



## Live birth after transfer of vitrified embryos from superovulated goats

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| <p>Article history<br/>Received: 25 Jan, 2016<br/>Revised: 15 Mar, 2016<br/>Accepted: 19 Mar, 2016</p> | <p><b>Abstract</b></p> <p>In this study, the viability of vitrified goat embryos recovered from superovulated non-descript Philippine goats were evaluated post-warming by transferring to surrogate does. Of 17 does treated for superovulation, 3 did not respond and 14 responded with a 13.07 mean ovulation rate. An average of 9.7 embryos per doe was collected at different developmental stages. Using a container-less minimum drop size (MDS) method of vitrification, 50 and 64 embryos were exposed to vitrification solution 1 (VS1) containing 10% ethylene glycol in basic medium (BM) consisting of Hepes buffered TCM-199 medium + 20% estrus-doe serum solution for 3 min and 10 min, respectively. Immediately thereafter, the embryos were transferred to 40% EG + 1 M sucrose in BM for 45 Sec before recovering and dropping directly into LN<sub>2</sub>. After 3 months of storage, the embryos were warmed in 2 ml of 0.3 M sucrose in BM for 5 min and washed twice before transferring into culture medium. Morphologically normal embryos were then transferred surgically to 6 recipients. Seven kids were born after a normal gestation period with birthweights ranging from 0.78–2.5 kg. The results highlight the usefulness of the MDS method of vitrification using an ethylene glycol based solution in the cryopreservation of goat embryos. That, continuous research effort should be made for optimizing cryopreservation protocols for conservation of animal genetic resources.</p> <p><b>Keywords:</b> Embryo transfer; live birth; superovulation; vitrification</p> |
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### Introduction

At present, interest has focused on vitrification as a rapid and efficient method for cryopreservation of mammalian embryos. The first successful vitrification of embryos was achieved with 8-cell mouse embryos using dimethyl sulfoxide (DMSO), acetamide, propylene glycol and polyethylene glycol as cryoprotectants, in which the embryos were exposed to

vitrification solution at low temperature (4°C) after stepwise equilibration to avoid its toxicity (Rall and Fahy, 1985). However, applying the same method to blastocyst stage embryos resulted in a lower survival rate (Hsu et al., 1986; Matsumoto et al., 1987). Besides, manipulating the embryos under a microscope at low temperature is not practical and the completion of the procedure before rapid cooling requires 25-40 min. Thus, succeeding efforts were directed at the

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improvement of the vitrification procedure for embryo cryopreservation using the electron microscope grids (Martino et al., 1996), open pulled straws (Vajta et al., 1998), cryoloop (Lane et al., 1999a), cryotop (Kuwayama and Kato, 2000), microdrop method (Kim et al., 2007; Ocampo et al., 2014), gel loading tip (Tominaga and Hamada, 2001) and a paper container (Kim et al., 2012) with the ultimate aim of preventing injury from intracellular ice formation. One remarkable improvement was the use of a simplified method using a vitrification solution based on ethylene glycol (Kasai et al., 1990; Yushiati and Holtz, 1990; Miyake et al., 1993; Zhu et al., 1993; Guignot et al., 2006) that allow rapid permeation of the cell within 2 min of treatment at 20°C before directly plunging the sample into liquid nitrogen. This method has also been proven effective for rabbit morula (Kasai et al., 1992).

In goat, the first successful embryo freezing and transfer was accomplished in using expanded blastocyst embryos (Bilton and Moore, 1976), followed by efforts in improving the method using ethylene glycol or glycerol (Le Gal et al., 1993; Rodriguez-Dorta et al., 2007). In this study, we examined the developmental competence to term of goat embryos derived from superovulation of non-descript Philippine goat using an ethylene glycol-based vitrification solution in a container-less vitrification procedure. Birth of live offsprings was used as the ultimate proof of the viability of embryos post vitrification and warming by transferring to recipients.

## Materials and Methods

All media and chemicals were purchased from Sigma Aldrich Co., St. Louis, MO, USA, unless specifically indicated. Estrous-doe serum (EDS) was collected from the herd of Small Ruminant Centre–Central Luzon State University, Science City of Munoz, Nueva Ecija, Philippines by clotting the blood for 24 h, then heat inactivated at 50°C for 30 min, filtered (0.22 µm) sterilized by filtration and stored in 1 ml aliquots at -20°C until use. The same pool of serum was used throughout the study.

### Superovulation treatment

The study was carried out between September to December, during the breeding season using 17 normal cycling does (1-3 yrs old). Superovulation was induced by using follicle stimulating hormone (FSH: Antrin, Denka Seiyaku Co., Japan), given for 4 days at a decreasing dose starting from the 16<sup>th</sup> day of the cycle for a total of 21 mg through intramuscular route. Oestrus was induced by two injections of 12 mg and 6 mg prostaglandin Fa (PGF<sub>2</sub>α: Panacelan F, Daiichi Seiyaku Co., Japan) 48 and 60 h after the first injection of gonadotropins. To facilitate a uniform ovulation

time, a 1000 IU of human chorionic gonadotropin (hCG: Puberogen, SankyoZoki Co., Japan) was injected intravenously at the onset of oestrus followed by two natural mating at about 12 h interval.

### Preparation of does for embryo recoveries and transfers

Embryo recovery was performed at day 6 post mating under general anaesthesia. The does were starved for at least 24 h before being anesthetized with 1-2 ml anesthetic (Ilium Xylazil-20, Troy Lab., Australia) given intravenously. The midventral portion distal to the umbilicus was cleaned and disinfected before a 3 inch midline incision was made along the linea alba. The ovaries and the uterus were exteriorized and the ovarian response was recorded based on the number of corpus luteum (CL) present. The uterine horn was punctured at its base in order to introduce a Foley catheter (no.8), the balloon of which was inflated until it totally blocked the uterine lumen. A catheter (Argil medicut of 1.69 mm diameter) was introduced at the uterotubal junction to facilitate the injection of 50 ml phosphate buffered saline (PBS) enriched with 10% EDS and collected through the Foley catheter inserted at the base of the uterine horn. Each horn was flushed separately. Thereafter, the uterus was returned inside the abdominal cavity and the peritoneum and abdominal musculature was closed by using an absorbable cat gut. The skin incision was closed with a size 0 surgical silk.

The recipient does were prepared for embryo transfer on the 6<sup>th</sup> day post natural oestrus. The embryos (3-4 embryos/doe) were deposited in the uterine horn ipsilateral to the ovary showing at least one functional CL by puncturing the horn with an 18 gauge needle and using it as a guide, the micropipette with the embryos was inserted in the hole and the embryos were deposited. The possible effect of season on the success rate of embryo transfer was not considered and transfers were conducted only whenever there were recipient(s) in oestrus (day 0 – onset of oestrus as manifested by the presence of mucus discharge and reddening/pinkish appearance of the cervix upon examination).

Care and management of all experimental animals were done through complete confinement method with provisions for adequate supply of concentrate feeds (200 g/head/day) and forage given twice daily. Urea-molasses mineral block was provided and water as *the ad libitum basis*. Pregnancies on recipients were determined by examining the onset of oestrus for two oestrous cycles. Does that did not exhibit signs of oestrus were assumed pregnant and allowed to progress to term. Confirmation of pregnancies was carried out between 60–90 days after transfer. The ultrasound technique (Noveko 5.0 MHz) adopted was the B-mode or real-time transabdominal ultrasonography. Prior to

examination, the right side of the abdomen just in front of the mammary gland was shaved to remove the hair that may interfere with the data received by the ultrasound probe. Then, a Trans-Gel (ultrasound transmission gel– a water based contact medium for ultrasound transmission) was applied to ensure a clear projection of information to and from the probe.

#### Embryo evaluation, vitrification and warming

Recovered structures (unfertilized ova and embryos) were evaluated based on the stage of development and quality using morphological criteria. They were classified as unfertilized ova (no cleavage), degenerate embryos (embryos at 8- cell or earlier stage) or as transferable embryos grade 1, 2 or 3 (morphologically intact compact morula, early blastocyst or expanded blastocyst). Grade 1 embryos were morphologically intact and had an even granulation and cell distribution, Grade 2 embryos with small deviations such as some extruded blastomeres or slightly asymmetrical in shape, while Grade 3 embryos with partial degeneration or other irregularities, including extruded blastomeres or vesicles, a loosened structure with numerous free blastomeres (Lindner and Wright, 1983; Nuti et al., 1987).

After grading, the embryos were maintained in basic medium (BM) consisting of TCM-199 medium + 20% EDS at 39°C in an incubator with 5% CO<sub>2</sub> in air. Grade 1 and 2 embryos were then equilibrated for 3 min or 10 min in vitrification solution 1 (VS1) containing 10% ethylene glycol (EG) in BM, transferred to vitrification solution 2 (VS2) containing 40% EG + 1 M sucrose in BM for 45 Sec before recovering and dropping directly into liquid nitrogen (LN<sub>2</sub>). The embryo suspension were vitrified into pellet form, collected, placed into cryotubes and stored in a LN<sub>2</sub> tank. After at least 3 months of storage, the embryo pellet(s) were warmed in 2 ml of 0.3 M sucrose in BM for 5 min maintained at 37°C on a warmed plate, transferred twice into washing medium to remove the residual sucrose and permit blastomere rehydration. After 10 min, the embryos were evaluated morphologically and assigned for culture and/or transfer.

Warmed embryos assigned for culture were placed in 100 µl droplets of BM overlaid with mineral oil in 10

x 35 mm petri dishes (Falcon 3001, Becton-Dickinson Labware, Lincoln Park, NJ, USA) and cultured at 39°C in a humidified atmosphere of 5% CO<sub>2</sub> in air for 48 h. The embryos were examined based on their ability to expand and/or hatched. Embryos observed at expanded, hatching and/or hatched stage were considered to have survived the vitrification/warming procedure.

#### Statistical analysis

Data on vitrification and survival of embryos post warming were examined by Chi-Square test.

### Results

Of 17 does treated for superovulation, 3 did not respond as evidenced by the absence of CL upon exposure of the ovaries through midventral laparotomy. The mean ovulation rate per doe was 13.07 with a total of 183 CL (range of 12–14 CL's). Recovered structures consisted of 3 unfertilized oocytes and 136 (4 cell to blastocyst stage) embryos from 14 does representing around 76.0% recovery rate with 9.7 embryos/doe (Table 1).

Of 136 embryos recovered, 6 morula stage embryos were transferred fresh to 2 recipients, 33 embryos (Grade 2) were cultured *in vitro* without vitrification (Control) and 97 embryos were vitrified. Of vitrified embryos, 31 and 66 embryos were in early (4-16 cell) and late (morula to blastocyst) stage, respectively. Ten early and 30 late stage embryos were exposed to VS1 for 3 min and 16 early- and 36 late-stage embryos were exposed to VS1 for 10 min. The survival rate of early stage embryos pre-equilibrated for 10 min, was significantly higher than when exposed for 3 min. Similarly, the survival rate of late stage embryos pre-equilibrated for 10 min was higher significantly than when pre-equilibrated for 3 min. Overall, the survival rate of late stage embryos of vitrification procedure used was significantly higher than early stage embryos (Table 2).

Of 33 grade 2 embryos cultured *in vitro* (control), 24 (72.7%) developed to the blastocyst stage and were vitrified for future use. Twenty vitrified-warmed embryos that appeared morphologically normal were transferred to recipient no. 3-6 (13 embryos from 10 min equilibration group) and recipient no. 7-8 (7 embryos from 3 min equilibration group) resulting in

**Table 1: Superovulation response of non-descript Philippine goat**

| Parameters                                       | Remarks   |
|--|---|
| No. of does treated (17)                         | 3 did not respond; 14 responded                   |
| No. of ovulations (total CL's/ responding donor) | mean of 13.07 CL (183 CL)                         |
| Total number of structures recovered             | 139 (76.0 % recovery rate)                        |
| Total number of unfertilized oocytes             | 3   |
| Total number of 4- to 16 – cell embryos          | 31  |
| Total number of morula to blastocyst embryos     | 105 (7 – Grade 3 embryos; 98 – Grade 1-2 embryos) |
| Mean number of embryos/doe                       | 9.7   |

**Table 2: Effect of equilibration time on the survival of vitrified goat embryos**

| Equilibration time<br>(min) | Early- stage embryos |                       | Late- stage embryos |                        |
|-----------------------------|----------------------|-----------------------|---------------------|------------------------|
|                             | vitrified            | survived              | vitrified           | survived               |
| 3                           | 10                   | 0 (0) <sup>a</sup>    | 30                  | 12 (40.0) <sup>a</sup> |
| 10                          | 16                   | 6 (37.5) <sup>b</sup> | 36                  | 25 (69.4) <sup>b</sup> |

<sup>a,b</sup> Values differ significantly (P<0.05).

**Table 3: Results of transferring goat embryos**

| Embryo Status    | Recipient number | Estrus cycle (day) | No. of embryos transferred | Stage of embryos        | Remarks                               |
|------------------|------------------|--------------------|----------------------------|-------------------------|---------------------------------------|
| Fresh            | 1- MB            | 5                  | 3                          | 3 CM                    | 2 kids born alive (AN)                |
|                  | 2 -MB            | 6                  | 3                          | 3 CM                    | returned to estrus                    |
| Vitrified-warmed | 3 - Saanen       | 7                  | 4                          | 1- 4 cell,<br>2-CM;1-BL | 4 kids born alive<br>(1-Boer; 3 – AN) |
|                  | 4 – AN           | 5                  | 3                          | 3 CM                    | returned to estrus                    |
|                  | 5 – AN           | 6                  | 2                          | 2 – BL                  | returned to estrus                    |
|                  | 6 – AN           | 6                  | 4                          | 2 – BL;2- CM            | 2 kids born alive (2 – AN)            |
|                  | 7 – MB           | 6                  | 3                          | 2 – CM;1-BL             | returned to estrus                    |
|                  | 8 – MB           | 6                  | 4                          | 2 – CM; 2 – BL          | 1 kid born alive (Boer)               |

MB – mixed breed; AN – AngloNubian; CM – compacted morula; BL – blastocyst.

3/6 (50.0%) pregnancies with 7 live births (35.0%). Of 6 morula transferred fresh, 1 recipient got pregnant giving birth to 2 live kids (Table 3).

## Discussion

Usually, the protocol for superovulation includes the administration of an intravaginal progestagen pre-treatment for 11-21 day period, followed by gonadotropin treatment starting from 48-72 h before progestagen removal. When intravaginal progestagen treatment is carried out for a shorter period (9-11 days), a prostaglandin F<sub>2</sub> $\alpha$  (PGF<sub>2</sub> $\alpha$ ) injection is generally administered, coinciding with the first superovulatory treatment, 24–48 h prior to or at progestagen withdrawal, in order to facilitate the precise timing of the onset of oestrus (Krisher et al., 1994; Kumar et al., 2003). Even when long progestagen treatment (17 days) protocols are used, it has become a practice to give an injection of PGF<sub>2</sub> $\alpha$  (especially during breeding season), before the start of superovulatory treatment to ensure complete luteolysis and removal of any possible CL's. In contrast, past studies with Boer goats involves the use of the long synchronization program (17 days) during and outside the natural breeding season without PGF<sub>2</sub> $\alpha$  treatment getting a mean ovulation rate of 16.5  $\pm$  0.8. But when the oestrous cycle was synchronized with controlled internal drug release dispenser (CIDR, Pharmacia & Upjohn, Auckland, New Zealand) for 7 days plus PGF<sub>2</sub> $\alpha$  (0.05 mg/doe) at the time of CIDR insertion, only mean ovulation rate of 4.0  $\pm$  0.7 was obtained (Lehloenya and Greyling, 2010). In this study, the super-ovulation treatment started on the 16<sup>th</sup> day of the cycle without intravaginal progestagen treatment and PGF<sub>2</sub> $\alpha$  was administered at a later hour (48 and 60) after the 1<sup>st</sup> injection of gonadotropins resulting in a mean ovulation

rate of 13.07 in 14 does, while 3 did not respond to treatment. The resulting oestrous and ovulation response (82.3%) was comparable to the rate obtained in most goat breeds so far studied (Armstrong et al., 1983; Mahmood et al., 1991; Cognie et al., 2003) including that of indigenous Feral goat in South Africa (Greyling et al., 2002). Similarly, the mean number of structures recovered per doe (9.9 including unfertilized oocytes and embryos) or 9.7 embryos per doe following flushing was comparable to that obtained in the Boer (Lehloenya et al., 2006a; 2008) when using long progestagen treatment (eg., CIDR/PGF<sub>2</sub> $\alpha$ /FSH or CIDR/FSH for 17 days) than when using CIDR for only 7 days. The low ovulation rate may be attributed to the low follicular population present in the ovary at the time of FSH stimulation, poor recruitment and development of ovarian follicles to the ovulatory stage or insufficient ovarian stimulation as in the case of shorter progestagen treatment. This occurs when a dominant follicle is present at the time of superovulation treatment – the dominant follicle being known to suppress growth and recruitment of new ovarian follicles (Driancourt, 2001).

The variability in response to superovulation in terms of different stages of embryos recovered also indicates the importance of monitoring the follicular waves when administering gonadotropins. Also, this could imply that animals used as donors are at different stages of their oestrus cycles. Other factors that warrant considerations in a superovulation procedure should include the age, weight, breed and dosage of gonadotropins to be used, especially that of hCG in trying to facilitate uniformity in ovulation. In this study, all does used as donor are within their peak of reproduction owing to the acceptable mean number of transferrable embryos recovered following flushing, though lower compared to superovulation of dairy goats, Murciano-Granadina (14.7 $\pm$ 2.5) and Jakhrana

goats (11.8±2.9) (Gonzales-Bulnes et al., 2003; Goel et al., 2005). Moreover, the FSH dosage used in the induction of superovulation in Boer was 200 mg/doe (Lehloenya and Greyling, 2010), almost ten folds higher in this study which similarly had comparable results. These observations could be ascribed to the difference on the breed used, Boer being bigger and heavier by almost 5 folds to non-descript Philippines goats. Overall, in a superovulation procedure, the ovulation time must be synchronized to facilitate better prediction of ovulation, in this case, the use of GnRH to induce ovulation would be advantageous.

Vitrification of mammalian embryos can now be performed in a variety of vitrification containers using two steps or more of CPA addition procedure. In this study, we used a simple, rapid and successful containerless method for vitrification of goat embryos. The procedure involves a brief exposure of embryos to VS1 (pre-equilibration) before transferring to VS2 for a few second, then directly plunging into LN<sub>2</sub>. The results show that post warming survival varied depending on the embryonic stages, ranging from 0 to 69.4%. The post warming survival of late stage embryos was comparable to those vitrified-warmed on electron microscopy grid (Park et al., 1999), OPS (Vajta et al., 1998) or cryoloop (Lane et al., 1999b) method and resulted in successful pregnancy leading to birth of normal offspring. Apparently, the requirements for survival of early stage embryos are different from that of late stage embryos. It has been suggested that factors such as the degree of osmotic shrinkage of the cell, intracellular ice formation and osmotic swelling of the cell during the removal of cryoprotectants are contributing to the difference observed on the survival rate post-warming. In this study, it is quite difficult to specify which factor is solely responsible for the difference since the factors mentioned are closely related to the same cell characteristic. Also, the handling and manipulation of goat embryos used at room temperature could have contributed to the variations in the survival rate. These observations compliment earlier reports in vitrification experiments (Scheffen et al., 1986) and in embryos frozen rapidly (Massip et al., 1984).

Overall, the pregnancies and birth of healthy kids after transfer of vitrified-warmed embryos indicate that the container-less minimum drop size method of vitrification utilized can be used in the storage of goat embryos. That, together with the superovulation protocol used, production and collection of embryos in large number affords opportunities in enhancing the reproductive efficiency of goat and perhaps other farm animals and/or rare endangered species.

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