# بسم الله الرحمن الرحيم

# CHANGES IN THE 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup> WEEK

### 1<sup>ST</sup> WEEK OF PREGNANCY

- Developmental periods:
  - **Embryonic period: from fertilization to end of 8th week (embryo).**
  - •Fetal period: from 9<sup>th</sup> week to birth (fetus).
- •Events during the first week of pregnancy
  - 1) Fertilization.
  - 2)Cleavage.
  - ▶ Before fertilization the male and female gametes must be transported for the site of fertilization.

# **Fertilization**

- **Definition**: The fertilization is the process of fusion of male (spermatozoa) and female (2ry oocyte) gametes (pronuclei) to form a zygote.
- Site: It takes place in the most dilated part of the uterine tube- Ampulla.
- Time: It takes place within 24 hours of ovulation.

### 1<sup>ST</sup> WEEK OF PREGNANCY

# Preparation for Fertilization:

# (a) Capacitation

- ⇒ It is a process of removal of plasma proteins from plasma membrane from head region (Acrosome) of spermatozoa in the cervix of uterus.
- ⇒ It takes about **7 hours**. Only capacitated sperm undergoes acrosome reaction and fertilizes the ovum.

### (b) Acrosomal reaction

- 1) In surrounding area of oocyte. (in fallopian tube)
- 2) During acrosomal reactions the following enzymes are needed:-
- i. **Hyaluronidase** enzyme to penetrate corona radiate.
- ii. Trypsin-like-substance and acrosin to penetrate zona pellucida.

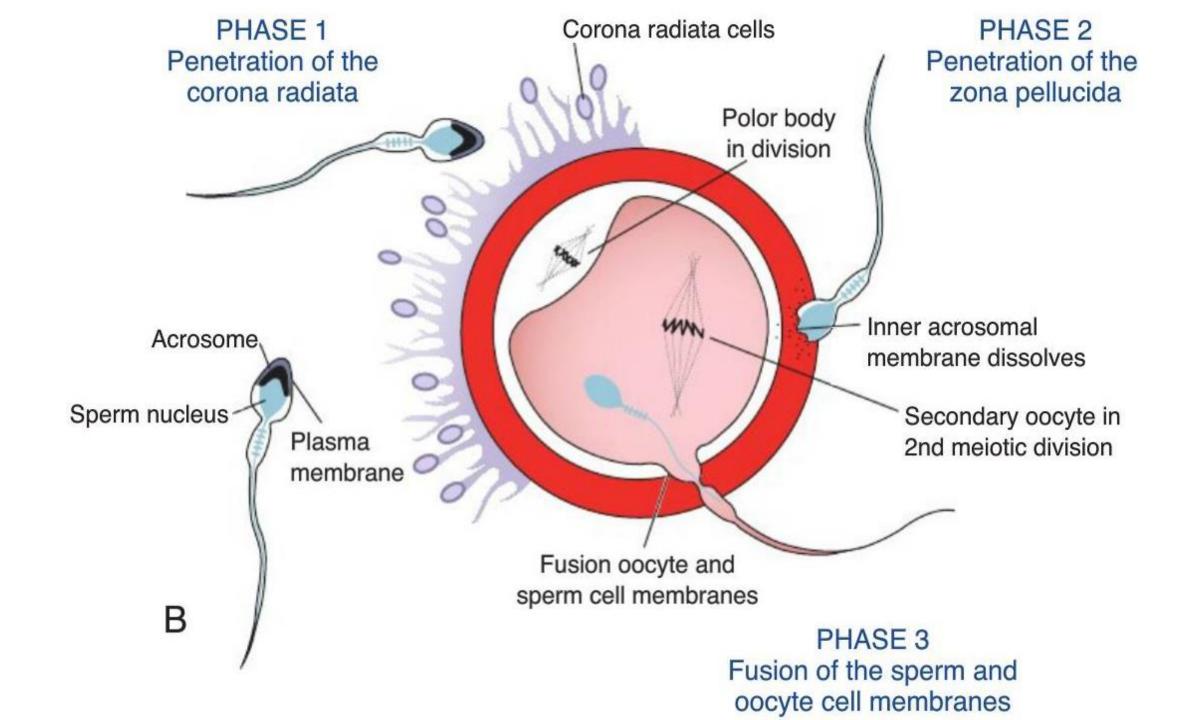
# Movement of the sperms to the oocyte:

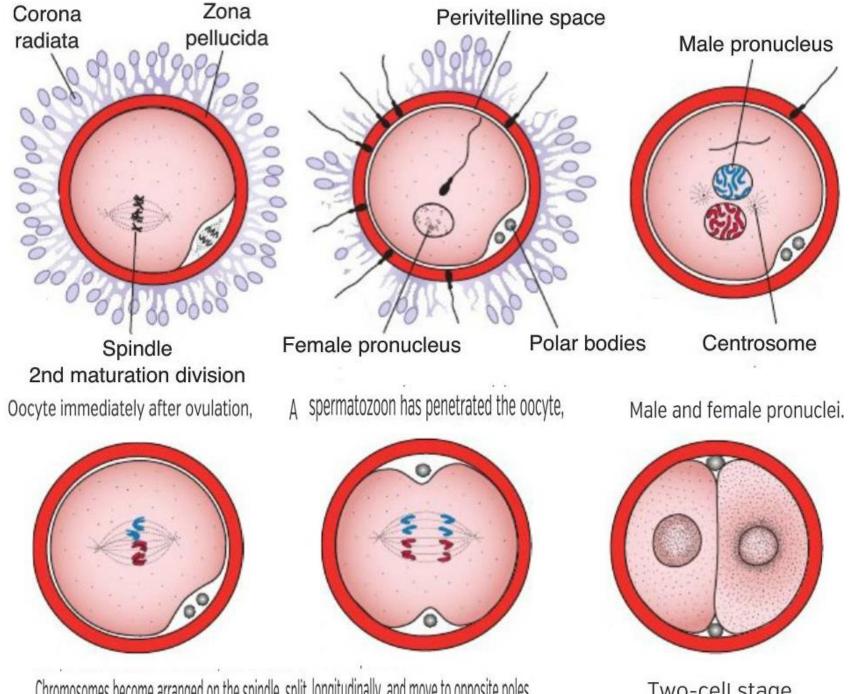
- $\rightarrow$  The sperms takes about 2–7 hours from the cervix to the isthmus of the tube.
- → Majority of sperms dies within 24 hours.

### 1<sup>ST</sup> WEEK OF PREGNANCY

# Steps of Fertilization:

- 1) Penetration of the corona radiata: by hyalurindase, tubal enzymes
- 2) Penetration of the zona pellucida: by acrosin, esterase and neuroaminidase, which allow sperm to reach the cell membrane.
- 3) Fusion of plasma membranes of the oocyte and sperm: The head and tail of sperm enter the cytoplasm of the oocyte, but plasma membrane of sperm remains behind.
- 4) Zona (cortical) reaction:
- Definition: structural changes at zona pellucida to prevent other sperms from penetration of the oocyte.
- These reactions prevent **polyspermy** (penetration of more than one spermatozoon into the oocyte).
- 5) **Completion of second meiotic** division of oocyte and formation of **female pronucleus** and the second polar body.
- 6) Formation of male pronucleus and the tail of the sperm degenerates.
- 7) Union of the pronuclei: this will lead to formation of zygote with 46 chromosomes.





Chromosomes become arranged on the spindle, split longitudinally, and move to opposite poles.

Two-cell stage.

### 1ST WEEK OF PREGNANCY

# Results of Fertilization:

- 1. The 2ry oocyte completes the second meiotic division.
- 2. Restores the normal diploid number of chromosomes (46) in the zygote (the newly formed cell).
- 3. Determines the sex of the embryo.
- 4. Initiation of cell division of zygote.

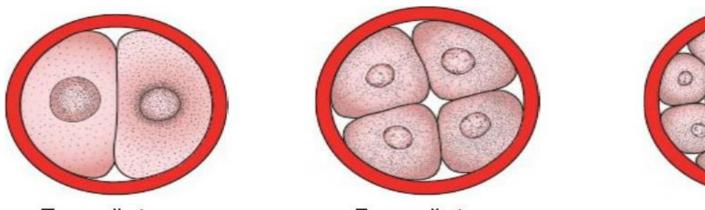
# Abnormalities of Normal Fertilization:

- 1. Parthenogenesis: The unfertilized oocyte starts cleavage without sperm penetration.
- 2. Polyspermy including dispermy and triploidy: Ovum fertilized by two sperms, resulting in a zygote with 69 chromosomes.

# **► Cleavage and Blastocyst Formation**

# Cleavage

- ▶ Definition: Process of repeated mitotic division of zygote resulting in rapid increase in number of cells (blastomeres).
- → 1st, zygote divides into two blastomeres then to 4 blastomeres.
- → During cleavage, zygote is within the thick zona pellucida.
- → When there are 12 to 16 blastomeres the embryo resembles a mulberry fruit and is called **morula** which formed 3 days after fertilization.



Two-cell stage Four-cell stage Morula

Development of the zygote from the two-cell stage to the late morula stage.

### 1ST WEEK OF PREGNANCY

# Formation of blastocyst العلقة

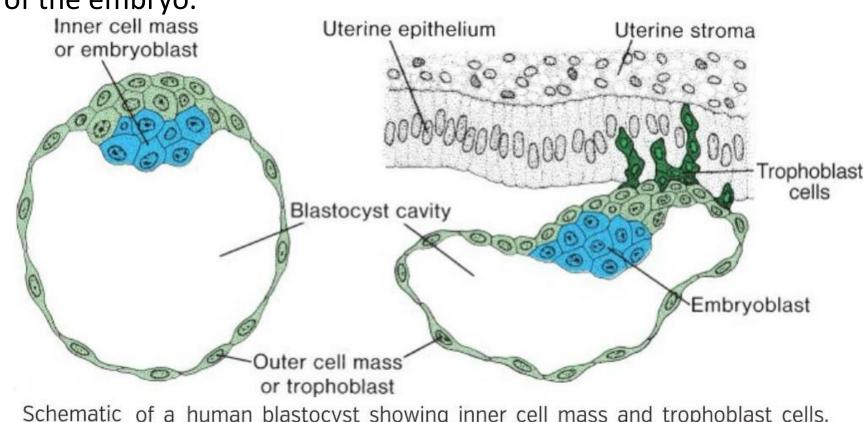
- 1. Blastomeres of morula undergo repeated mitotic division within zona pellucida.
- 2. Zona pellucida:- Keep cells together during cleavage and Prevent adhesion of these cells to uterine tube.
- 3. Small cavities appear between the blastomere and unite together to form larger cavities.
- 4. Blastocele:
- Appears 4 days after fertilization.
- ⇒ It is fluid filled cavity inside morula.
- Source of this fluid is from uterine cavity via zona pellucida.
- **⇒** It divides the blastomere into two group of cells:-

# 1<sup>ST</sup> WEEK OF PREGNANCY 1) Outer cell mass [trophoblast] (tropho=related to nutrition).

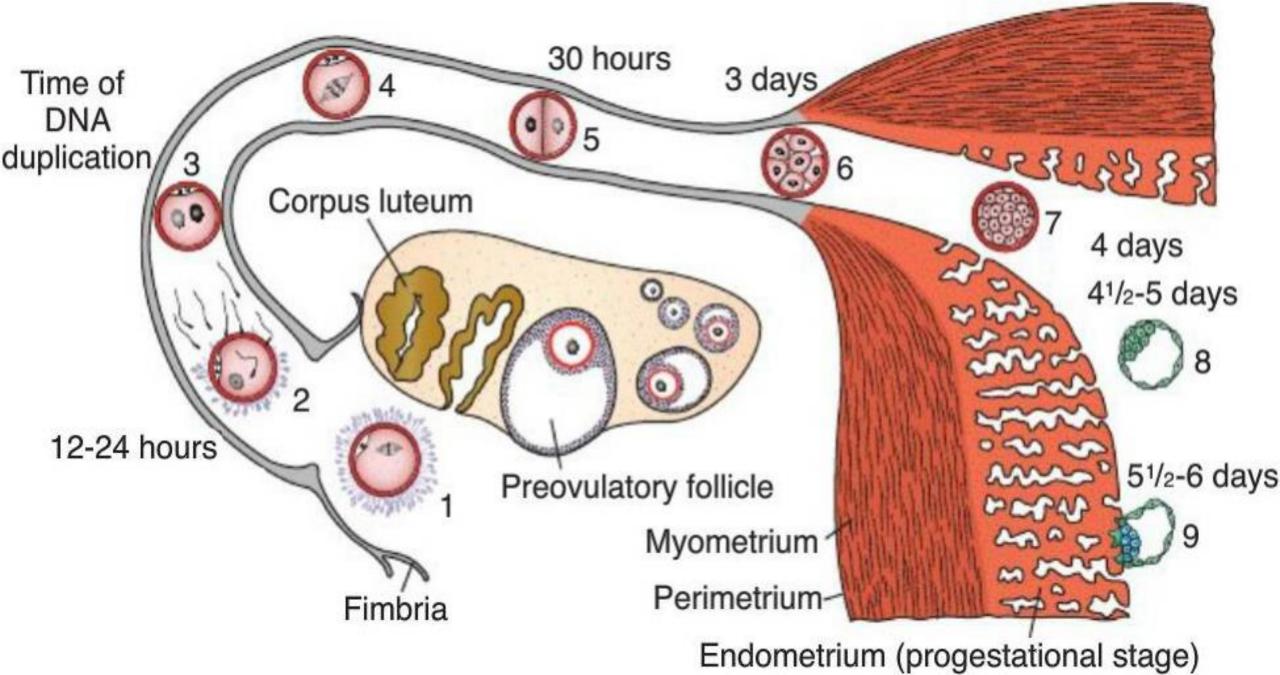
- 2) It will gives rise to Trophoblast layer which is responsible for nutrition and protetion.
- 3) Give embryonic part of the placenta.
- Inner cell mass (embryoblast):-
- 3) Projects in the form of a mass into the cavity of blastocyst.
- 4) Will develop into the tissues of the embryo.

# **Embryonic poles:**

- The blastocele now has 2 poles:
- 1. Embryonic pole (implantation pole) towards the endometruim of the uterus.
- **2. Abembryonic pole**: towards the cavity of the uterus.



Schematic of a human blastocyst showing inner cell mass and trophoblast cells.



Events during the first week of human development.

### 2<sup>ND</sup> WEEK OF PREGNANCY

- Events during the second week of pregnancy
- 1) Implantation of the blastocyst.
- 2) Decidua formation.
- 3) Blastocyst changes in 2nd week of pregnancy.

### 2<sup>ND</sup> WEEK OF PREGNANCY

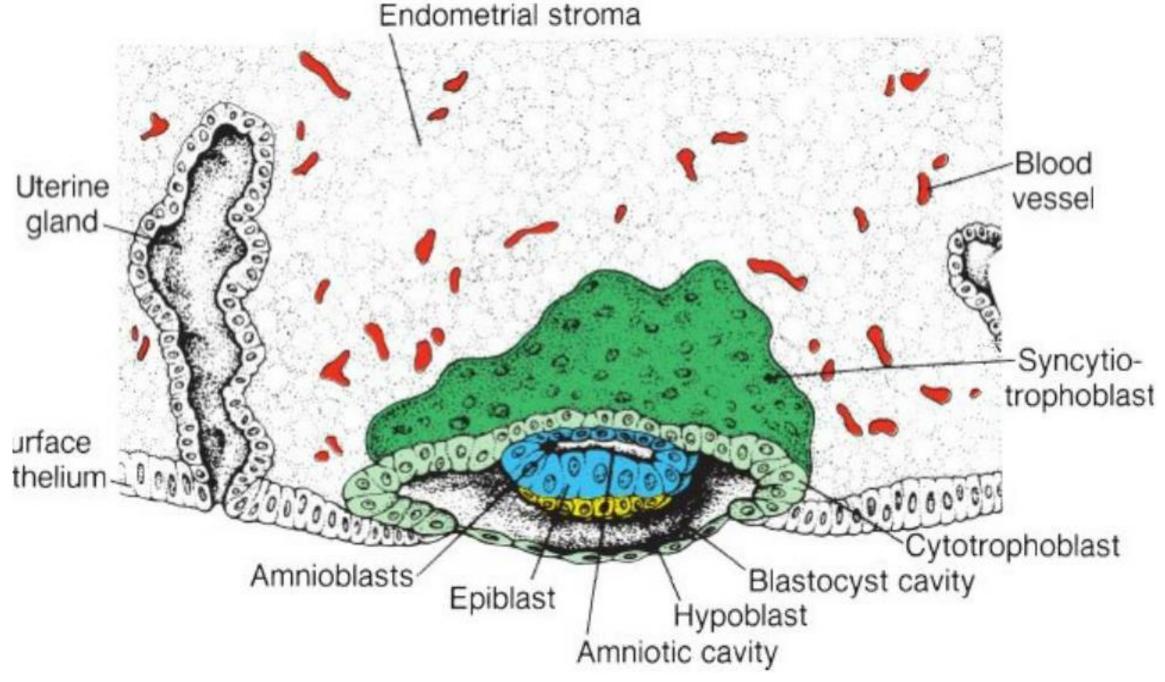
# 1) Implantation

- Definition: process of embedding of blastocyst in the endometrium.
- Time:- Begins: at the end of 1st week. Ends: by the end of 2nd week.
- Normal site of implantation:-
- 1) Endometrium of Upper part of the Body of Uterus [near fundus]
- 2) On the **Posterior wall** more than anterior wall 3) **Near Middle line**.
- Processes:
- 1) **Zona pellucida surrounding blastocyst** Degenerates resulting in: Enlargement of blastocyst and Exposure of **trophoblast** that is differentiated into:
  - outer syn-cytio-trophoblast.
  - inner cyto-trophoblast.

- Exposure of trophoblast has two functions:
  - a. Adhesive power: makes blastocyst adheres to endometruim.
  - **b. Histolytic power;** produced by proteolytic enzymes released from syncytiotrophoblast and promote lysis of endometrial tissue leading to:
    - a. **Lysis of glands and c.t**. → formation of defect in the endometrium → blastocyst gradually embeds in enderom.
    - b. lysis of blood capillaries → oozing of blood to fill lacunae in syncytiotrophoblast.

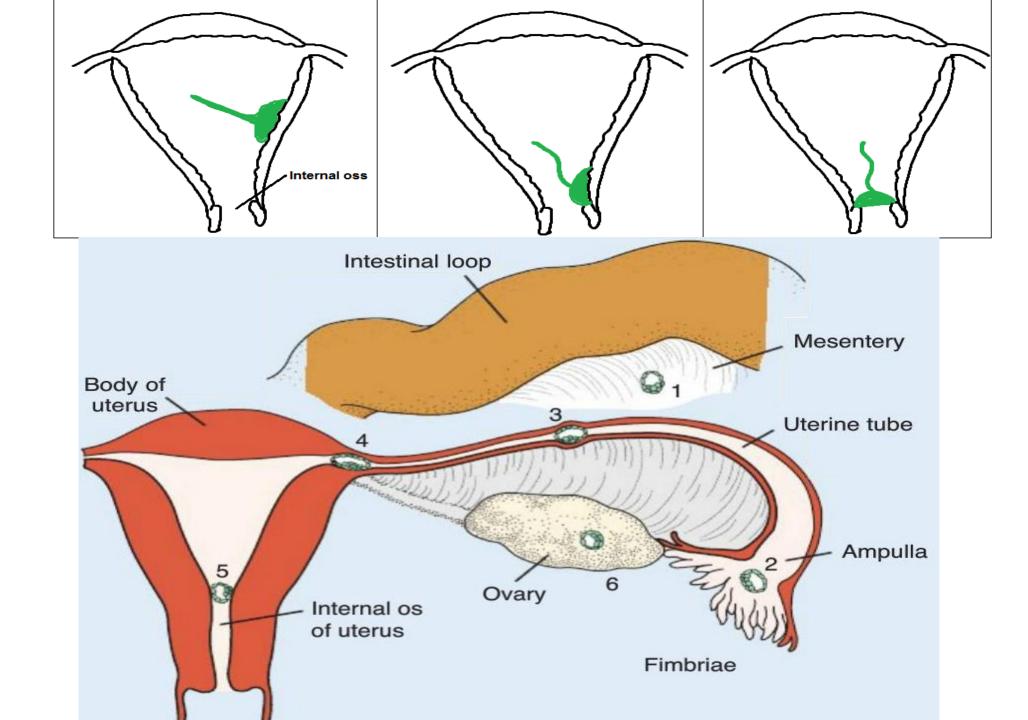
# Blastocyst:

- a. Implants in the endometrium at its embryonic pole.
- b. The defect in the endometrium is filled by fibrin clot.
- c. The defect in the endometrial epithelium gradually disappears as the endometrium epithelium is repaired.



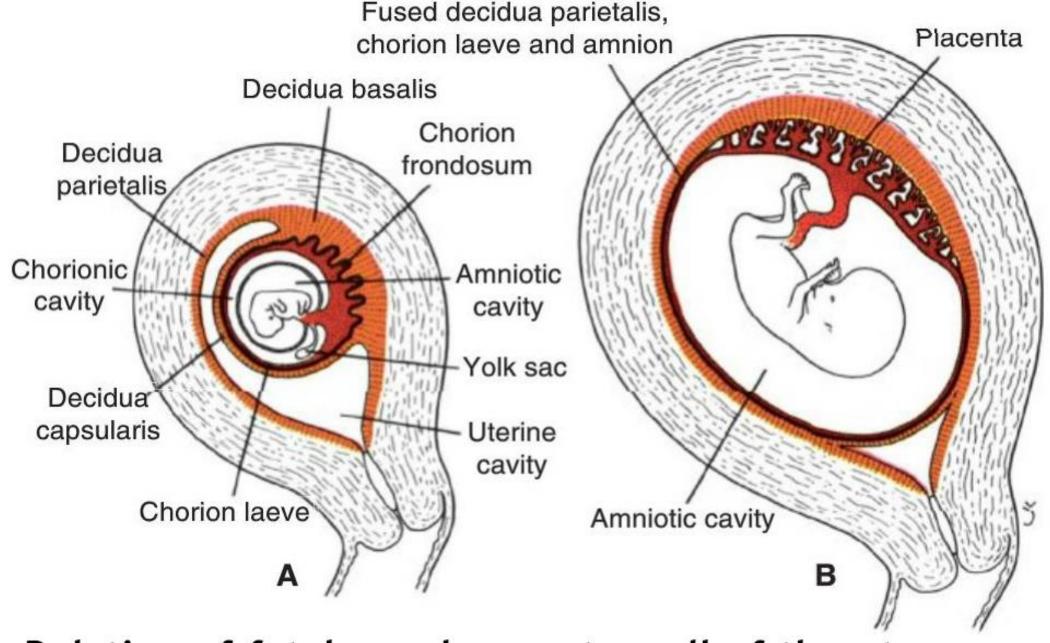
A 7.5-day human blastocyst, partially embedded in the endometrial stroma.

- Abnormal sites of implantation
- A. In uterus: Placenta Praevia
- **Definition**: implantation of a blastocyst in the inferior segment of the uterus. near the internal os of cervix.
- Types:
- ▶ Placenta previa lateralis: not related to internal os of cervix.
- ▶ Placenta previa marginalis: partially covers internal os of cervix.
- ▶ Placenta previa centralis: completely covers internal os of cervix.
- A. Extrauterine:- Ectopic Pregnancy
- **Definition**:-blastocyst implant outside the uterus.
- Types:-
- 1) Ovarian pregnancy: The fertilized ovum is implanted on the ovary
- 2) Tubal pregnancy: Commonly in ampulla and isthmus of the uterine tube.
- 3) Abdominal ( peritoneal ) pregnancy:- Commonly over the surfaces of abdominal viscera.



# 2) Decidua formation

- **Definition**: is the endometrium of the pregnant uterus.
- Parts: formed of three parts:-
- 1) Decidua basalis: Part of endometrium lies between foetus and myometrium.
- 2) Decidua capsularis: Part of endometrium covers foetus.
- 3) Decidua parietalis: Part of endometrium lines the rest of uterine cavity.
- Fate:
- 1) Decidua basalis: becomes hypertrophy to form the maternal part of placenta.
- 2) Decidua capsularis & parietalis:-
- Growth of embryo leads to opposition and fusion of deciduas capsularis and parietalis. resulting in obliteration of uterine cavity and reduction of blood supply to deciduas capsularis and parietalis leads to degeneration and disappear.



Relation of fetal membranes to wall of the uterus. A. End of the second month. B. End of the third

# 3) Changes in Blastocyst

- (a) Changes in embryonic disc (2)
- (b) Changes in the cavities: (2)
- (c) Changes in wall (2)

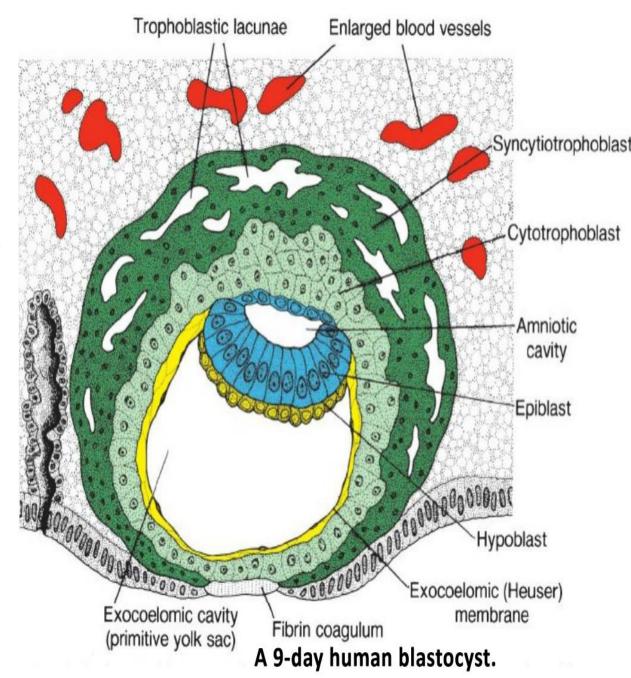
# a) Changes in embryonic disc Inner cell mass is changed into two layers:-

# a. Epi-blast [primary ectoderm]

- i. upper thicker layer.
- ii.high columnar cells.
- iii.related to amniotic cavity.

# b. Hypo-blast [primary endoderm]

- i. lower thin layer.
- ii.small cuboidal cells.
- iii.related to primary yolk sac.



# b) Changes in the cavities: formation of

# 1) Amniotic cavity:

- ⇒ New smaller & dorsal cavity appears in inner cell mass.
- **⇒ Floor**:- formed of epiblast.
- ⇒ Roof & sides: formed of flat cells called amnioblastic cells derived from epiblast cells.

# 2) Primary yolk sac:

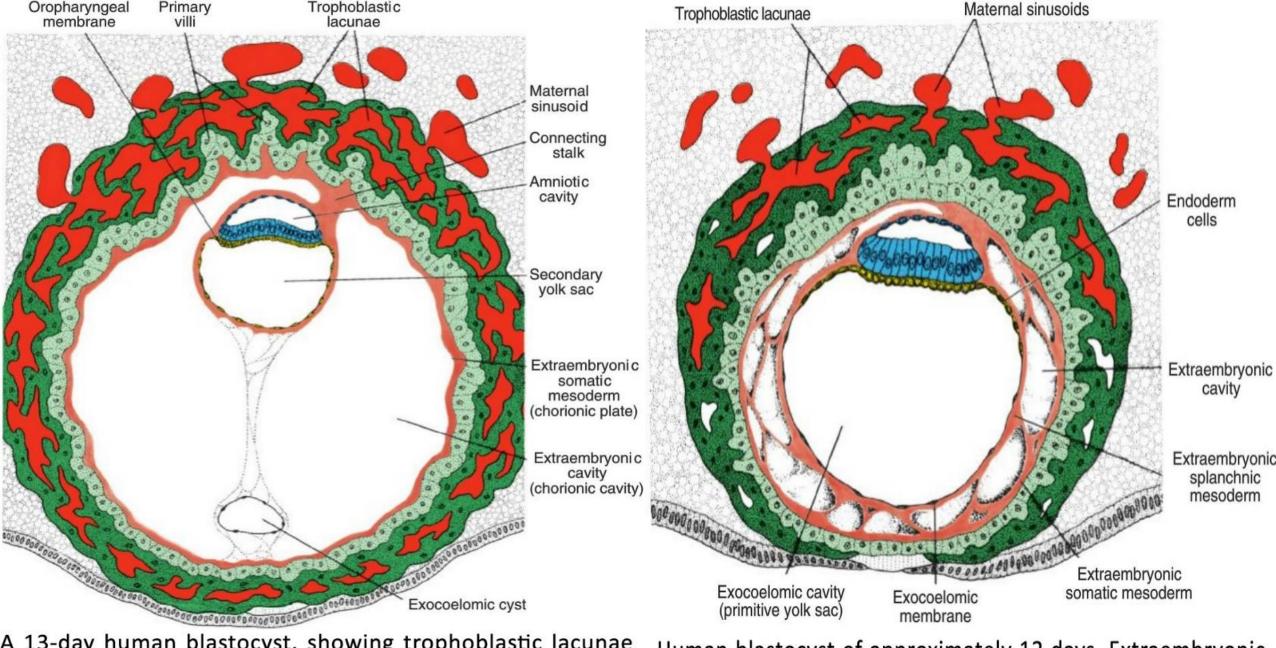
- **⇒** Blastocele cavity → primary yolk sac.
- **⇒ Roof:** formed of hypoblast
- ⇒ Floor & sides : formed of flat cells (exocoelomic "Heuser" membrane) derived from hypoblast cells.

### c) Changes in wall:

# Development of extra-embryonic mesoderm & extra-embryonic coelom ( EEM & EEC)

The exocoelomic "Heuser" membrane **Increases in thickness** and **Isolated spaces** appear within it.

These Spaces rapidly fuses together to form a large cavity called extra-embryonic coelom



A 13-day human blastocyst. showing trophoblastic lacunae at the embryonic as well as the abembryonic pole, the primary villi and the extraembryonic coelom or chorionic cavity. The secondary yolk sac is entirely lined with endoderm.

Human blastocyst of approximately 12 days. Extraembryonic mesoderm proliferates and filis the space between the exocoelomic membrane and the inner aspect of the trophoblast.

- As a result of formation of the ceolom, the extra embryonic mesoderm is divided into two layers:-
- a. Extra-embryonic SOMATIC mesoderm:-it is the part of the (EEM) that is:
  - 1- line trophoblast. 2- cover the amniotic cavity.
- **b. Extra-embryonic SPLANCHNIC mesoderm**:-it is the part of the (EEM) that is cover the primary yolk sac.
- **Division of (EEM) is not complete:** mesodermal mass remains connecting the two layers at caudal end of embryonic disc called **connecting stalk (future umbilical cord)**.

### **Division of Trophoblast**

Trophoblast differentiate into two layers:

Outer syncytiotrophoblast: multinucleated cytoplasmic mass without boundaries Inner cytotrophoblast: mononucleated cells.

### - Function:

- 1- isolated cavities [LACUNEA] appear. become filled with mixture of maternal blood from ruptured endometrial capillaries. The adjacent lacunae fuse to form lacunar network which are primordial for intervillous space of placenta.
- 2- produce H.C.G. which enters maternal blood

# Changes in 3rd week includes:

- 1. Changes in the structure of the bilaminar embryonic plate
- 2. Changes in the trophoplast (chorion)
- **Gastrulation** is the formative process by which the three germ layers, which are precursors of all embryonic tissues, and axial orientation are established in embryos.
- **During gastrulation**, the bilaminar embryonic disc is converted into a trilaminar embryonic disc.
- Gastrulation is the beginning of morphogenesis (development of body form) and is the significant event occurring during the third week.

# 1. Development of prechordal plate:

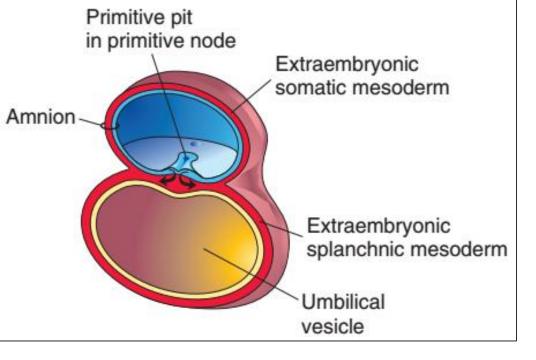
- On the 14th day, cranially in the middle line the prechordal plate is formed (future mouth).

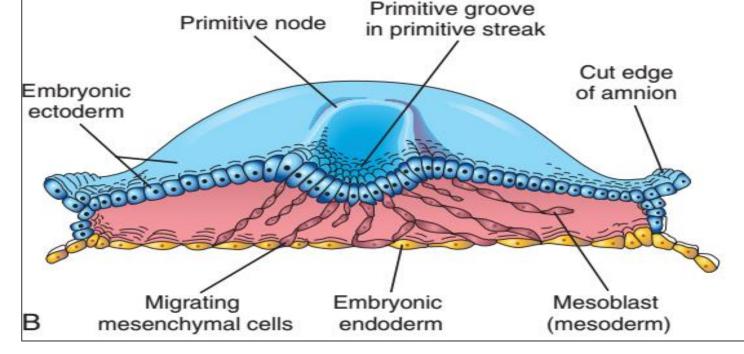
# 2. Development of primitive streak:

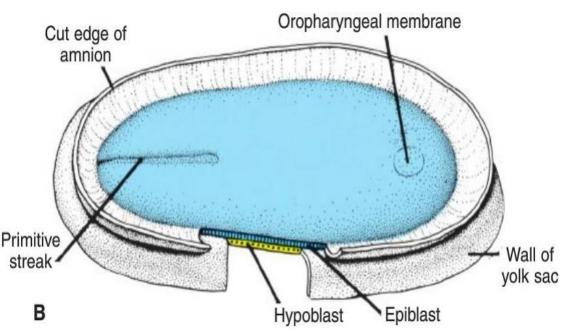
- On the 15th & 16th days, the epiblast cells at the caudal end migrate to the median plane towards cranial end forming the primitive streak which proliferates to form **a primitive node** & small depression in the primitive node appears called the **primitive pit**.

# Function of the primitive streak in the developing embryo:

- 1. Formation of the 3 layers (ectoderm, endoderm and mesoderm)  $\rightarrow$  ???.
- 2. Formation of the **notochord**.
- 3. Determination of the **axises of embryo** (cranio-caudal, dorso-ventral & right-left) axises.
- 4. Stimulate the appearance of the nervous system.







# 1. Formation of ectoderm, mesoderm & endoderm (Gastrulation):

**Epiblastic** cells near the primitive streak proliferate & migrate through the **primitive streak**.

- 1. Some cells migrate to replace the hypoblast and form endoderm on 14th & 15th days.
- 2. The next cells to migrate pass between the **epiblast and the hypoblast** to form **intra-embryonic mesoderm**.
- 3. The rest of the cells of the epiblast will form the ectoderm.
- 4. Now the embryonic disc contains 3 layers (ectoderm, endoderm & mesoderm).

### 2. Development of notochord

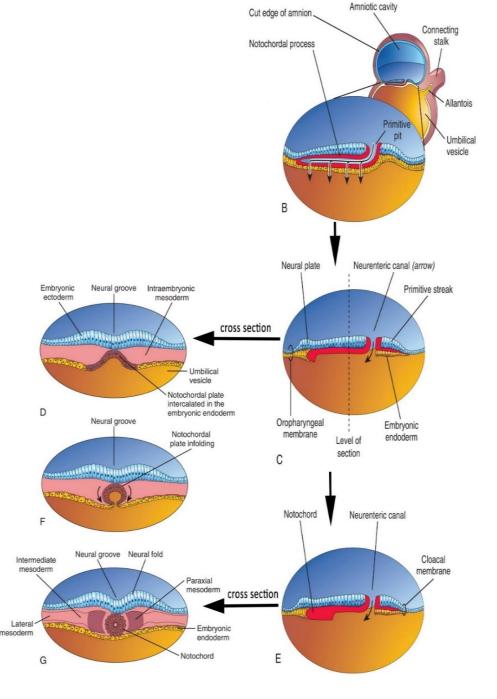
- Cells that migrate through the **primitive pit** in the midline between the ectoderm & endoderm will **form the notochord**.
- This newly formed notochord will be the **core around** it the **vertebral column** will be formed.

# Stages of development:

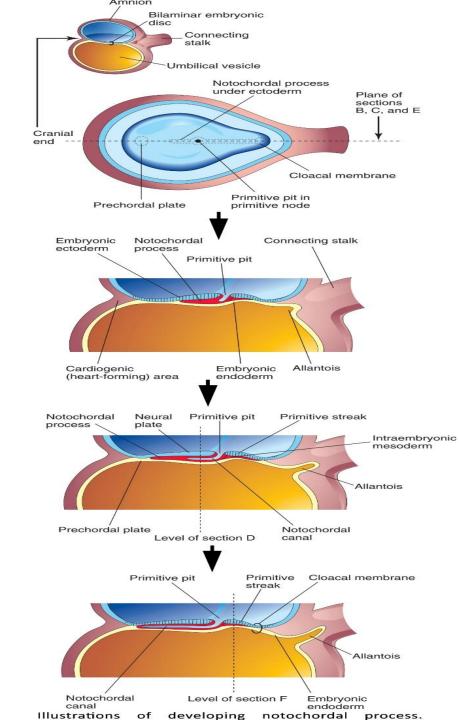
**Notochordal process** on the 17th day $\rightarrow$  **Notochordal canal** on the 18th day  $\rightarrow$  **Neurenteric canal** (transient communication between amniotic fluid & yolk sac cavities through neurenteric canal) on the 19th day  $\rightarrow$  **Notochordal plate**  $\rightarrow$  **Notochord** on 20th day.

### Fate of notochord:

- 1.Cranial part: forms  $\rightarrow$  basilar part of occipital bone & a part of body of sphenoid.
- 2. The central part of notochord: degenerates.
- 3. Part of notochord in the intervertebral disc:  $\rightarrow$  from nucleus bulbosus.



Illustrations of notochord development by transformation of the notochordal process.

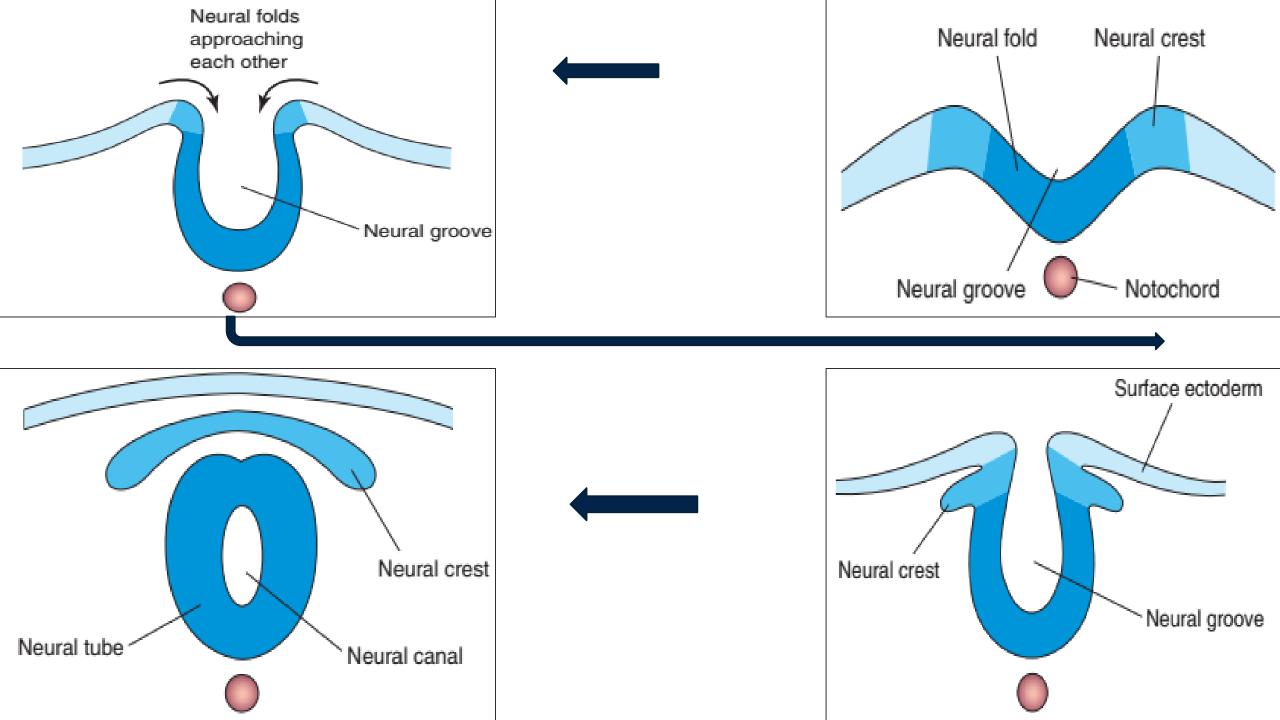


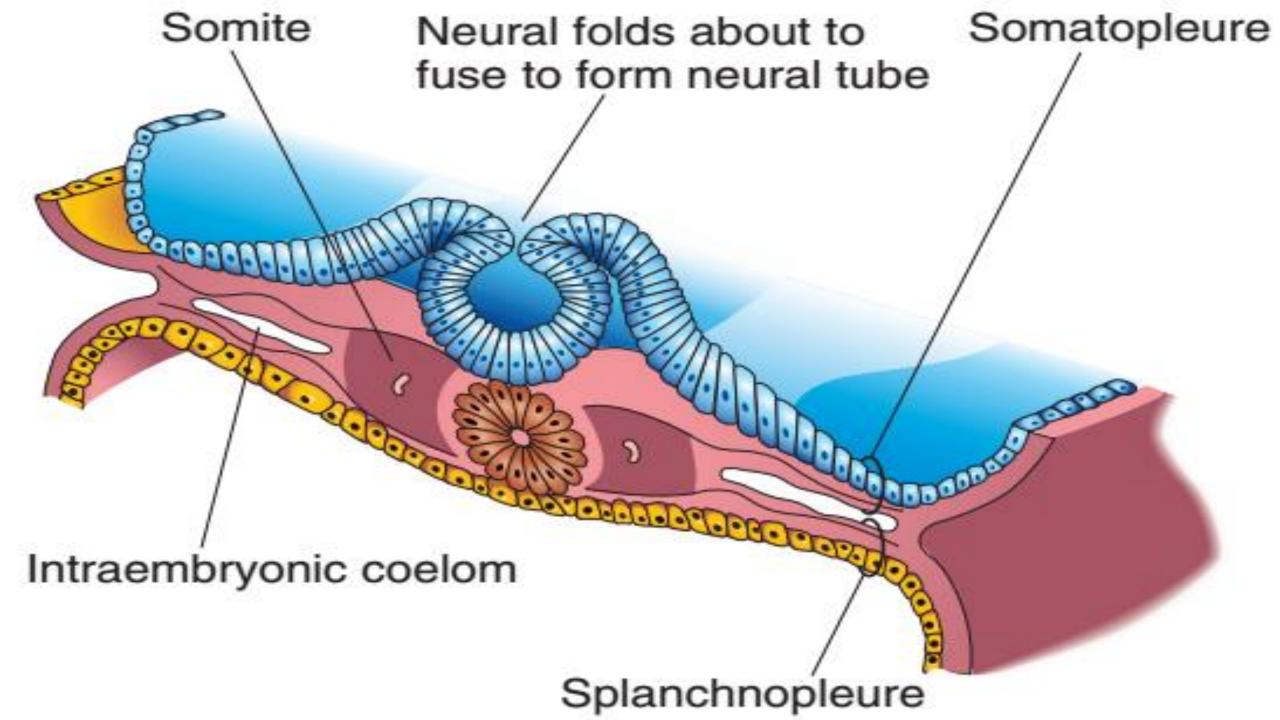
# Development of neural tube(Neurilation).

Time: At the 3rd week.

### Stages:

- 1. On 17th day, the ectoderm over the notochord forms an elongated thick plate called neural plate.
- 2. On 18th day, the neural plate invaginated to form neural groove.
- 3. The neural groove has neural folds on each side.
- 4. The neural folds approximate to each other and fuse to form the neural tube.
- 5. The neural tube then separates from the surface ectoderm.
- 6. During the separation of the neural tube some cells fall on both sides of it to form the neural crest cells.
- 7. The cranial end of the tube dilates to form the brain vesicle & the remaining part forms the spinal cord.





### **Neural crest**

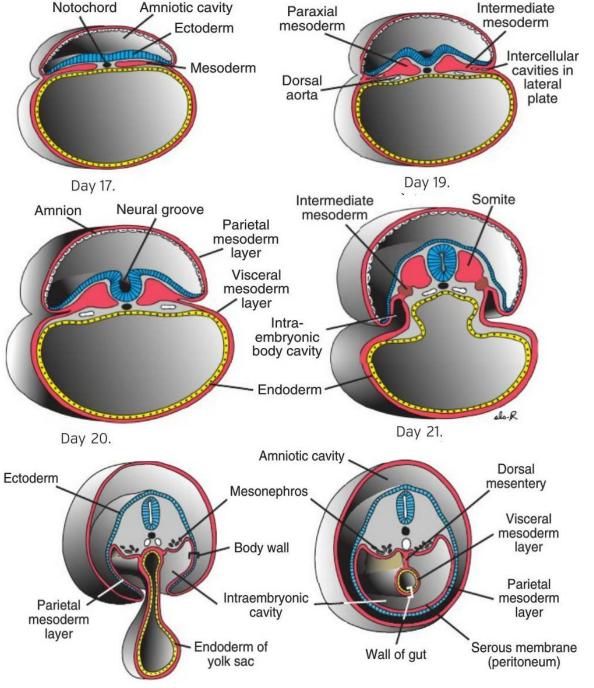
Origin: Group of cells that fall on both sides of neural tube.

### **Derivatives:**

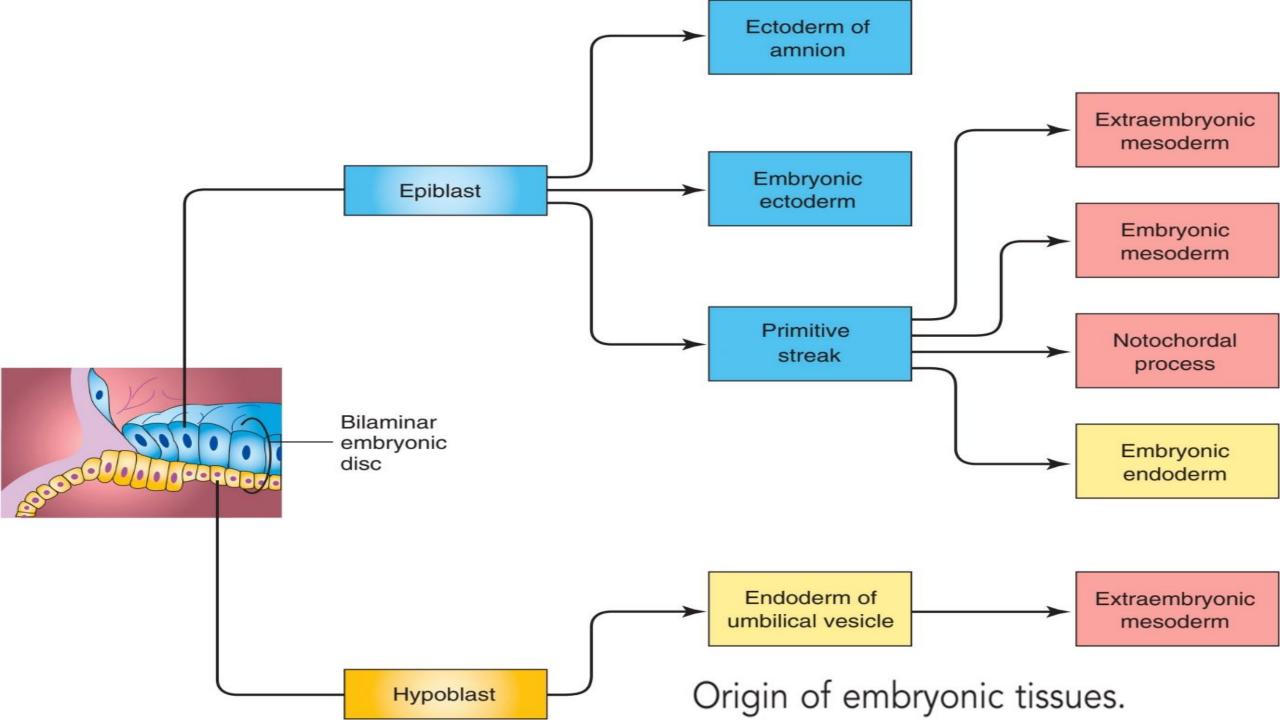
- a. Neuroblasts: these cells give rise to:
- 1. Nerve cells of dorsal root ganglia.
- 2. Nerve cells of sympathetic ganglia.
- 3. Nerve cells of parasympathetic ganglia of some cranial nerve (3rd, 7th, 9th & 10th).
- 4. Nerve cells of sensory ganglia of some cranial nerve (5th, 7th, 8th & 10th).
- b. Spongioblasts: these cells give rise to:
- 1. Pia and arachnoid maters.
- 2. Schwann cells.
- c. Chromaffin cells: these cells give rise to:
- 1. Suprarenal medulla.
- 2. Cells of carotid and aortic bodies.
- d. Melanocytes: Pigment cells of the skin.
- e. Some bones of the face.

# Intra-embryonic mesoderm

- ☐ It is continuous with **extra-embryonic mesoderm** covering amnion and yolk sac at the margin of embryonic disc.
- ☐ By the middle of 3rd week, I.E.M. separate the ectoderm and endoderm every where **EXCEPT**:
  - Cranially: at prochordal plate.
  - In the median plane: at notochordal process
  - Caudally: at cloacal membrane.
- Development: A longitudinal groove appears on each side of the notochord dividing the intra embryonic mesoderm into:
- 1- paraxial mesoderm: on each side of notochord.
- 2- Intermediate cell mass: in the floor of the groove.
- 3- Lateral plate mesoderm: Lateral to the groove.



Transverse sections showing development of the mesodermal germ layer.



# **Differentiation Of Three Germ Layers**

- 1) Derivatives of Ectoderm
  - 1- Central and peripheral nervous system.
  - 2- Sensory epithelium of the eye, ear and nose.
  - 3- Epidermis of the skin and it is appendage(hair, nails and the sweet, sebaceous and mammary glands).
  - 4- The pia and arachnoid mater.
  - 5- Suprarenal medulla and chromaffin tissue.
  - 6- The external auditory meatus and the outer layer of tympanic membrane.
  - 7- Enamel of teeth.
  - 8- The epithelium of nasal cavity and the paranasal sinuses.
  - 9- The anterior part of the buccal cavity, gums, salivary glands, pituitary glands, lower half of anal canal and the terminal part of male urethra.
  - 10- The conjunctiva, outer layer of cornea and muscle of the iris.

- 2) Derivatives of endoderm
- 1- Epithelial lining of:
  - a. Gastro-Intestinal Tract.
  - b. Respiratory Tract.
  - c. Urinary Bladder and urethra.
  - d. Tympanic cavity, antrum and auditory tube in the ear.
- 2- Parenchyma of tonsil, thyroid, parathyroid glands, thymus, liver and pancreas.

- 3) Derivatives of Intraembryonic mesoderm
- A. Paraxial mesoderm: divides into Number: 42-44 pairs of somites Fate: somites divided into two parts:
- 1. Ventromedial part: form Sclerotome which gives axial skeleton (vertebral column and ribs).
- 2. Dorsilateral part: form Dermo-myotome.
  - Dermatome: superficial part and gives dermis of skin and fascia.
  - Myotome: deep part and gives skeletal muscles.
- B. Intermediate cell mass
- Definition: part of intraembryonic mesoderm in floor of longitudinal groove.
- Fate: gives urogenital system:
  - 1. Male and female duct system
  - 2. Kidney
  - 3. Testis or ovary
  - 4. Cortex of suprarenal gland.

- C. Lateral plate mesoderm
- Definition: part of intraembryonic mesoderm lateral to longitudinal groove.
- **Development:** 
  - Small cavities appear in lateral plate mesoderm.
  - ☐ These cavities unite to form single horse shoe cavity (intraembryonic coelom) that divides lateral plate mesoderm into:
    - 1. Somatic (parietal) layer 2. Visceral (splanchnic) layer
    - 3. Intraembryonic coelom
- 1. Somatic (parietal) layer: gives
  - a) Muscles of abdominal wall and chest wall.
  - b) Parietal layer of pleura, peritoneum and pericardium.
- 2. Visceral (splanchnic) layer: gives
  - a) Muscles of heart, smooth muscles of bronchial tree and gut.
  - b) Visceral layer of pleura, peritoneum and pericardium.
- 3. Intraembryonic coelom: divided into pleural, peritoneal and pericardial cavities.

