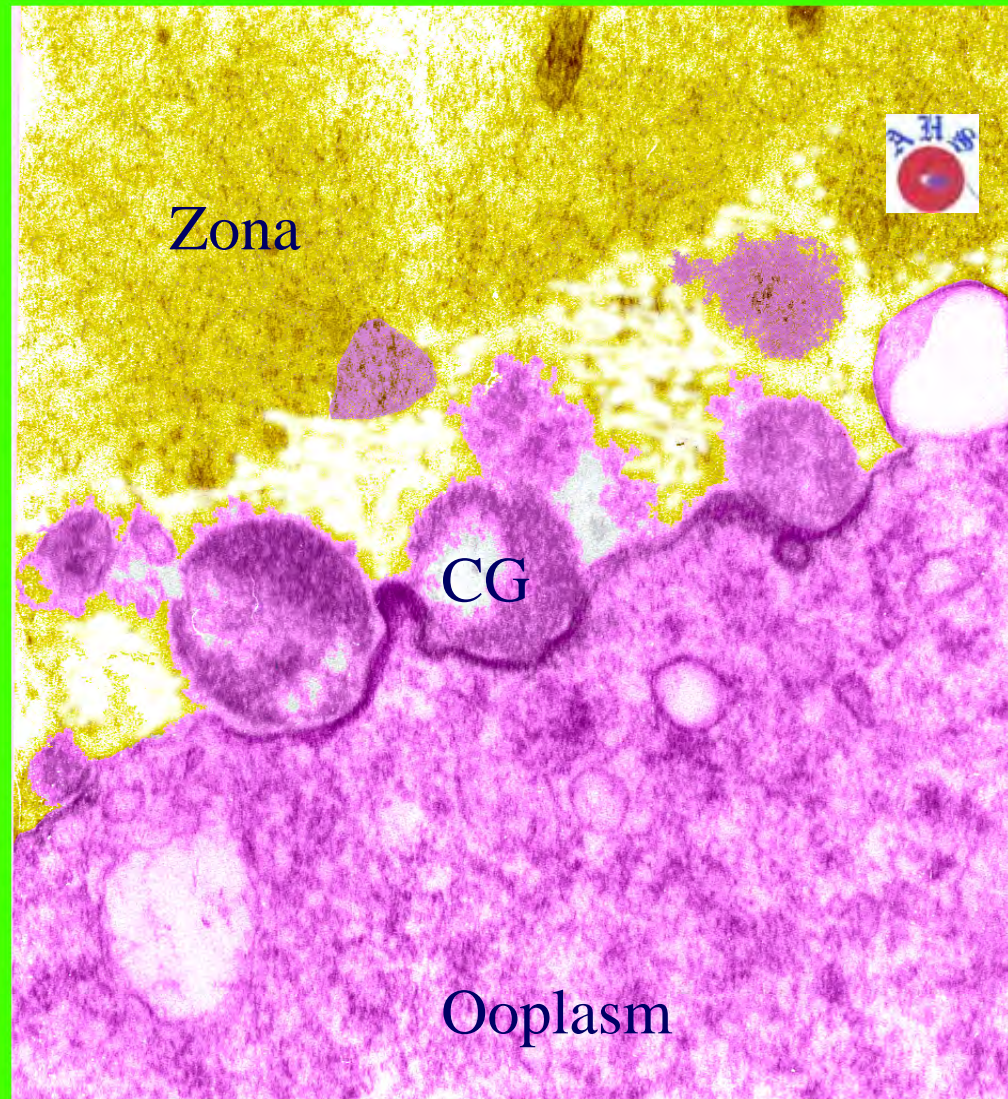
Sathananthan, H. (2008) Human fertilisation after IVF and ICSI in Textbook of Assisted Reproduction for Scientists in Reproductive Technology (eds S. Fleming and S. Cooke)

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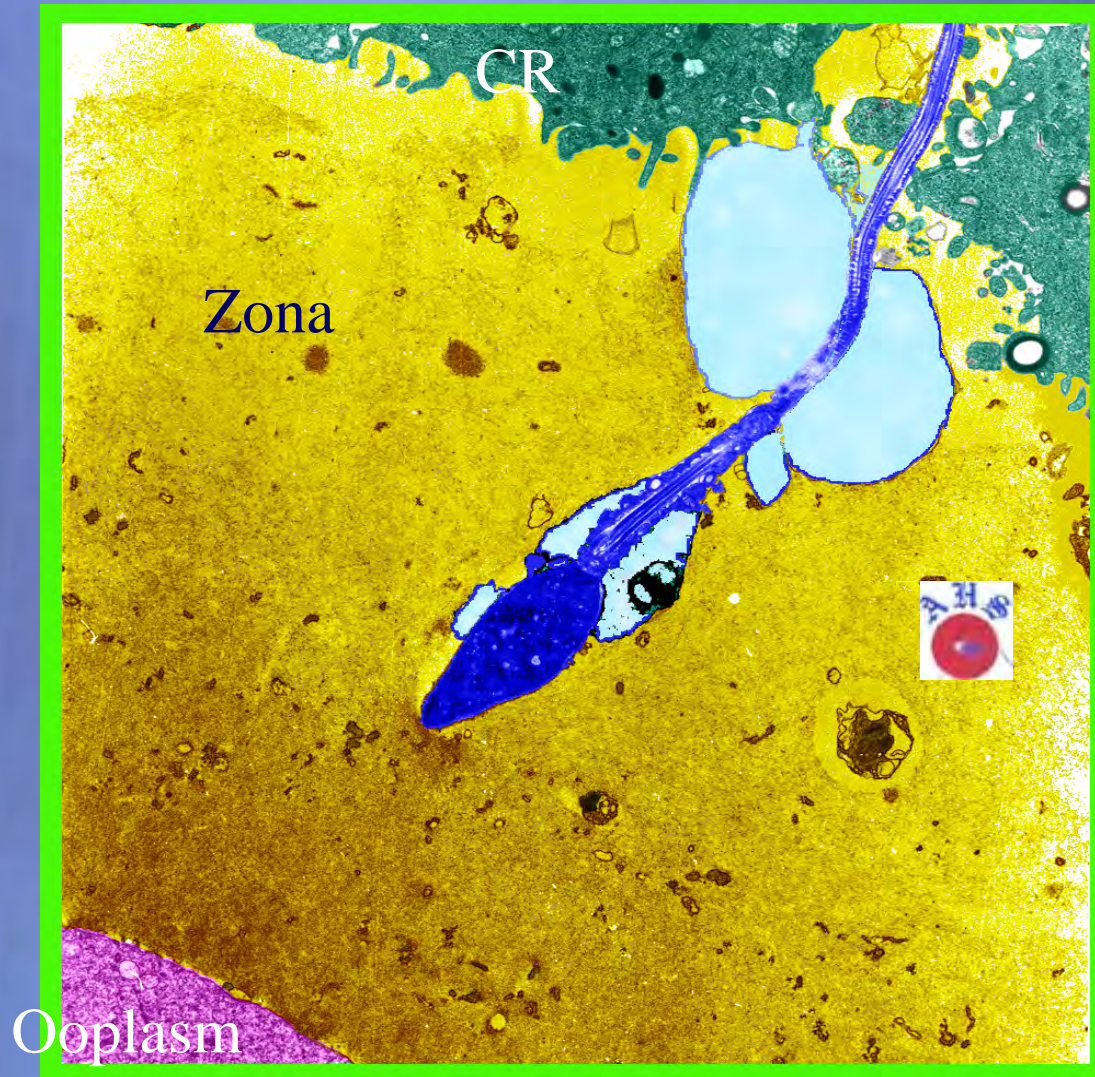


## Cortical reaction at fertilisation - TEM



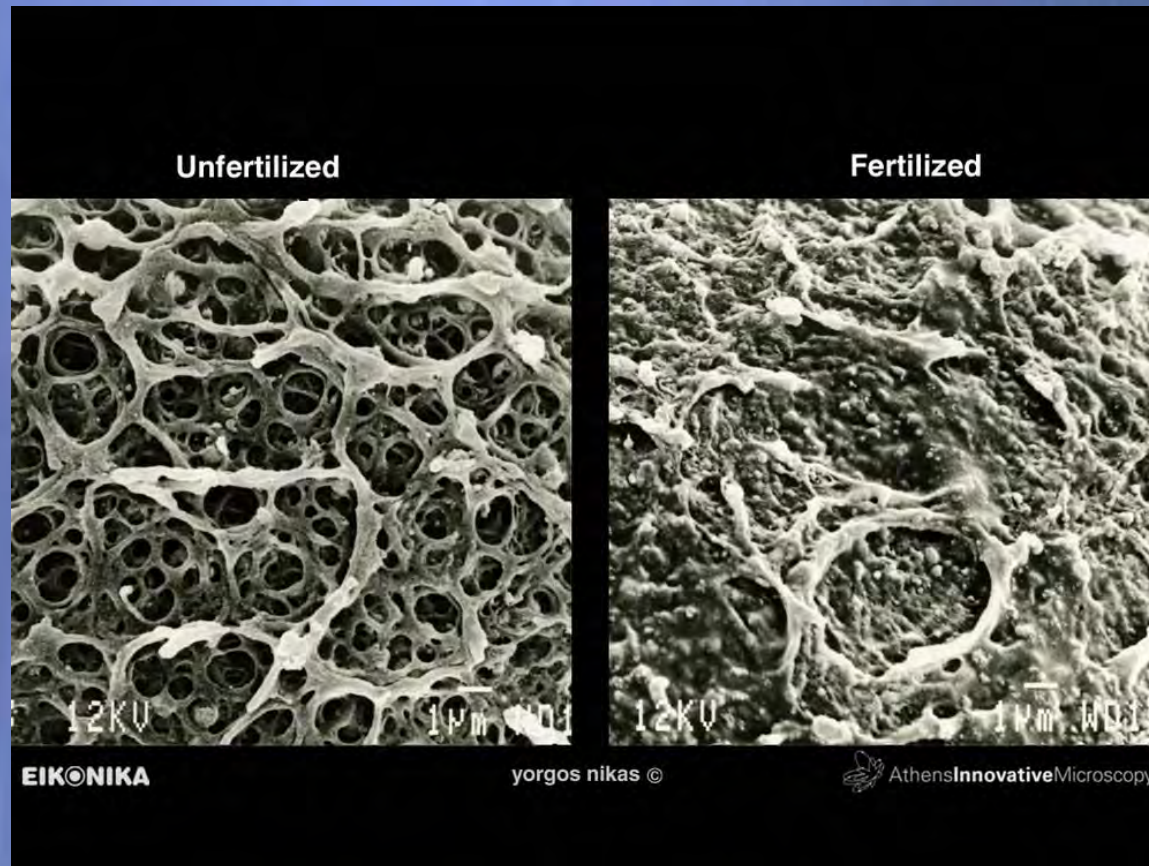


## Block to polyspermy – nature's way - TEM





## Zona morphology following fertilisation



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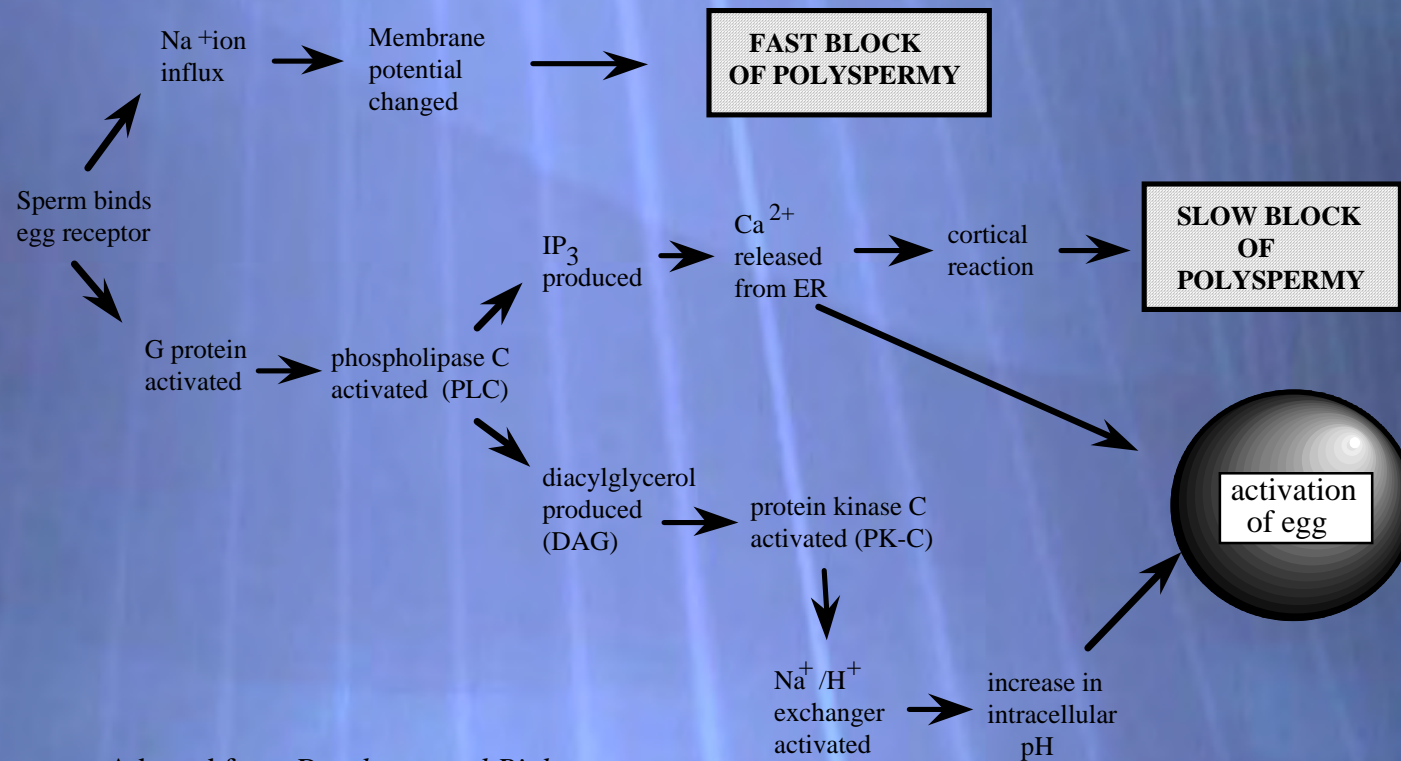
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# Fast and slow blocks to polyspermy

$IP_3$  as a second messenger in fertilization



Adapted from *Developmental Biology*,  
third edition by Scott F. Gilbert



# Ovulation induction and Intrauterine insemination

- ✦ Patent fallopian tubes
- ✦ Ovulatory menstrual cycles
- ✦ Success rate = 10% - 15%
- ✦ Increases up to 4 attempts
- ✦ Total motile sperm count  
 $\geq 10$  million

# In vitro fertilisation (IVF)



Success rate = 25% - 30%

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What if the sperm  
concentration or sperm  
motility is too poor for IUI  
or IVF?



# Intra-Cytoplasmic Sperm Injection (ICSI)

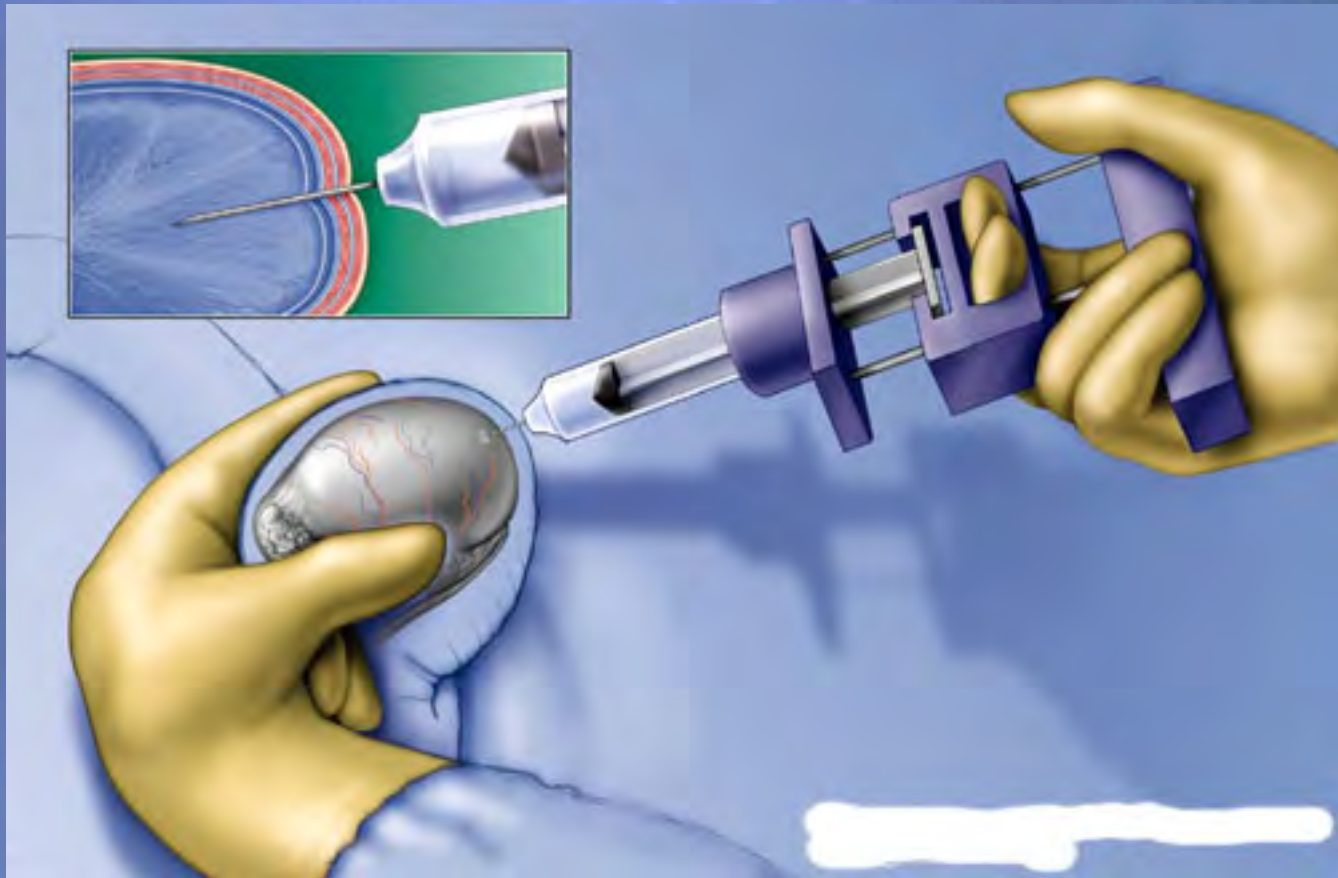


- Only one sperm required per egg
- Success rate = 25% - 30%

# What if there are no sperm being ejaculated?

- ✦ Retrograde ejaculation?
- ✦ Genital tract obstruction?
- ✦ Very low sperm production?

# Surgical Sperm Recovery



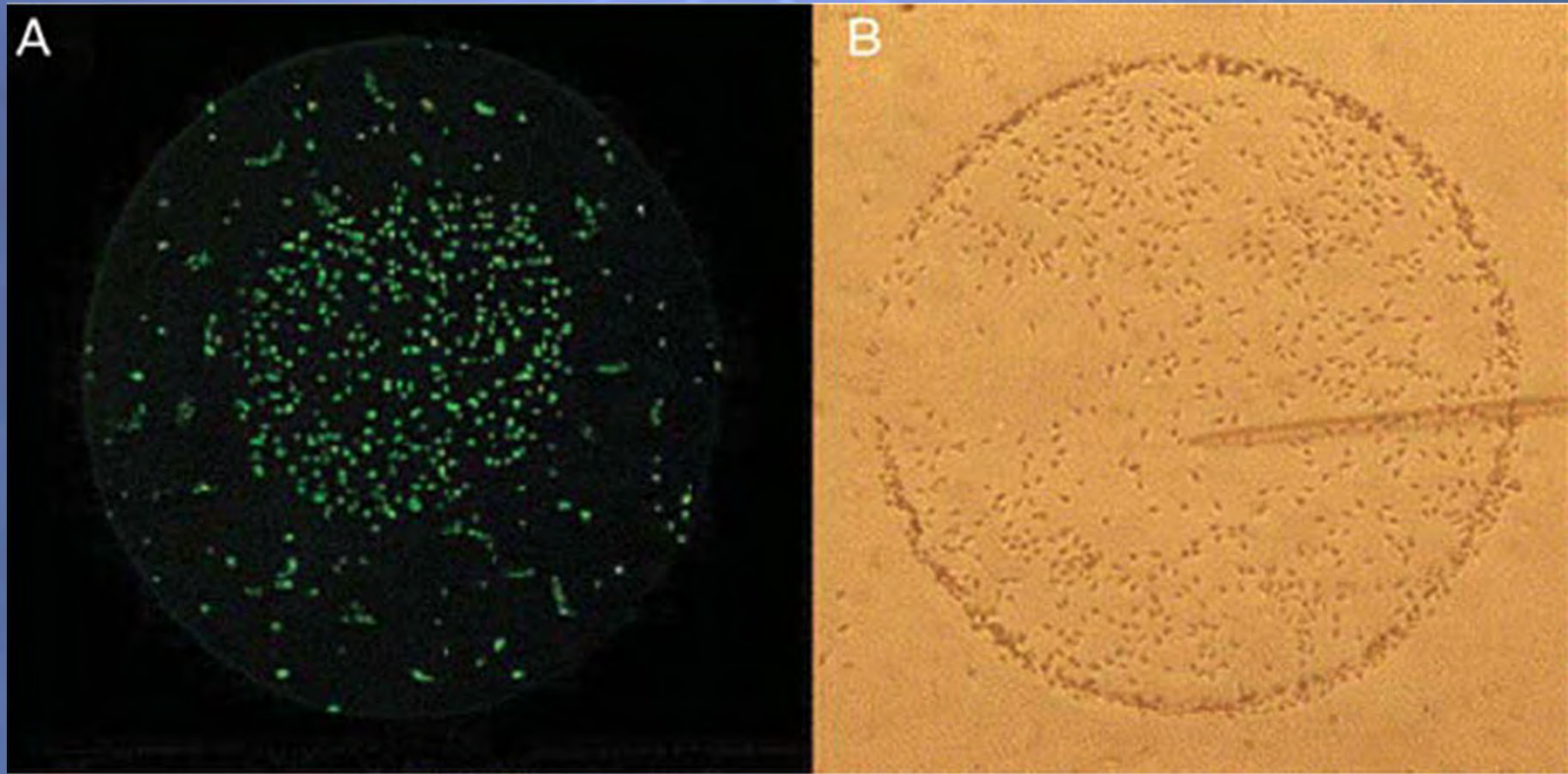
## Testicular sperm extraction

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# PICSI



Jakab et al (2005) Fertil Steril 84: 1665-1673

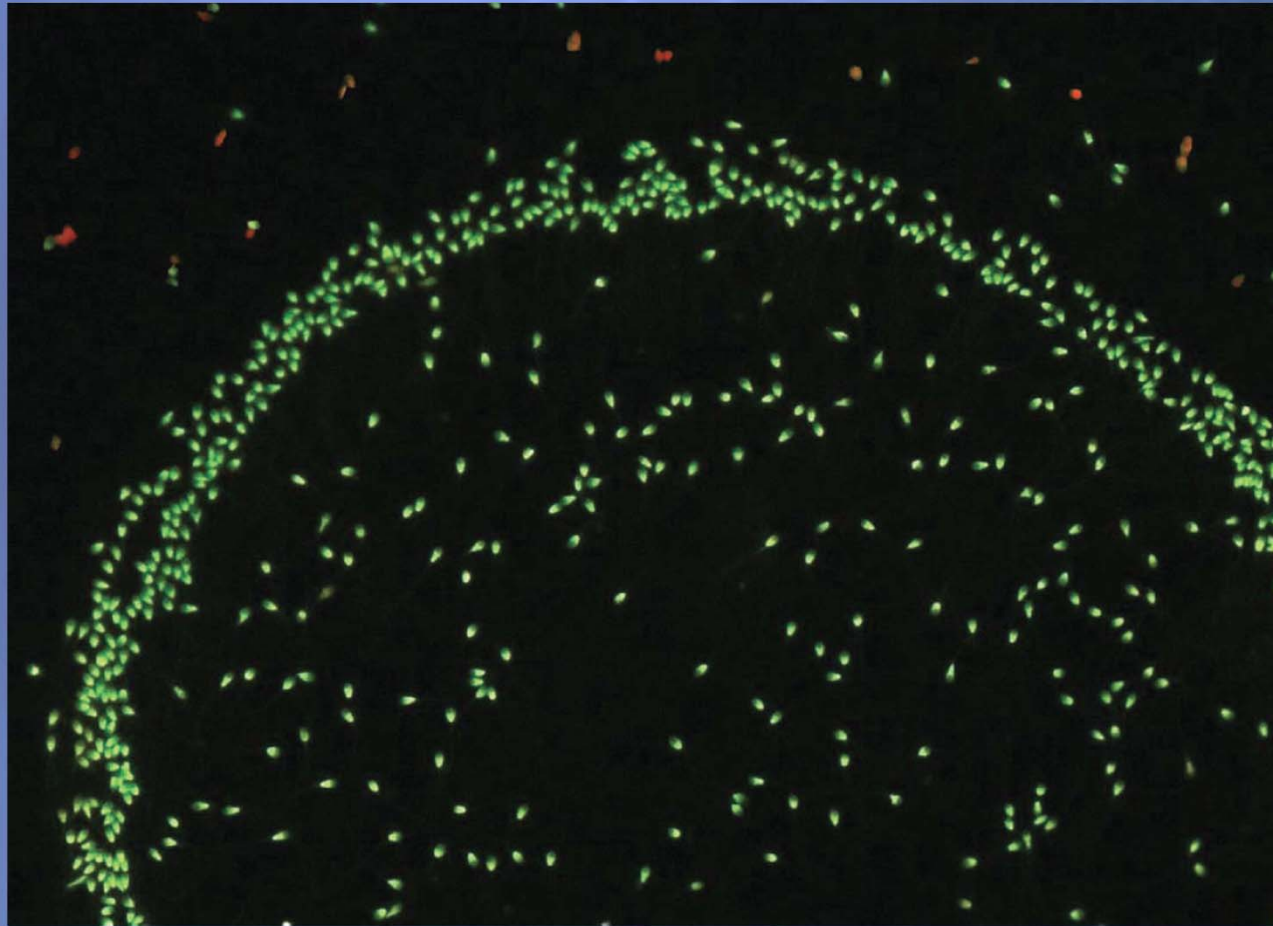
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# Acridine Orange Fluorescence

- ✦ Fixation with methanol and glacial acetic acid (9:1)
- ✦ Staining with Acridine Orange solution for 10 minutes
- ✦ Metachromatic shift in fluorescence
  - ✦ Green (native, double-stranded DNA)
  - ✦ Red (single stranded DNA breaks)

# HA selection of sperm



Yagci *et al* (2010) *J Androl* 31: 566-572

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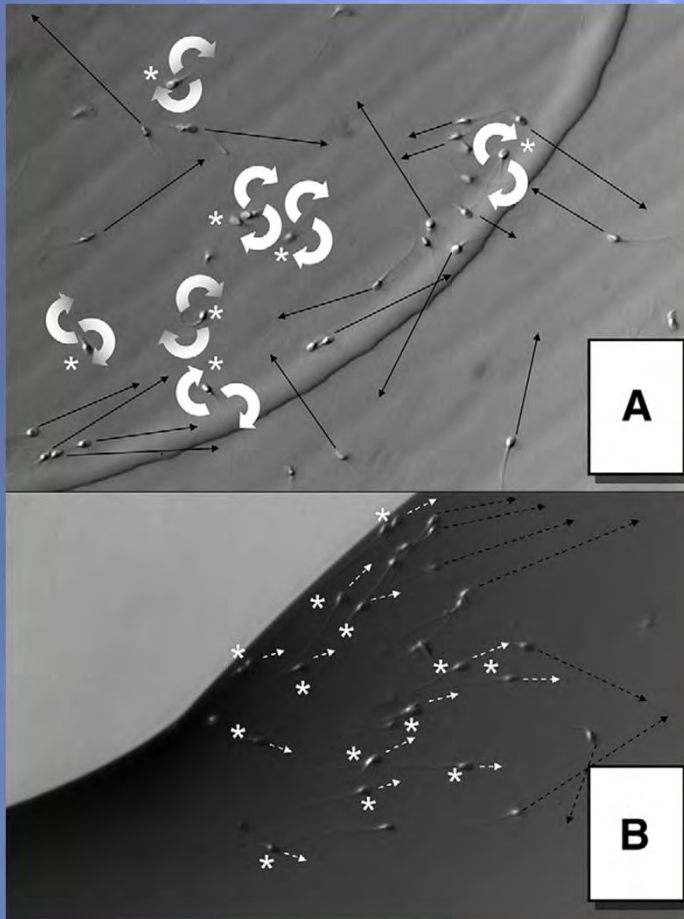


# DNA integrity of HA selected spermatozoa

Variable	Mean $\pm$ SD (%)
Green sperm in semen	54.9 $\pm$ 2.0
Green sperm outside HA spot	56.1 $\pm$ 1.9
Green sperm inside HA spot	99.1 $\pm$ 0.2
Red sperm in semen	45.0 $\pm$ 1.9
Red sperm outside HA spot	43.9 $\pm$ 1.9
Red sperm inside HA spot	0.9 $\pm$ 1.9

Yagci *et al* (2010) *J Androl* 31: 566-572

# PICSI vs Sperm Slow



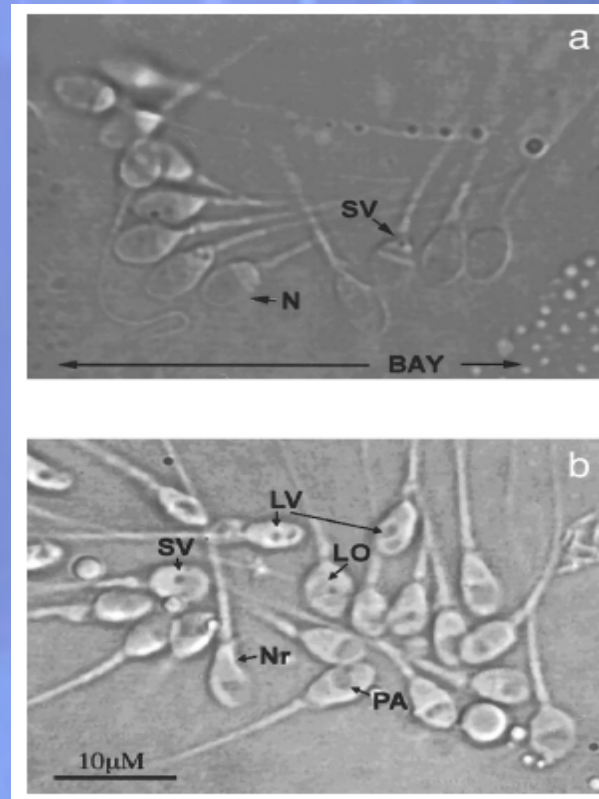
Mean ICSI procedure  
duration (s)

PICSI =  $450.0 \pm 30.5$

SSlow =  $284.1 \pm 10.1$

$p < 0.001$

# Intracytoplasmic Morphologically Selected Sperm Injection (IMSI)



Bartoov *et al* (2002) *J Androl* 23: 1-8

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# RCT of ICSI vs IMSI

	Live birth per initiated cycle (%)			Implantation rate (%)		
	ICSI	IMSI	P-value	ICSI	IMSI	P-value
No male factor	20/42 (47.6)	24/49 (49.0)	NS	26/110 (23.6)	34/120 (28.3)	NS
Male factor	11/39 (28.2)	14/38 (36.8)	NS	16/105 (15.2)	32/108 (29.6)	0.01
Sperm count						
<1 million/ml	4/16 (25.0)	4/11 (36.4)	NS	7/43 (16.3)	11/31 (35.5)	NS
1–20 million/ml	7/22 (31.8)	10/27 (37.0)	NS	9/59 (15.3)	21/77 (27.3)	NS

Values are n/total (%).

ICSI = intracytoplasmic sperm injection; IMSI = intracytoplasmic morphologically selected sperm injection;

NS = not significant.

Balaban *et al* (2011) *RBM Online* 22: 472-476)

Outcome	ICSI	IMSI	P-value
Duration of ICSI procedure (min)	13.55 ± 5.43	20.54 ± 9.43	<0.001
2-pronuclei fertilization rate (%)	80.97 ± 15.06	81.60 ± 10.65	NS
Embryos with 4 blastomeres on day 2 post fertilization (%)	34.70 ± 21.88	30.43 ± 16.23	NS
Embryos with 8 blastomeres on day 3 post fertilization (%)	31.65 ± 17.21	33.61 ± 16.34	NS
Grade 1 and 2 embryos on transfer day (%)	4.84 (63.95)	5.01 (66.44)	NS
Mean no. of embryos transferred <sup>a</sup>	2.76 ± 0.46	2.72 ± 0.48	NS
Clinical pregnancy per initiated cycle (%)	36/81 (44.4)	47/87 (54.0)	NS
Live birth rate per initiated cycle (%)	31/81 (38.3)	38/87 (43.7)	NS
Implantation rate (%)	42/215 (19.5)	66/228 (28.9)	NS
Multiple pregnancy rate (%)	6/36 (16.7)	16/47 (34.0)	<0.001

Values are mean ± SD or *n* (%).

ICSI = intracytoplasmic sperm injection; IMSI = intracytoplasmic morphologically selected sperm injection; NS = not significant.

<sup>a</sup>Six patients (three in each group) who did not undergo embryo transfer due to total fertilization failure (one in IMSI) or pending ovarian hyperstimulation syndrome (two in IMSI, three in conventional ICSI groups) are excluded from this analysis.

Balaban *et al* (2011) *RBM Online* 22: 472-476

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# ART, Ethics & Society

- ✦ Mitochondrial disease and ooplasmic transfer
- ✦ Haploidisation of somatic cells to derive gametes
- ✦ Microarray CGH and sperm selection