Reivew on the general embryology

fertilization

 Concept of fertilization:
 Fertilization is the process of male and female gamates fusing.
 The normal site of fertilization:
 It is ampullary of uterine tube.

The process of fertilization

- Sperm Capacitated
- Acrosome reaction
- Fusing of sperm and egg's membrane
- Zona pellucida reaction

 Fusion of maternal and paternal genetic material forms the zygote

cleavage

- Mitotic division of zygote is called cleavage.
- Systematic Systemate Systematic Systematic Systematic Systematic Systemate
- The cells of morula rearrange to form blastula.

The structure of blastula It consists of inner cell mass, trophoblast and blustular cavity.



Implantation

Concept of implantation:
It is a process that blastula is embedded in the endometrium.
The normal site of implantation:
In the fundus or body of the uterus.



The formation of bilaminar germ disc

Decidua parietalis

-Decidua basalis

embryo

Uterine cavity

vagina

Relationship between the embryo and the endometrium

Decidua capsularis

Formation of trilaminar germ disc





The formation of neural tube

Anterior neuropore Posterior neuropore



Derivatives of neural tube



Unclosing of cranial neuropore causes anencephalic child or meningocele.





 Unclosing of posterior neuropore results in rachischisis or meningomyelocele.





Formation of neural crest

The neural crest form peripheral nervous system, melanocytes in skin, endocrine cells in adrenal gland medulla.



Derivatives of the ectoderm

Epidermis Special structure of skin

Derivatives of paraxial mesoderm

- Inner and ventral sclerotome form axial skeleton including vertebral column, ribs and some skull in head.
- Lateral dermatome form dermis and subcutaneous tissue of skin.
- Medially myotome contributes to all skeletal muscles of body, head and limbs.

Derivatives of intermediate mesoderm

Urinary system
Reproductive system

✤ <u>The parietal mesoderm will form</u>:

- camost connective tissue and smooth muscle of body
 wall
- tissues of limbs including cartilage, bones and girdles
 parietal layer of pleural membrane, cardiac
 pericardium and peritonium.

The visceral mesoderm layer will form:

- csmooth muscle and connective tissue of endodermlinked organs,
- cardiovascular system
- envisceral layer of pleural membrane, cardiac pericardium and peritonium.
- The intraembryonic cavity will form:
 peritoneal, pleural, and pericardial cavities.

Fetal membranes and placenta

 Fetal membrane include amnion, chorion, yolk sac, allantois and umbilical cord.
 They originate from the trophoblast.

Amnion

 Structure of amnion:
 amnion includes the amnion and extraembryonic mesoderm.
 amniotic liquid:



Hydramnios /polyhydramnios: >2000 ml, abnormal CNS or digestive system





oligohydramnios: <a><500 ml, abnormal urinary system



normal kidney polycystic kidney sagittal section

Superficial view

Yolk sac

The yolk sac outside of embryo body will degenerate.

The vitelline duct will close and degenerate.



- Meckel's or ileal diverticulum.
- vitelline cyst.
- umbilical fistula or vitelline fistula



Figure 13.32 Remnants of the vitelline duct. A. Meckel's, or ileal, diverticulum combined with fibrous cord (vitelline ligament). B. Vitelline cyst attached to the umbilicus and wall of the ileum by vitelline ligaments. C. Vitelline fistula connecting the lumen of the ileum with the umbilicus.

The mesoderm covering yolk sac forms blood island



Figure 5.15 Extraembryonic blood vessel formation in the villi, chorion, connecting stalk, and wall of the yolk sac in a presomite embryo of approximately 19 days.



A 3-week-old embryo showing primordial germ cells in endoderm lining inner wall of yolk sac close to attached allantois.

Umbilical cord

- Umbilical cord consists of connecting stalk, amnion, vitelline duct and allantois during early stage of embryonic development.
- The villine duct and allantois will degenerate before birth.
- The surface of umbilical cord is covered by amnion cells.



The development of allantois

Distal portion of allantois is obliterated to form urachus.
If the urachus remains open over, urachal fistula is formed. A urinary discharge may then be found at the umbilicus.
urachal diverticulum ; urachal cyst.



Chorion: villous and smooth chorion *Villus *chorionic plate **caprimary villus atrophoblast esecondary extraembryonic** villus mesoderm **ca tertiary villus Amnion** stem villus Recidua In the second parietalis



Figure 4.15 Development of a villus. A. Transverse section of a primary villus showing a core of cytotrophoblastic cells covered by a layer of syncytium. B. Transverse section of a secondary villus with a core of mesoderm covered by a single layer of cytotrophoblastic cells, which in turn is covered by syncytium. C. Mesoderm of the villus showing a number of capillaries and venules.



Villous chorion or chorion frondosum.

Smooth chorion or chorion laeve.



Placenta

The placenta has two components: fetal portion and maternal portion.

- The fetal portion is villous chorion
- The maternal portion is decidua basalis.



placental barrier:

- Between fetal and maternal blood
- Components:
 - **Early period**
 - Endothelium & basement membrane of fetal capillaries
 - cathin layer of connective tissue in the villus core
 cacytotrophoblast and basement membrane.
 casyncytiotrophoblast.

Later period

Endothelium & basement membrane of fetal capillaries





Function of the placenta Exchange material Production of hormones syncytiotrophoblast human chorionic gonadotropin, HCG: camaintains the corpus luteum. Appear in early stage of gestation & maternal urine, an indicator of early pregnancy

human placental progesterone, HPP maintains pregnancy

human placental estrogen, HPE stimulates uterine growth and development of the mammary glands.

Somatomammotropin/ human placental lactogen, HPL promotes breast development for milk production Monozygotic twins **

 Forming two blastocyst respective placenta, amnion, and chorion.
 Forming two inner cell mass in one blastocyst common placenta and chorion, separate amnion

 Forming two primitive streaks and two notochords on one germinal disc common placenta, amnion, and chorion

Conjoined (Siamese) twins

Partial splitting of the primitive node and streak



high sensitivity to teratogenic agent low sensitivity to teratogenic agent sensitive period to teratogenic agent in human fetus: from 3rd to 9th week.