









Chromosomal abnormalities in infertile couples Translocations, inversions and deletions
✓Numerical abnormalities - Aneuploidies of the sexual chromosomes (1%) (47,XYY; 47,XXX - generally fertile)
 ✓ Structural abnormalities - Reciprocal translocations (0.6%) - Robertsonian translocations (0.2%) - Inversions (0.1%) - Deletions (0.1%)
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Chromosomal abnormalities Turner syndrome - 45,X
Non-disjunction during oogenesis Incidence: 1/2500 female births Clinical features: <u>Severe phenotype</u> : Short stature POF Primary amenorrhea Low estrogen levels <u>Mild phenotype</u> : Secondary amenorrhea Sterility
~25% not diagnosed until adolescence
Sshre









X-linked disorders POF syndrome
<u>P</u> remature <u>O</u> varian <u>F</u> ailure – X-Fragile
CGG repeat in <i>FMR1</i> gene
and methylation silencing the gene
FMR1 >200 CGG repeats – full mutation
50-200 CGG repeats – premutation
Female carries of FMR1 premutation
 increased risk of POF
 ~25% subclinical ovarian dysfunction
 ~20% menses cessation before 40ties
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11 21 21 11	
11 11 11 13 13 14	Non-disjunction in gametes
	Mostly diagnosed after puberty
0.0.0.0.0	
ical features: Long limbs, lar Gynecomastia Small testis Hypogonadism Azoospermia	ge hands and feet hypergonadotropic

Chromosomal abnormalities Klinefelter syndrome - 47,XXY

- ✓ Successful sperm recovery in KS patients range from 44% (16-60%) - ICSI candidates
- ✓ Embryos with slightly increased risk of aneuploidies for sexual chromosomes (1/40) and other trisomies
- ✓ PGD could be performed

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Chromosomal abnormalities Y chromosome microdeletions ✓ Deletions are too small to be detected by karyotyping ✓ Deletions caused by intrachromosomal recombination events between homologous repetitive sequences ✓ Deletions on Y chromosome detected by multiplex-PCR









Chromosomal abnormalities Y chromosome microdeletions

- ✓ Deletions are too small to be detected by karyotyping
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- ✓ Deletions on Y chromosome detected by multiplex-PCR
- ✓ AZF microdeletions could have prognostic value for patients undergoing ART

Monogenic disorders CFTR mutations - CAVD

About 98% of males affected with CF are infertile

Clinical features related with infertility

<u>male</u>: atrophy, fibrose or congenital absence of vas deferens <u>female</u>: reduced fertility, thick dehydrated mucus in the cervix

Congenital Absence of Vas Deferens (CAVD)

1-2% male infertility, 6% obstructive azoospermia

Mutations (>1300) in **CFTR** gene (Cystic Fibrosis Transmembrane Conductance Regulator)



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Monogenic disorders CFTR mutations - CAVD

Prevalence of CFTR mutations in infertile male with CAVD is 100% with at least 1 mutation (after complete study of C*FTR* gene)

DeltaF508	23.3
R334W	6.7
R117H	4.4
G576A	4.4
R688C	4.4

Indications for CFTR mutations before ART:

✓Obstructive azoospermia

TAKING-HOME Message Molecular diagnosis for female infertility

Karyotype

✤ FMR1 gene analysis

Molecular diagnosis for male infertility

Karyotype

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- Y chromosome microdeletions in non-obstructive azoospermia and severe oligozoospermia
- $\textbf{ $ \mathbf{CFTR}$ mutations in obstructive azoospermia}$