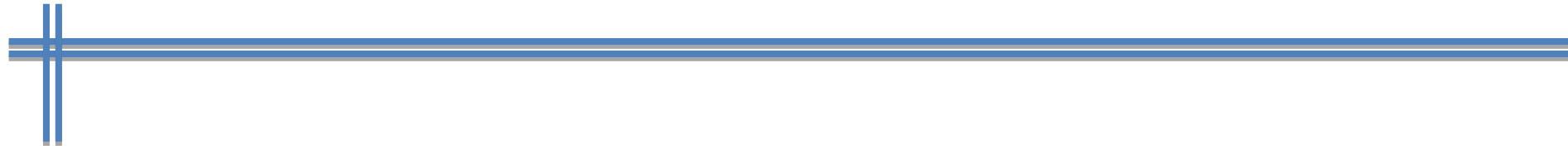


Ospedale Evangelico Internazionale - Genova

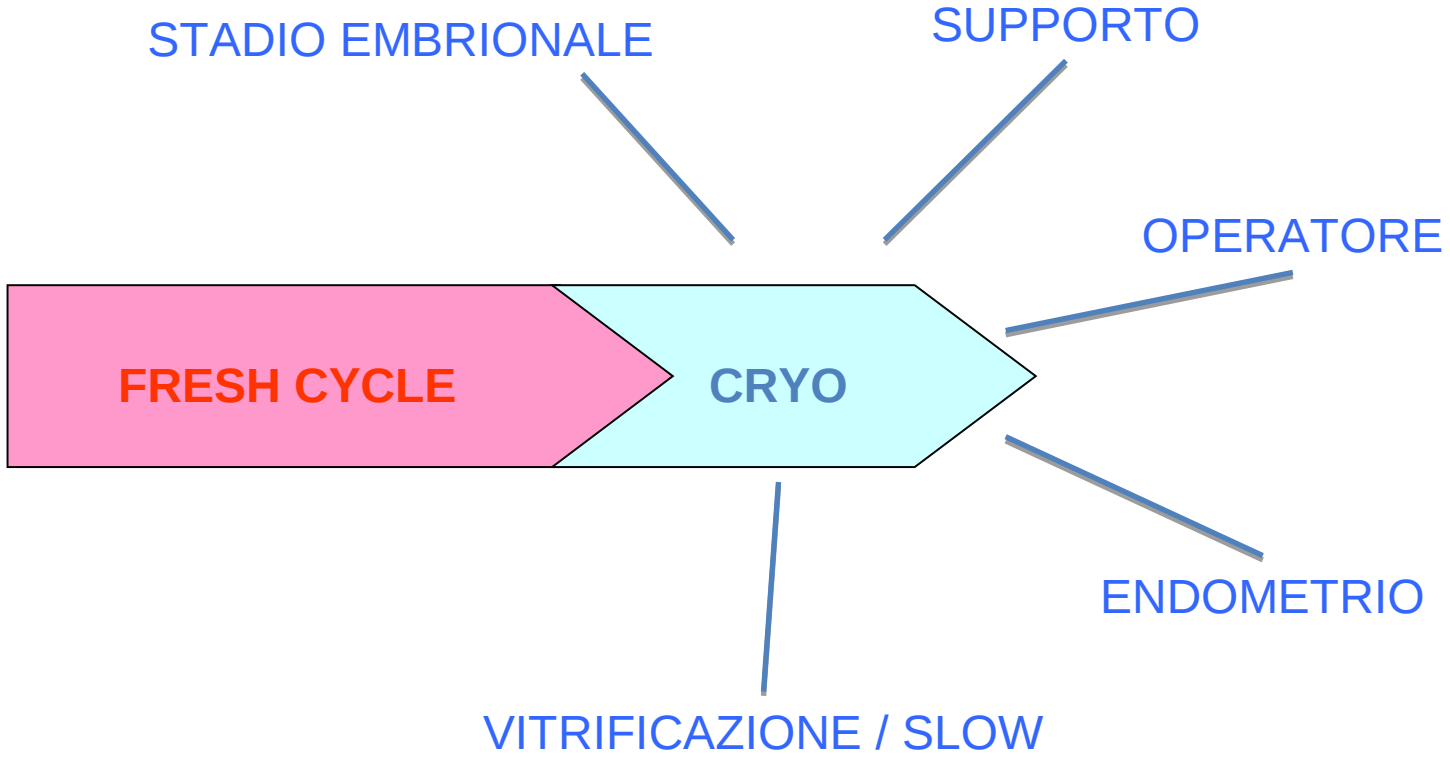
Crioconservazione Embrionaria

D1 – D5





Crioconservazione



STADIO EMBRIONALE

Ai diversi stadi embrionali corrispondono diverse percentuali di successo della tecnica....



... relazione inversamente proporzionale tra volume cellulare e sopravvivenza



- Maggiore indiziata di essere il miglior stadio per crioconservare
- Per politica del laboratorio il 90 % degli embrioni crioconservati sono blastocisti
- Se sopravvissuta al thawing maggiore tasso di impianto

SUPPORTO

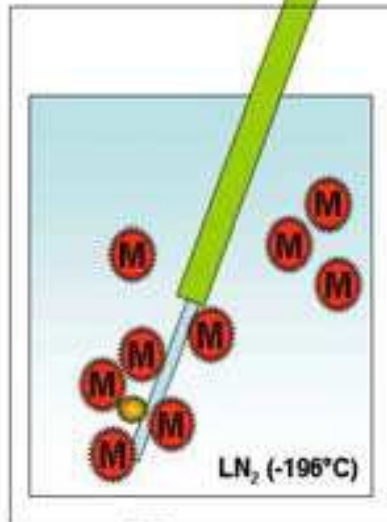


Scelta fondamentale, ogni laboratorio deve trovare il protocollo ed il supporto che meglio si adatta alla propria organizzazione e capacità, provvedendo altresì alla sicurezza dei campioni crioconservati.



VITRIFICATION:
Direct plunging in
contaminated LN₂

- Oocyte/embryo
- M microorganism



Adhesion of frozen microorganisms to oocyte/embryo and on carrier's surface

WARMING:
Immersion of
contaminated carrier in
warming solution at 37°C

- Open Pulled Straw*
- Cryoloop*
- Hemi-Straw*
- Cryotop*
- Cryoleaf*
- Cryolock*
- Vitri-inga*
- Plastic-blade*

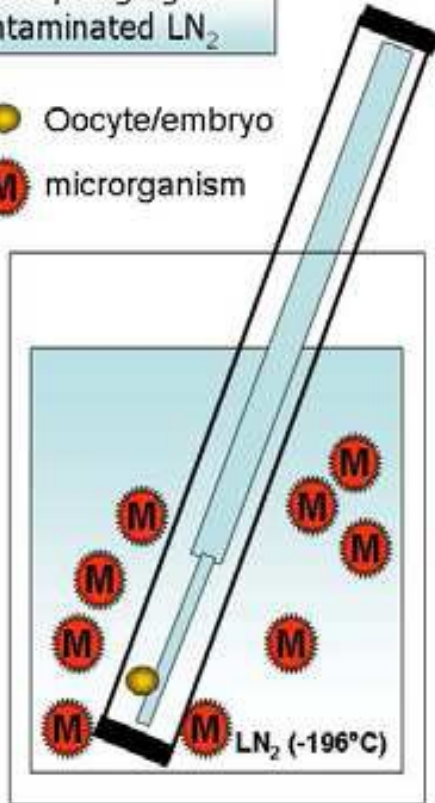


Activation of warmed microorganisms and contamination of culture medium

VITRIFICATION:

Direct plunging in contaminated LN₂

- Oocyte/embryo
- M microrganism

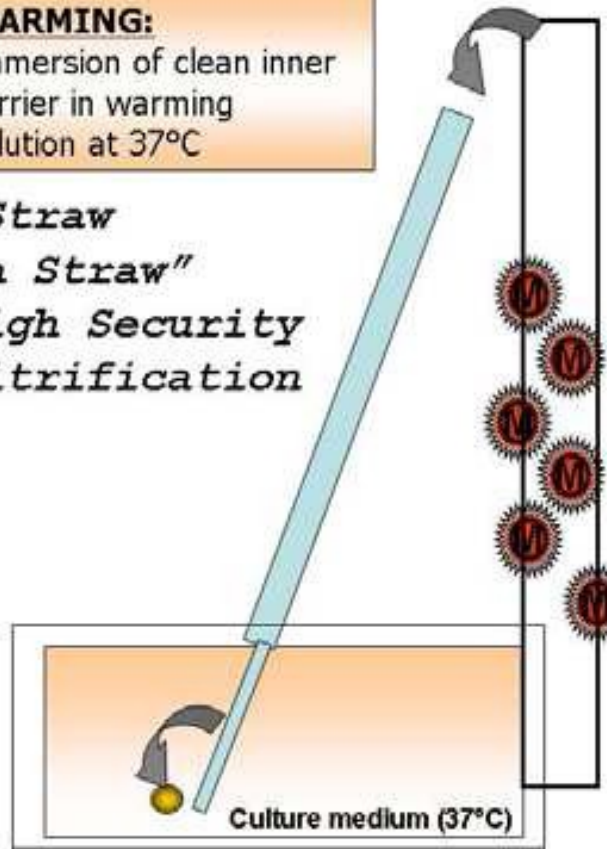


Adhesion of frozen microorganisms to sealed external straw

WARMING:

Immersion of clean inner carrier in warming solution at 37°C

"Straw in Straw"
High Security
Vitrification

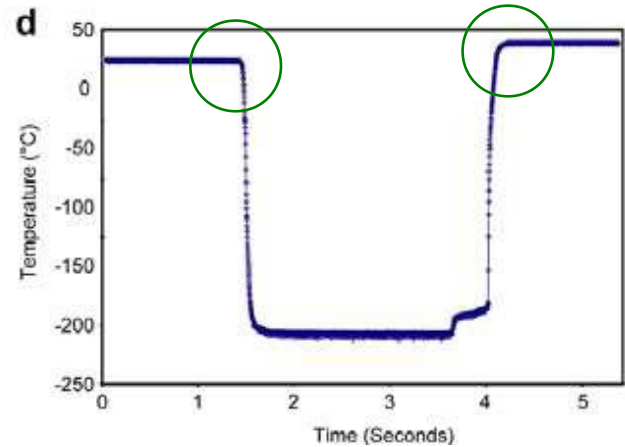
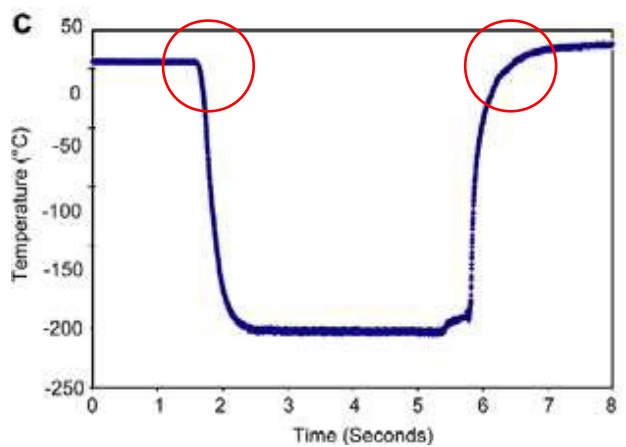
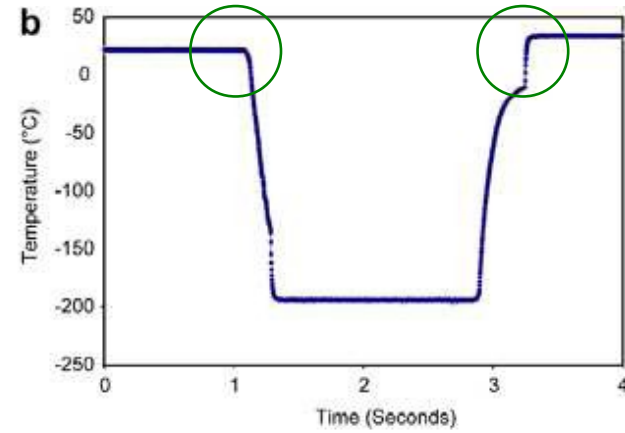
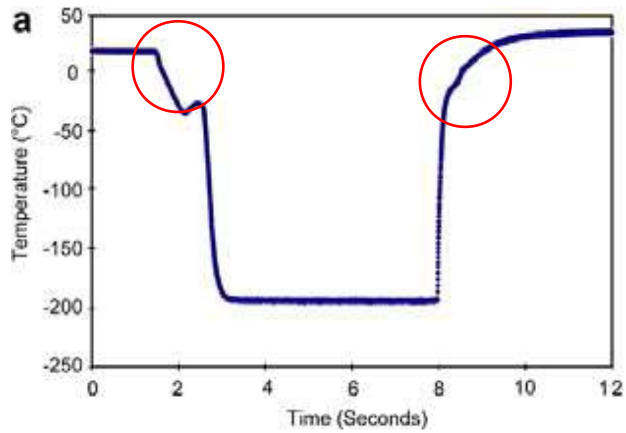


No contamination of culture medium

Supporto

Supporto

DEVICE	VOLUME	COOLING RATE
CRYOLOOP	>1 μ l	20.000 $^{\circ}$ C/min
HEMI-STRAW	>1 μ l	>20.000 $^{\circ}$ C/min
CRYOLEAF	>1 μ l	23.000 $^{\circ}$ C/min
VITRI-INGA	1 μ l	20.000 $^{\circ}$ C/min
CVM-RING	>1 μ l	10.000 $^{\circ}$ C/min
VITRISAFE	>1 μ l	1.300 $^{\circ}$ C/min
HSS	0.5 μ l	2.000 $^{\circ}$ C/min
0.25 ML STRAW	25 μ l	2.500 $^{\circ}$ C/min
OPS	1 μ l	16.700 $^{\circ}$ C/min
CRYOTOP	0.1 μ l	23.000 $^{\circ}$ C/min
CRYOTIP	1 μ l	12.000 $^{\circ}$ C/min
RAPID-I	0.5 μ l	1.200 $^{\circ}$ C/min
CRYOPETTE	1.2 μ l	23.700 $^{\circ}$ C/min
ULTRAVIT	0.2 μ l	250.000 $^{\circ}$ C/min



PVC Vs QUARZO



Equazione di Yavin & Arav

$$\text{Probabilità di Vittrificazione} = \frac{\text{Cooling and warming rates} \times \text{Viscosity (CPA concentration)}}{\text{Volume}}$$



Ultravitrificazione

Slush Nitrogen - 210 °C

Semi Closed Systems

Lee H, Elmoazzen H, Wright D, Biggers J, Rueda BR, Heo YS, et al. Ultra-rapid vitrification of mouse oocytes in low cryoprotectant concentrations. *Reprod Biomed Online* 2010;20:201–8.

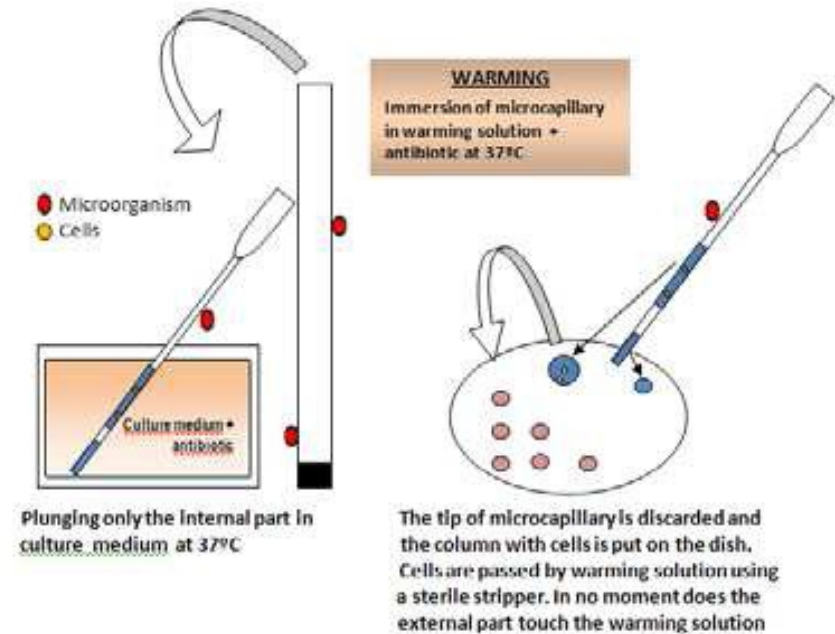
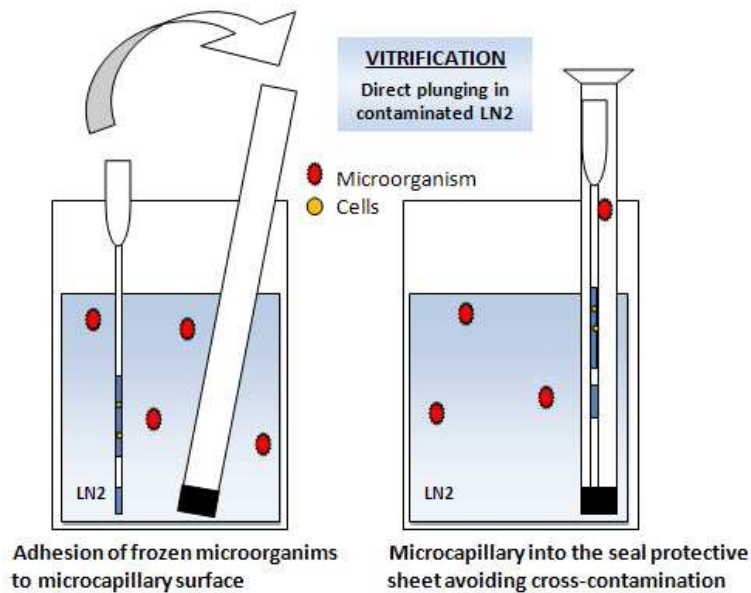
Concentrazione dei crioprotettori equiparabile a quella dello slow freezing

SLUSH NITROGEN

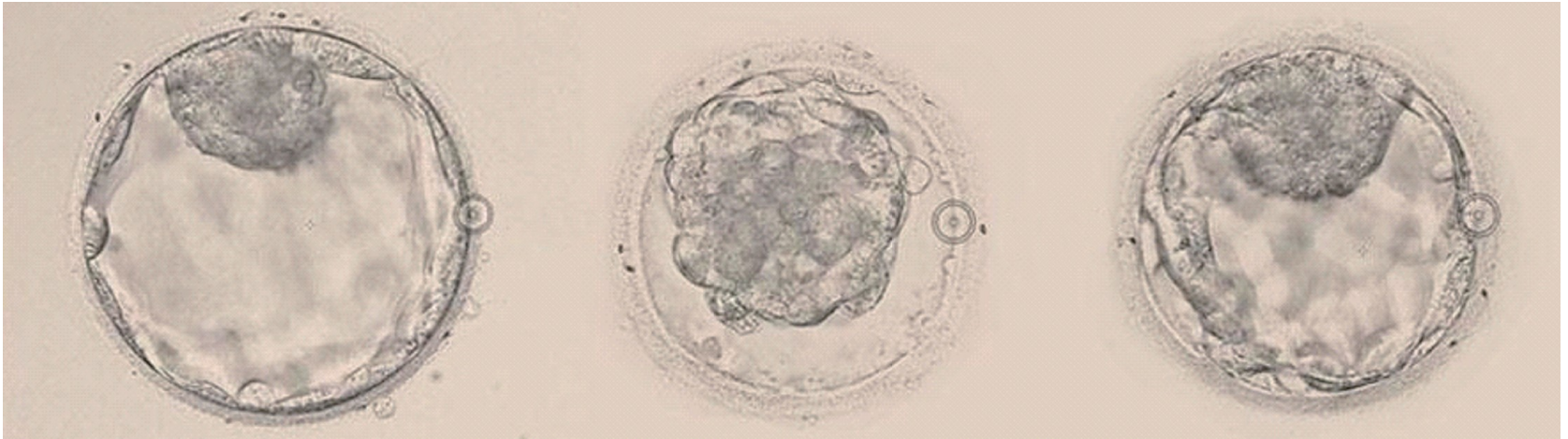
Model	Survival slush (%)	Survival LN (%)	Sig.	Publication
Bovine MII	48	28	$P < 0.05$	Arav & Zeron (1997)
Ovine GV	25	5	$P < 0.05$	Isachenko <i>et al.</i> (2001)
Porcine blastocysts	83	62	$P < 0.05$	Beebe <i>et al.</i> (2005)
Bovine MII	48	39	$P < 0.05$	Santos <i>et al.</i> (2006)
Mouse four-cell embryos with biopsied blastomere	87	50	$P < 0.05$	Lee <i>et al.</i> (2007)
Rabbit embryos	92	83	NS	Papis <i>et al.</i> (2009)
Porcine blastocysts	89	93	NS	Cuello <i>et al.</i> (2004)
Mouse MII	> 80	> 80	NS	Seki & Mazur (2009)
Rabbit oocytes	82	83	NS	Cai <i>et al.</i> (2005)

LN, liquid nitrogen; GV, germinal vesicle; Sig., statistical significance; NS, not significant.

ULTRAVIT



BLASTO Shrinkage



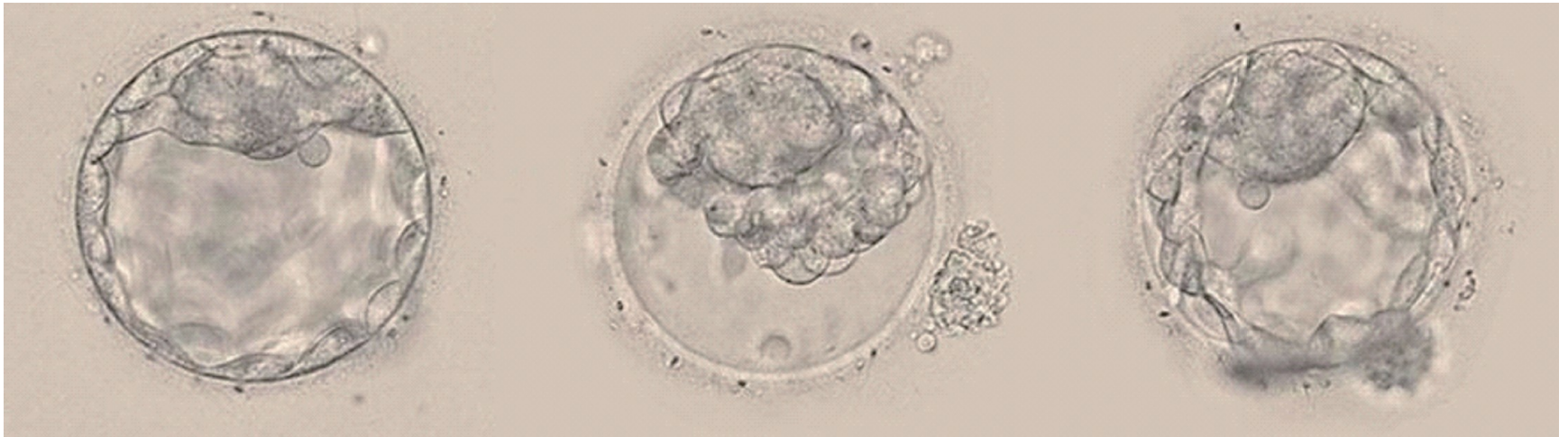
- **Micro Needle**
- **29 gauge needles – (insulina)**
- **Micropipetting (175 μm)**
- **Saccarosio (0.125 – 0.25 M)**
- **Laser Pulse**

BLASTO Shrinkage

J Assist Reprod Genet. 2014 May;31(5):577-81.

Retrospective clinical analysis of two artificial shrinkage methods applied prior to blastocyst vitrification on the outcome of frozen embryo transfer.

Cao S, Zhao C, Zhang J, Wu X, Guo X, Ling X



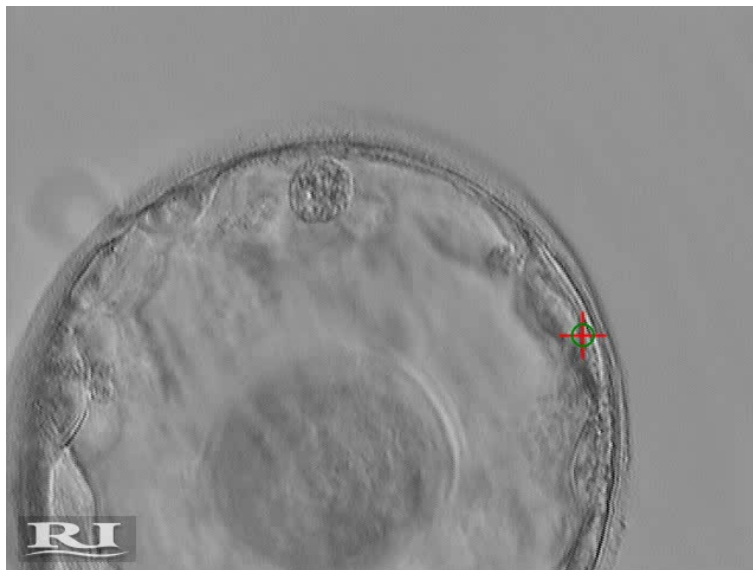


BLASTO Shrinkage

Laser Pulse 200 mS

Giunzione tra due cellule
del trofoctoderma

Zona pellucida



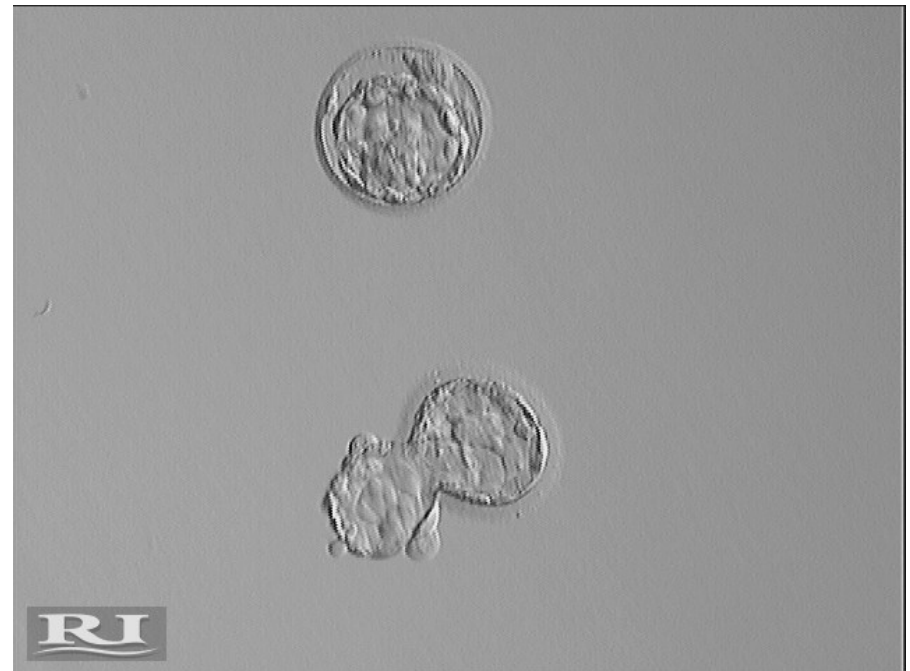
Journal of Assisted Reproduction and Genetics May 2014

Possible selection of viable human blastocysts after vitrification by monitoring morphological changes

T. Maezawa, M. Yamanaka, S. Hashimoto, A. Amo, A. Ohgaki,
Y. Nakaoka, A. Fukuda, T. Ikeda, M. Inoue, Y. Morimoto

Quando Devitrificare?

2 ORE POST THAWING



16 ORE POST THAWING



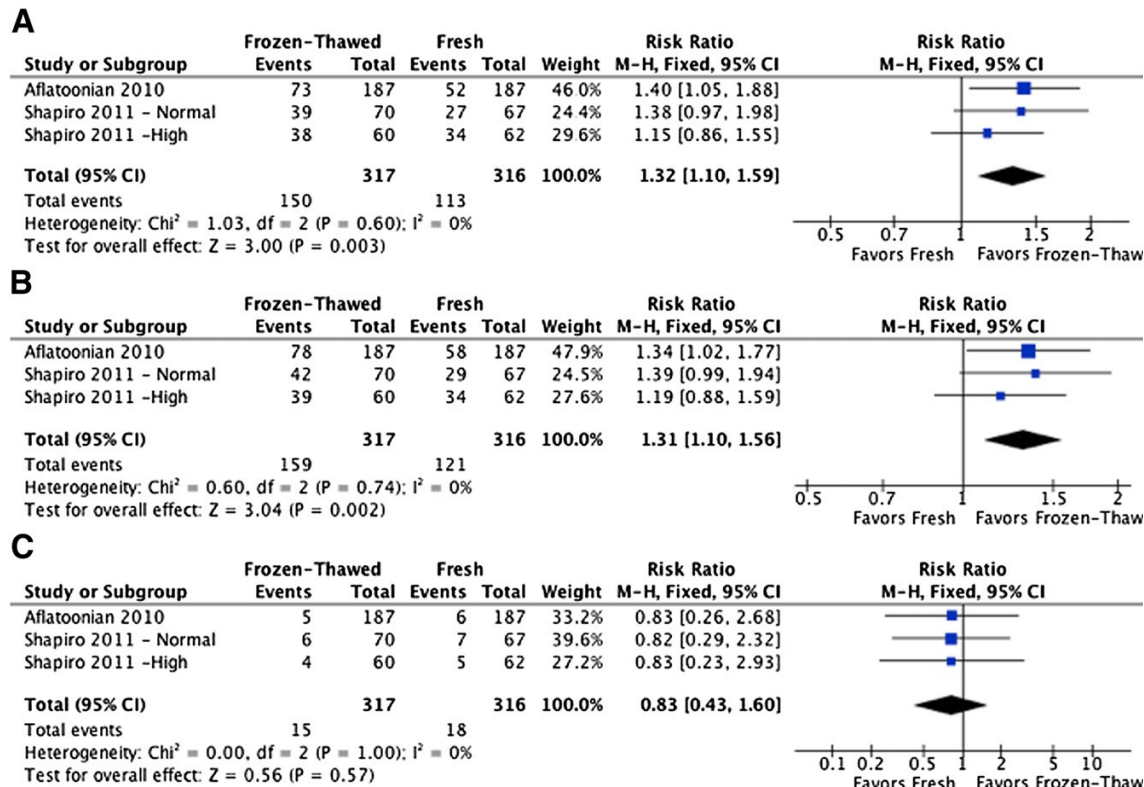


Endometrio

Fertil Steril. 2014 May;101(5):1294-1301.e2.

Single-embryo transfer of vitrified-warmed blastocysts yields equivalent live-birth rates and improved neonatal outcomes compared with fresh transfers.

Roy TK, Bradley CK, Bowman MC, McArthur SJ.



Fresh embryo transfer versus frozen embryo transfer in in vitro fertilization cycles: a systematic review and meta-analysis



CONCLUSIONI

- Ottenere: elevate cooling/warming rates – elevate survival rates – sicurezza per il paziente
- Non accontentarsi di una “sopravvivenza” morfologica.
- Ridurre il volume del blastocite migliora la sopravvivenza alla tecnica

Grazie per l'attenzione

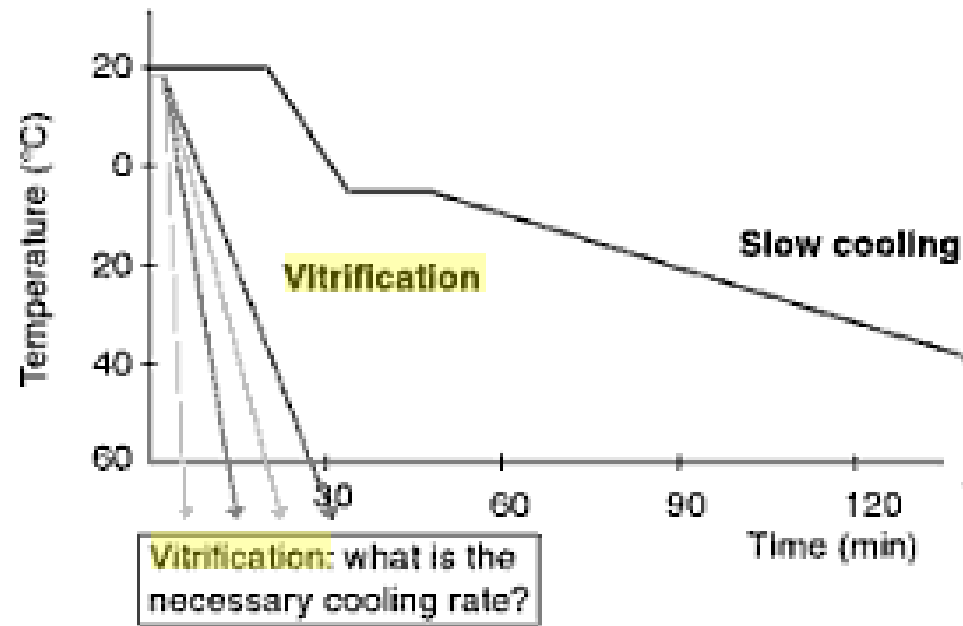


FREEZE ALL

Again, “good” blastocysts show better cryosurvival and subsequent developmental competence.

- Always Day 5 blastocysts? — or are Day 6 blastocysts OK to freeze?**
- What are the optimum criteria for selecting blastocysts for freezing?**
 - Early cavitating stage?**
 - Expanding blastocysts?**
 - Expanded blastocysts?**
- Many labs freeze “less than ideal” blastocysts, often because that’s all we / the patient have**

Sistema



ZIGOTE



La crioconservazione degli zigoti rappresenta una alternativa in quelle nazioni dove crioconservare embrioni ad uno stadio più avanzato è proibito dalla legge o da motivi religiosi.



EMBRIONI D2-D3

In alcune nazioni la crioconservazione al G+3 sta avendo un ritorno di fiamma, con lo slow-freezing

