

## In Vitro Human Sperm Activation by Using Progesterone Medroxy-Acetate

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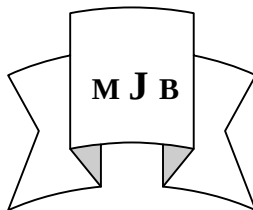
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### Abstract:

The aim of this study is investigate the effect of incubation periods ( 90 and 120 minutes ) on the sperm functions of ten human asthenospermic specimens which are incubated with different concentrations of progesterone medroxy-acetate (0.1 , 0.4 and 1 mg/ml ). These concentrations were added to glucosaline medium ( control ) and used for in vitro sperm activation .

The incubation of asthenospermic specimens with glucosaline supplemented with 0.4 mg/ml progesterone medroxy – acetate caused a significant increase (  $p < 0.001$  ) in sperm motility percent and grade activity compared to control group ( glucosaline alone ) after 90 and 120 minutes . So progesterone medroxy-acetate, when used at 0.4 mg / ml can maintain the improved sperm motion for longer duration enough to increase the number of sperm reaching the upper reproductive tract and increase the fertilization capacity in the assisted reproduction technique.

### الخلاصة:

تهدف الدراسة الحالية إلى التحري عن تأثير فترتي الحضان 90 و 120 دقيقة على وظائف النطف البشرية الواهنة والتي حضنت مع تراكيز مختلفة من خلاات الميدروكسي بروجسترون (0.1 ، 0.4 ، 1 ملغم / مل). أضيفت تلك التراكيز إلى المحلول الفسيولوجي السكري الذي مثل بمفرده مجموعة السيطرة واستخدمها لتنشيط النطف خارج الجسم .

سبب حضن النطف الواهنة مع المحلول الفسيولوجي السكري المجهز بـ 0.4 ملغم / مل من خلاات الميدروكسي بروجسترون زيادة معنوية (  $p < 0.001$  ) في النسبة المئوية للنطف المتحركة ودرجة نشاط النطف مقارنة مع مجموعة السيطرة بعد 90 و 120 دقيقة من المعاملة . لذا يعد استخدام 0.4 ملغم / مل من خلاات الميدروكسي بروجسترون وسيلة للحفاظ على الزيادة في حركة النطف لفترة طويلة تكون كافية لزيادة عدد النطف الواصلة إلى القناة التناسلية العليا وزيادة القابلية الإخصابية للتقنيات الساندة للتكاثر .

### Introduction

The progesterone acts as a physiological stimulator for human sperm functions. It is present in the fertilization region with high concentration and affects on some sperm function like sperm motility, capacitation , acrosome reaction and sperm efficiency for response and interaction with zona pellucida proteins [1,2], in addition to the improvement of sperm penetration rate [3]. Previous studies revealed that the stimulation

effect of follicular fluid and human granuloa media on human sperm hyperactivation and acrosome reaction, and this effect refers to the progesterone present in both above media [4]. Usually, the spermatozoa correlate and incubated in vivo in tubal fluid. After ovulation, the follicular fluid removes the correlation of spermatozoa from tubal wall and this refers to the progesterone action on spermatozoal hyperactivation [5]. Other investigators revealed to significant linear

correlation between sperm motility and percentage of sperm and showed an increase in calcium concentration as a response for progesterone, and then the positive important action of progesterone in fertilization[6,7]. The effects of progesterone depend on dosage [8], also refer to activated two types of progesterone receptors which are present on plasma membrane of human spermatozoa [9,10]. Other study determined that 0.4 mg / ml of progesterone medroxy-acetate is the optimum concentration to improve sperm quality for one hour of incubation period [11]. So this study aims to know the progesterone effects on motion parameters of asthenospermatozoa for duration longer than one hour of incubation periods .

### **Materials and Methods**

#### **Semen collection and processing :-**

Ten semen samples were obtained by masturbation from ten asthenospermic patients after 3 days of sexual abstinence . The specimens were allowed to liquefy at 37° C for 20 – 30 minutes. The mean data of the semen parameters were estimated, including : sperm concentration, sperm motility percent, grade activity, abnormal sperm morphology percent, leukocytes and phagocytes concentration .

The values of these parameters are considered as sperm parameters before activation.

#### ***In vitro* sperm activation technique :-**

Two ml of each semen sample was divided into four equal splits , placed separately into four centrifuged tubes. Each 0.5 ml of semen was mixed with 1 ml of glucosaline supplemented with 20 % inactive maternal serum. The mixture was centrifuged at 2000 rpm for 5 minutes, the supernatant was discarded and the final pellet in four tubes was overlaid with glucosaline alone

(control ) , glucosaline with 0.1 mg / ml of progesterone medroxy-acetate, glucosaline with 0.4 mg / ml of progesterone medroxy-acetate and glucosaline with 1 mg / ml of progesterone medroxy-acetate. The four tubes were kept in an incubator at 37° C .

A drop of top part of media was aspirated after 90 and 120 minutes from each tube and examined to evaluate sperm parameters. The results were analyzed by using analysis of variance ( ANOVA ) and LSD to indicate the significancy[12].

### **Results**

The results of *in vitro* sperm activation showed a significant improvement (  $p < 0.001$  ) in all sperm parameters by using glucosaline alone or with different concentrations of progesterone medroxy-acetate compared to those values before activation in two incubation periods which were used .

The incubation of asthenosperm with glucosaline supplemented with 0.4 mg /ml of progesterone medroxy-acetate caused a significant increase (  $p < 0.001$  ) in sperm motility percent and grade activity compared to glucosaline alone or by using 0.1 and 1 mg /ml of progesterone medroxy-acetate at 90 and 120 minutes of incubation periods ( Table 1 and 2 ). While other values of activated sperm parameters showed insignificant differences (  $p > 0.05$  ) between glucosaline alone and different concentrations of progesterone medroxy-acetate .

### **Discussion**

The result of the present study has shown that the incubation of asthenospermic specimens with glucosaline which supplemented with 0.4 mg /ml of progesterone medroxy-acetate caused a significant increase in sperm motility percent and grade activity compared to glucosaline alone

and other concentrations of progesterone medroxy-acetate for 90 and 120 minutes of incubation periods; this may refer to the dose-dependent effect of progesterone medroxy-acetate on sperm hyperactivation. The result agrees with [13] study, that progesterone acetate depend on dosage, and has an important role in cAMP increasing. The incubation of human spermatozoa with 100  $\mu$  mol / L of progesterone caused two peaks in cAMP increasing curve, the first one occur after half hour and the second after two hours of incubation and this increasing correlated with significant increase of hyperactivate sperm motility percent. Another study showed that using 0.4 mg / ml of progesterone medroxy – acetate in sperm activation caused a significant increase in sperm motility percent and grade activity compared to the control at 30 and 60 minutes of incubation periods [11,8] noticed that adding human follicular fluid to spermatozoa caused sperm hyperactivation for three hours, where as the sperm motility was decreased significantly after one hour without human follicular fluid.

The effects of progesterone were mediated by an increase in the formation of inositol triphosphate which increased the liberation of intracellular  $Ca^{+2}$  [14-17] and activation of adenyl cyclase which led to the increase of the generation of cAMP. Consequently cAMP increased due to activation of protein kinase A with the increased protein phosphorylation and hyperactivation of sperm motility [18-20]. So the increase of intracellular content of cAMP was correlated with significant improvement in the percentage of forward progressive spermatozoa at the fourth hour [21] and had a sign effect on the occurrence of acrosome reaction [22].

The results showed insignificant differences in recovery sperm concentration, abnormal sperm morphology percentage, white blood cells concentration with phagocytes in different treatments compared to control, this may mean that this study was performed in vitro and sperm concentration or morphology was completely determined *in vivo*.

It has been concluded, that 0.4 mg / ml of progesterone medroxy-acetate can maintain the motion parameters for 90 and 120 minutes and this duration is long enough to increase the number of sperm reaching the upper reproductive tract and may increase the fertilizing capacity in assisted reproduction.

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**Table 1** Sperm function parameters before and after activation of asthenospermic patients by using glucosaline medium with different concentrations of progesterone medroxy-acetate for 90 minutes of incubation period .

| Sperm parameters                                                | Before treatment<br>(mean $\pm$ SD) | After treatment (mean $\pm$ SD) |                                               |                          |                           |
|-----------------------------------------------------------------|-------------------------------------|---------------------------------|-----------------------------------------------|--------------------------|---------------------------|
|                                                                 |                                     | Control                         | Progesterone medroxy – acetate<br>( mg / ml ) |                          |                           |
|                                                                 |                                     |                                 | 0.1                                           | 0.4                      | 1                         |
| Sperm concentration<br>( $\times 10^6$ )                        | a<br>63.20<br>$\pm$ 22.73           | b<br>9.60<br>$\pm$ 4.59         | b<br>10.70<br>$\pm$ 6.32                      | b<br>11.10<br>$\pm$ 6.31 | b<br>9.60<br>$\pm$ 5.25   |
| Sperm motility percent<br>%                                     | a<br>35.50<br>$\pm$ 9.26            | b<br>65.00<br>$\pm$ 6.66        | b<br>62.00<br>$\pm$ 5.86                      | c<br>73.50<br>$\pm$ 8.18 | b<br>63.50<br>$\pm$ 11.31 |
| Grade activity                                                  | a<br>2.18<br>$\pm$ 0.44             | b<br>3.54<br>$\pm$ 0.17         | b<br>3.47<br>$\pm$ 0.17                       | c<br>3.76<br>$\pm$ 0.25  | b<br>3.50<br>$\pm$ 0.29   |
| Abnormal sperm<br>morphology                                    | a<br>44.84<br>$\pm$ 13.66           | b<br>17.24<br>$\pm$ 6.66        | b<br>18.18<br>$\pm$ 4.88                      | b<br>18.80<br>$\pm$ 7.12 | b<br>20.34<br>$\pm$ 5.78  |
| Leukocytes and<br>phagocytes<br>concentration ( $\times 10^6$ ) | a<br>2.10<br>$\pm$ 1.72             | b<br>0.10<br>$\pm$ 0.31         | b<br>0.10<br>$\pm$ 0.31                       | b<br>0.15<br>$\pm$ 0.33  | b<br>0.17<br>$\pm$ 0.33   |

Patient number = 10

$p < 0.001$  significant difference .

Different letters indicate for significancy .

**Table 2** Sperm function parameters before and after activation of asthenospermic patients by using glucosaline medium with different concentrations of progesterone medroxy-acetate for 120 minutes of incubation period .

| Sperm parameters                                                | Before treatment<br>(mean $\pm$ SD) | After treatment (mean $\pm$ SD) |                                               |                          |                           |
|-----------------------------------------------------------------|-------------------------------------|---------------------------------|-----------------------------------------------|--------------------------|---------------------------|
|                                                                 |                                     | Control                         | Progesterone medroxy – acetate<br>( mg / ml ) |                          |                           |
|                                                                 |                                     |                                 | 0.1                                           | 0.4                      | 1                         |
| Sperm concentration<br>( $\times 10^6$ )                        | a<br>63.20<br>$\pm$ 22.73           | b<br>9.60<br>$\pm$ 4.59         | b<br>11.30<br>$\pm$ 6.32                      | b<br>11.60<br>$\pm$ 6.31 | b<br>10.10<br>$\pm$ 5.25  |
| Sperm motility percent<br>%                                     | a<br>35.50<br>$\pm$ 9.26            | b<br>64.50<br>$\pm$ 5.50        | b<br>62.00<br>$\pm$ 7.52                      | c<br>73.50<br>$\pm$ 7.47 | b<br>61.50<br>$\pm$ 11.06 |
| Grade activity                                                  | a<br>2.18<br>$\pm$ 0.44             | b<br>3.49<br>$\pm$ 0.15         | b<br>3.41<br>$\pm$ 0.19                       | c<br>3.71<br>$\pm$ 0.24  | b<br>3.39<br>$\pm$ 0.95   |
| Abnormal sperm<br>morphology                                    | a<br>44.84<br>$\pm$ 13.66           | b<br>18.89<br>$\pm$ 6.88        | b<br>19.80<br>$\pm$ 7.99                      | b<br>17.20<br>$\pm$ 7.43 | b<br>18.69<br>$\pm$ 6.54  |
| Leukocytes and<br>phagocytes<br>concentration ( $\times 10^6$ ) | a<br>2.10<br>$\pm$ 1.72             | b<br>0.12<br>$\pm$ 0.31         | b<br>0.17<br>$\pm$ 0.33                       | b<br>0.15<br>$\pm$ 0.34  | b<br>0.12<br>$\pm$ 0.33   |

Patient number = 10

$p < 0.001$  significant difference .

Different letters indicate significancy .