# **Ovarian cycle**

- These are *periodic changes* which occur in the *ovary* every lunar month (28 days) during the *fertile period* of the *non pregnant* female.
- The ovarian cycle is divided into three phases:
- Preovulatory (follicular) phase.
- Ovulation.
- Postovulatory (Luteal phase).

### Hormonal control of Ovarian cycle

Hypothalamus secretes Gonadotropin releasing hormone (GnRH)

- **GnRH** stimulate anterior lobe of the pituitary gland which secrete two gonadotrophic hormones (FSH, LH),
- 1. Follicle stimulating hormone (F.S.H): it acts in the first stage of the ovarian cycle and

has the following effects.

- > It induces maturation of primary follicle into Graffian follicle.
- > It induces the follicular cells to secrete **estrogens**.

**2.** Lutenising hormone (L.H): it acts mainly in the second stage of the ovarian cycle and has the following effects:

- 1- It induces final maturation of Graffian follicle and ovulation.
- 2- It induces the conversion of the ruptured follicle into a corpus luteum .
- 3- It induces corpus luteum to secrete **progesterone**

## Stages of the ovarian cycle

### **I.PREOVULATORY (FOLLICULAR) PHASE:** (1<sup>St</sup> half of the cycle)

•At the **beginning** of each ovarian cycle , the anterior lobe of pituitary gland secretes **FSH** which stimulates several **primordial follicles** to develop .

•Only one follicle reaches maturity and secretes estrogen which inhibit secretion of FSH by pituitary gland

• Estrogen stimulate secretion of luteinizing hormone (LH) leading to degeneration of the remaining follicles which become atretic follicles .

•The **estrogen** secreted in this phase is responsible for the **proliferative phase of the uterine cycle**.

#### **II.OVULATION:**

- Luteinizing hormone (LH ):
  - 1. Stimulates **collagenase** activity resulting in digestion of collagen fibers surrounding the mature Graafian follicle.
  - 2. Increases **prostaglandin** activity resulting in **ovarian contraction**.
- Rupture of the mature Graafian follicle on the surface of the ovary leads to release of secondary oocyte together with the corona radiata and the zona pellucida

#### **III.POST OVULATORY (LUTEAL) PHASE:**

• After ovulation, Under the effect of luteinizing hormone, the corpus luteum *is formed*. Corpus luteum secrets progesterone hormone responsible for secretory phase of uterine cycle and inhibit pituitary LH.

# - Fate of corpus luteum:

### A. If fertilization does not occurs

the corpus luteum degenerate , becomes corpus albicans .

Degeneration of corpus luteum leads to **decrease progesterone** level in the blood .

B. If fertilization occurs the corpus luteum changes to corpus luteum of pregnancy

(which is maintained till the **4<sup>th</sup> month** of pregnancy by the human *chorionic* 

gonadotropin hormone secreted from the embryo). After that, the formed placenta

will secrete progesterone till labor.

### **Uterine (Menstrual) Cycle**

These are *periodic changes* which occur in the *endometrium* (mucous membrane of the uterus) every lunar month (28 days) during the *fertile period* of the *non pregnant* female.

### It passes through three phases :

- I. Menstrual phase
- *II. Proliferative (estrogenic or postmenstrual) phase*
- *III. Secretory (premenstrual or progestational) phase*

During the **secretory** phase of the menstrual cycle, the **endometrium** itself is formed of :

- 1. Stratum functional
- 2. Stratum basalis
- The **Stratum functional** are supplied by long spiral arteries, which are dilated by progesterone hormone.
- The functional layer of the endometrium shed at menstruation.
- The **basal layer** is supplied by its own short straight arteries, and it does not shed during menstruation.
- It forms the regenerative layer of the endometrium, which is responsible for reformation of the uterine glands after menstruation.

### I. Menstrual phase : (3-5 days)

- It corresponds to the **beginning** of the **pre-ovulatory phase** of the ovarian cycle.
- Cause :decreased progesterone level & estrogen level to less extent ( at the end of the previous luteal phase of ovarian cycle ), leading to constriction of spiral arteries supplying the superficial part of endometrium.
- The superficial part of endometrium degenerates and expelled with mucous & unclotted blood.
- At the end of this phase the endometrium is reduced in thickness .

- The basal layer of the endometrium is not affected.
   II. Proliferative (estrogenic or postmenstrual) phase : (10 days)
- It corresponds to the **last 10 days** of the **pre-ovulatory** phase of the ovarian cycle.
- It is under the effect of **estrogen** hormone secreted by developing follicle.
- The **endometrium** is gradually regenerate and thickened; its blood supply increases, and its mucous glands enlarge.

# III. Secretory (premenstrual or progestational) phase : ( last 14 days)

- It corresponds to the **postovulatory** phase of the ovarian cycle.
- It is under the effect of **progesterone** hormone mainly(from corpus luteum ) & estrogen to less extent .
- The thickness of the endometrium is markedly increased. The arteries become spiral, and the mucous glands become long, tortuous & distended with secretion.

- <u>If fertilization does not occur:</u> the corpus luteum degenerates with drop in the progesterone hormone which leads to vasoconstriction of the spiral arteries leading to ischemia of the functional layer of the endometrium followed by its shedding with bleeding.
- -If fertilization occurs: corpus luteum is transformed into corpus luteum of

pregnancy and **continues** to secrete **progesterone**.

Now the uterine endometrium is transformed into what is called **decidua** of pregnancy to receive the zygot

#### **C.** The decidua has three parts :

-Decidua is the endometrium of pregnancy which is divided into three parts:

- 1. Decidua basalis: between the fetus and myometrium. It will form the maternal part of the placenta
- 2. Decidua capsularies: covers the rest of the foetus.
- **3. Decidua parietalis:** lines the uterine cavity.

The intra-uterine life is **divided into** 3 periods :

	1-Germinal period	2-Embryonic period	3-Fetal period
Duration	1 <sup>st</sup> 2 weeks	3-8 weeks	From beginning of 9 <sup>th</sup> week to birth
Characters	Formation of 2 germ layers (ectoderm & endoderm)	-Formation of mesoderm -Differentiation of 3 germ layers to organs & systems (organogenesis)	<ul> <li>Growth of organs &amp; systems .</li> <li>Appearance of external features of the fetus .</li> </ul>
Congenital anomalies	More liable to occur during the germinal and embryonic periods .		Less liable to occur .

# **I-Fertilization**

**Definition**: is the fusion between a single sperm and an ovum to form a zygote

Site : it occurs in the ampulla of the uterine tube .

### Process of fertilization: -

## **1-Capacitation of the sperms:**

- It occurs in the uterus and uterine tube.
- It is the process of removal of glycoprotein coat which covers acrosome of the sperm.
- This increases the activity of the sperms.

### 2-Penetration of the zona pellucida:

•The capacitated sperms **pass through corona** radiate to reach and **bind to the zona** pellucida at specific **binding sites**.

•They start secreting **acrozomal enzymes** that allow only **one** sperm to **penetrate** the zona pellucida (*acrosomal reaction*).

•The plasma membrane of the head **fuses** with that of the 2<sup>nd</sup> oocyte.

# **3. Cortical and zona reactions:**

The secondary oocyte releases enzymes from the cortical granules ,these enzymes cause:

- Changing of the sperm binding sites at the zona pellucida preventing entry of more sperms.
- > Changing the **plasma membrane** to become **impermeable** to other sperms.
- **4.** Completion of the 2<sup>nd</sup> meiosis: The 2<sup>nd</sup> oocyte changes to a mature ovum.
- **5.** Formation of male and female pronuclei:
- > The nucleus of the sperm mature ovum enlarge to form the male and female pronucleus.
- 6. Fusion of the male and female pronuclei to form a new cell called the zygote

# **Results of fertilization**

# A. In the zygote:

- 1. Restoration of the diploid number of chromosomes (46).
- 2. Sex determination:

Fertilization by X - bearing sperm will form XX zygote giving rise to a female.

Fertilization by Y - bearing sperm will form XY zygote giving rise to a male.

3. Initiation of cleavage of the zygote, which is a series of rapid successive mitotic divisions.

### **B. In the ovary:**

- **1.** Ovulation stops due to the feed back inhibition of the pituitary gland by the high level of estrogen and progesterone.
- 2. Corpus luteum enlarges and forms corpus luteum of pregnancy

### C. In the uterus:

**1.** Menstrual cycles stop.

**2.** The secretory phase of the endometrium (under the effect of hormones of corpus luteum) continues to grow forming the decidua of pregnancy.

### **Chromosomal anomalies**

#### A. Sex chromosome anomalies:

- 1. Klinefelter syndrome (44 + XXY): male with rudimentary testis.
- 2.Turner syndrome (44 + XO): female with rudimentary ovaries and no sex maturation.

### **B. Autosomal** anomalies:

Represented by Down syndrome or trisomy of chromosome 21 (mongolism) in which the zygote contains 47 chromosome either 45 + XY (male) or 45 + XX (female).

#### **II-MIGRATION**

- The *transport* of the zygote from the lateral 1/3 of the uterine tube to the *uterine cavity* takes place by 3 mechanisms:
- 1. Muscular *peristalsis* of the uterine tube.
- 2. The motion of the *cilia* of tubal mucosa .
- 3. Secretion of a fluid which act as a vehicle & nourishment for the dividing zygote .

**Cleavage** of the zygote leads to formation of morula and blastocyst

# A. Formation of the morula :

- In the **uterine tube** the zygote divides by repeated *mitotic* divisions to form small blastomeres. It forms 2, 4, 8 cells stages .

- The **morula** is a mass formed of 16 small blastomeres surrounded by zona pellucida .
- The blastocyst has the following features:
- **1.** Two cell groups separated by the blastocoel:
- Outer cell layer, **the trophoblast** (It will form fetal memebranes).
- Inner cell mass, **the embryoblast** (will form embryo ).
- 2. Two poles:

**Embryonic pole:** it is adjacent to the uterine endometrium.

**Abembryonic pole:** is away from the uterine endometrium.

### Implantation

**Definition:** It is the process of penetration of the superficial layer of the endometrium by the blastocyst.

Site: upper part of the posterior wall of the body of the uterus .

Abnormal sites of implantation :

**A-Outside the uterus** 

**1-Tubal pregnancy :** In the uterine tube 2-**Ovarian pregnancy :** In the ovary .

**3-Abdominal pregnancy :** In the abdominal cavity

### **B-Inside the uterus (placenta previa):**

-Implantation occurs in the lower segment of the uterus, it called the placenta previa may be one of three types:

•1-Placenta previa Partialis : The placenta partially covers your cervix.

**<u>2-Placenta previa marginalis :</u>** The placenta reach the margin of the cervix **BUT NOT** covering it .

**<u>3-Placenta previa centralis :</u>** The placenta overlies internal os.

The following changes occur during 2<sup>nd</sup> week of pregnancy :

# Changes in the embryoblast :

•Formation of the **bilaminar germ disc** :

- •1-*Hypoblast* adjacent to the blastocele.
- 2-*Epiblast* adjacent to the trophoblast in floor of the amniotic cavity

### **Changes in the trophoblast :**

During 2<sup>nd</sup>. week , the trophoblast is differentiated into an outer syncytiotrophoblast and an inner cytotrophoblast.

# - Formation of 2 cavities :

### **A. Amniotic cavity** : (8<sup>th</sup> day)

The amnioblasts form the roof of the amniotic cavity while its floor is formed by the epiblast.

### A.Primary yolk sac : (9th day)

 Its roof is the hypoblast and the remaining part of its wall is formed of Hauser's membrane.

### -Extraembryonic mesoderm:

- It is a very loose tissues between the cytotrophoblast externally and the yolk sac internally.
- Cavities appear & coalesce , in the extra-embryonic mesoderm , forming a single large C shape cavity called the extra-embryonic coelom (or chorionic cavity).
- > The extra-embryonic mesoderm is **divided** by the extra-embryonic coelom into:
- a. Extraembryonic somatopleuric mesoderm which line the cytotrophoblast
- **b.** Extraembryonic splanchnopleuric mesoderm which cover the yolk sac.
- c. Connecting stalk : ( future umbilical cord ).



# . The chorionic villi

- > The chorion gives rise to finger like processes called chorionic villi
- The spaces (lacunae) between the chorionic villi are filled with maternal blood derived from the uterine vessels.

## **Types of Chorionic Villi**

## A. Primary chorionic villi

Consists of a (syncytiotrophoblast + cytotrophoblast)

B. Secondary chorionic villi:

2ry villus is formed of (cytotrophoblast + syncytiotrophoblast + core of mesoderm)

### C. Tertiary chorionic villi:

Tertiary villus is formed (syncytiotrophoblast + cytotrophoblast + core of mesoderm + **blood capillaries**).

### Parts of chorion

### Chorion frondosum

The villi adjacent to decidua basalis (of endometrium) enlarge and form chorion frondosum, which will form the fetal part of the placenta.

#### Chorion leave

The villi adjacent to decidua capsularis (of endometrium) will form the chorion leave ,which will atrophy .

# Gastrulation :

It is the process of transformation of the **bilaminar embryonic disc** to form a **trilaminar germ disc** 

# 2. Invagination :

The cells of epiblast, slip beneath primitive streak to :

- a) Invade and replaces the hypoblast to form the **endoderm**.
- b) The remaining part of the epiblast forms the ectoderm
- c) Some of the invaginated epiblast cells migrate between the ectoderm and the endoderm to form *intra-embryonic mesoderm*.

The embryonic disc remain bilaminar (ectoderm and endoderm with no intervening mesoderm ) in <u>2 sites</u> :

- 1)Prochordal plate 2) Cloacal membrane
- > Significance of notochord :

It acts as **temporary axial skeleton** for the embryo being **replaced later** on by the vertebral column.





# Allantois

- It is formed of 2 parts : Intra-embryonic part :
- > **The proximal part :** form the apex of urinary bladder .
- The distal part , called urachus connect the urinary bladder to the yolk sac Extra-embryonic part : inside the umbilical cord , become obliterated . Allantoic vessels form the umbilical vessels .

# Folding of the embryonic disc

★ At the end of 3<sup>rd</sup>. week , the flat embryonic disc starts to fold and bulges into the amniotic cavity .

# Two types of folding:

• The embryonic disc becomes folded in 2 directions simultaneously

**1-Cephalo-caudal folding :** 

It leads to formation of head and tail folds .

# 2- Lateral folding :

It leads to formation of lateral folds .

### **Results of folding:**

1-The flat shaped **embryonic disc** changes to the *cylindrical* appearance with formation of **body cavity**.

2- The **amniotic cavity** surrounds the embryo almost completely .

3- A large part of the cavity of the **yolk sac** is incorporated into the body of the embryo forming the **primitive gut** which is lined by endoderm.

4-The part of the gut found in the **head fold** is called the **foregut**, the part found in the **tail fold** is called the **hind gut**, whereas the part in between within the **lateral folds** is called the **midgut**.

5- The **buccopharyngeal membrane** becomes the **cephalic**, and the **septum** transversum becomes the **cauda**l to pericardial cavity , while the pericardial cavity and heart remain in between.

6-The **cranial end** of the folded embryonic disc shows the followings :

a) Forebrain swelling produced by the developing forebrain .

- b) **pericardial swelling** produced by the developing heart .
- c) Depression between the previous 2 swellings called **stomatodeum**