

motile sperm was aspirated in a convulated path because it bends more easily. We did ICSI using soft sperm in total nonmotile cases, and all ICSI steps were done by conventional procedures.

Results: We retrieved 311 oocytes from 25 patients. Sperm was obtained by ejaculation (n=22), PESA (n=2), TESE (n=1), and ICSI was done in 208 oocytes. The overall fertilization rate per oocytes which survived the procedure was 40.4% (80/198). The fertilization rate with normal ejaculated sperm, PESA sperm, TESE sperm were 40.6% (63/171), 69.6% (16/23), 0% (0/2), 33.3% (1/3), respectively. We could transfer 20 out of 25 cycles, and achieved 2 pregnancies (10.0%) from the cases of using PESA sperm. No pregnancy was achieved when we used ejaculated non-motile sperm.

Conclusion: We were able to demonstrate that by using the criteria of membrane elasticity, identification of viable sperm was possible and fertilization occurred. In addition, using ICSI, pregnancy can be achieved. Therefore, We recommend the use of softness of sperm membrane to select proper sperm for ICSI in men with problem in sperm motility.

P-13 Chromosomal Analysis in Azoospermic Infertility Patients

**Sang Hee Park, Eun Jung Lee, Min Jung Hong, Eun Hye Im, In Pyung Kwak,
Sook Hwan Lee, Chan Park, Hyun Joo Kim and Kwang Yul Cha**

*Dept. OB/GYN, Urology and Human Genetics Lab. of Infertility Medical Center,
CHA General Hospital, College of Medicine, Pochon CHA University*

These days, male factor infertility is markedly increasing compare to last decade. This study was undertaken to analyze chromosomal abnormalities in azoospermic infertility patients. One hundred eighty azoospermic patients referred from ongoing infertility workup couples were diagnosed by semen analysis, endocrinological evaluation and urological test including physical examination.

Cytogenetic studies using GTG banding on azoospermic patients revealed as followed; forty two percent of these azoospermic patients (76/180) had abnormal karyotypes. Eighty four percent of them (64/76) was a Klinefelter syndrome, and 6.6 percent (5/76) was a 46,XX male karyotype, 2.6 percent (2/76) was a mosaic 45,X/46,XY.

Structural anomalies involving Y chromosome were one case of del(Y) and one reciprocal translocation t(Y;8). And there were one autosomal translocation t(12;18) and two pericentric inversions of chromosome 9.

Further studies should be addressed on candidate gene DAZ on Y chromosome.