Reproductive System

Function: Produce Sperm



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Testis Cross Section

Seminiferous Tubules



Seminiferous tubules





<u>Function</u>: Cervical mucosa secretes mucous blocking cervical canal entrance to uterus.



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Function: Muscular contractions.



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<u>Function</u>: Passageway for oocyte and site of fertilization.



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Mechanisms of Hormonal Action

Direct Gene Activation

- lipid soluble, steroid hormones
- diffuse through cell membranes
- bind to intracellular receptor
- activated hormone
 receptor/complex binds
 with gene, turning it on
- gene transcribes mRNA
- ribosomes use mRNA to synthesize enzymes to stimulate cell activity or synthesize structural proteins to be excreted or used within the cell

a. A steroid hormone molecule diffuses from bloodstream into the interstitial fluid bathing a target cell.

 b. Being lipid soluble, the hormone diffuses across plasma membrane of the target cell.

c. This hormone moves into the nucleus, where it binds with a receptor molecule. Hormonereceptor complex triggers gene transcription in specific DNA regions.

d. The transcript is translated in cytoplasm into the gene product required to carry out the response to the hormonal signal.

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Hormone Sources & Functions

Gonadotropin-releasing Hormone (GnRH):
 <u>Source</u>: Hypothalamus

- Targets & Functions:

Hypothalamus

Anterior

pituitary

- Females & Males Anterior Pituitary
 - Stimulates the production of Follicle Stimulating Hormone (FSH) & Leutinizing Hormone (LH)
 - Regulates the release of FSH & LH by the anterior pituitary gland

Hormone Sources & Functions

• Follicle Stimulating Hormone: – Source: Anterior Pituitary

- Targets & Functions:
 - Females Ovaries

Hypothalamus

Anterior

pituitary

- Stimulates follicle growth & maturation
- Stimulates estrogen production
- Males Seminiferous Tubules
 - Promotes sperm production (Spermatogenesis) by establishing testosterone receptors on tubules

Leutenizing Hormone:



Hypothalamus

Corpus luteum

 $(\mathbf{1})$

Source: Anterior Pituitary

- Targets & Functions:

- Females Ovaries
 - Stimulates primary oocyte to complete first meiotic division to become secondary oocyte
 - Triggers ovulation of secondary oocyte
 - Transforms ruptured follicle into corpus luteum
 - Stimulates production of progesterone by corpus luteum
- Males Seminiferous Tubules
 - Stimulates sperm production (Spermatogenesis) by causing interstitial cells in testes to secrete testosterone

Estrogen:

<u>Sources</u>: Maturing Follicles & Corpus Luteum

- Targets & Functions:



Body in general

- Stimulates the development of female secondary sexual characteristics Uterus

- Stimulates proliferative phase of uterine cycle
- Ovaries
 - Promotes oogenesis
- Breasts •
 - Stimulates development of milk ducts and sinuses (ampullae)
- Anterior Pituitary
 - Stimulates burst-like release of LH

Progesterone:

• <u>Source</u>: Corpus Luteum & Placenta



Targets & Functions:

- Females Uterus
 - Maintains thickened endometrium
 - Stimulates nutrient release
 - Quiets myometrium
- Females Breasts
 - Stimulates development of alveoli for milk production
- Females Anterior Pituitary
 - Inhibits production & release of FSH & LH

Oxytocin:

<u>Sources</u>: Manufactured by hypothalamus. Stored & released by Posterior Pituitary

Positive Feedback Mechanisms:

- 1. Childbirth Stretching of uterus and cervix
- 2. Suckling Milk letdown reflex

Targets & Functions:

• Uterus

Brain

Anterior lobe of pituitary gland

Oxytocin

Hypothalamus

Axons

Hormones

Uteru

Anterior

osterior lobe --Granules containing hormone

> - Stimulates contraction of uterine myometrium causing lowering of fetus & labor

• Breasts

- Stimulates contraction of milk ducts and sinuses, releasing milk

Prolactin:

• <u>Source</u>: Anterior Pituitary



- <u>Targets & Functions</u>:

- Breasts
 - Stimulates alveoli of breasts to produce milk
- <u>Regulation</u>
 - Release of prolactin by anterior pituitary is regulated by hypothalamus production of Prolactin Releasing Hormone (PRH) & Prolactin Inhibiting Hormone (PIH)

Human Chorionic Gonadotropin:

• <u>Source</u>: Trophoblasts of blastocyst & Chorion

- Target & Functions:

• Corpus Luteum

- Maintains corpus luteum & causes it to continue producing progesterone in the absence of LH through first four months of pregnancy till placenta produces sufficient estrogen & progesterone to maintain the pregnancy

<u>Hormonal Regulation of</u> <u>Ovarian & Menstrual Cycles</u>

--- > = Inhibits

1. Hypothalamus releases GnRH.

2. GnRH stimulates anterior pituitary to release FSH.

3. FSH stimulates a follicle to grow & produce estrogen.



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4. Rising levels of estrogen cause anterior pituitary to increase production & storage of LH.



5. High estrogen causes LH to be released in a burst & the endometrium to thicken (proliferative phase).

6. High LH stimulates first meiotic division of primary oocyte.



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7. High LH triggers ovulation.

8. High LH causes ruptured follicle to become a corpus luteum.



9. Corpus luteum produces progesterone.

10. Progesterone inhibits the production of FHS & LH by the anterior pituitary & stimulates secretory phase.



Hormonal Regulation of Ovarian & Menstrual Cycles

11. Diminishing levels of FSH & LH cause corpus luteum to deteriorate & produce less progesterone.

12. Dimishing levels of estrogen & progesterone cause inhibition of FSH & LH to end & thickened endometrium to slough (menses).



Hormonal Regulation of <u>Ovarian & Uterine Cycles</u>

⊕ GnRH 2 **FSH** Growing follicle Mature follicle Key: = Stimulates --->= Inhibits

13. Increasing levels of FSH cause a new cycle to begin.

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<u>Hormonal Regulation in</u> <u>Pregnancy</u>

Normally dimishing levels of estrogen & progesterone from deterioration of the corpus luteum would cause thickened endometrium to slough (menses) which would terminating a pregnancy.



Hormonal Regulation if Pregnancy Occurs

(a)

hCG

Blastocyst produces human Chorionic Gonadotropin (hCG) hormone which maintains corpus luteum in the absence of FSH & LH for the first trimester.

Eventually the placenta will produce sufficient estrogen & progesterone to sustain the pregnancy.

Comparative Anatomy

Undifferentiated

Gonad Mullerian duct Mullerian duct Wolffian duct Mesonephric tubules Wolffian duct Wolffian duct Wolffian duct Wolffian duct Urogenital sinus Urogenital sinus Genital swelling Urogenital folds Genital tubercle Prepuce

Male

Testis Appendix testis Prostatic utricle Rete testis **Efferent ducts** Epididymis Vas deferens Seminal vesicle Prostate Bladder, urethra Bulbourethral gland Scrotum Distal urethra Penis

Bulb of penis Glans penis Crus of penis

Female

Ovary Fallopian tubes Uterus, proximal Rete ovarii Epoophoron Gartner's duct

Skene's glands Bladder, urethra, distal Bartholin's gland Labia majora Labia minora Clitoris Clitoral hood Vestibular bulbs Clitoral glans Clitoral crura

- Does a 5 year old boy have mitotic divisions occurring?
- Does a 5 year old be have meiotic divisio occurring?
- Does a 5 year old gi have mitotic division occurring?
- Does a 5 year old gi have meiotic divisio occurring?



<u>Mitosis vs Meiosis</u>

Mitosis/Meiosis Comparison



Gametogenesis:

Process through which gametes are formed

• <u>Spermatogenesis:</u>

- produces male
 gametes (sperm)
- occurs in the seminiferous tubules of the testes
- involves meiosis
- occurs throughout life
 after puberty
- may produce
 400,000,000 per day

• <u>Oogenesis</u>:

- produces female gametes (oocytes)
- occurs in the ovaries
- involves meiosis
- occurs after puberty until menopause
- humans normally produce one oocyte during each ovarian cycle





<u>Spermatogenesis</u>

Spermatogonium (46)

Mitosis

Primary Spermatocyte (46)

Secondary Spermatocytes (23)



Daughter Cells (46)

Growth

Meiosis I

Spermatogenesis



Spermatogenesis



<u>Spermatogenesis</u>

Mitosis

Spermatogonium (46)

Primary Spermatocyte (46) Meiosis I Secondary Spermatocytes (23) Meiosis II Early Spermatids (23)

Late Spermatids (23)

(Lumen)

Spermatozoa (23)



<u>Oogenesis</u>





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Fertilization

3 Functions

- transmission of genes from parents
- restoration of the diploid number
- initiation of development

Steps

- Capacitation
- Sperm-Zona Pellucida Binding
- Acrosome Reaction & Penetration
- Egg Activation & Cortical Reaction
- Zona Reaction
- Post-fertilization events





Preembryonic Development



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The Embryo Takes Shape



Chorionic Villi

Finger-like growths of the trophoblasts into the endometrium to form the placenta.



Placental Mammals



Gastrulation

 Preembryo becomes embryo as three primary germ layers form.



Prembryo



Triploblastic Layers

- Ectoderm
- Mesoderm
 <u>Fetal Skeletons</u>
- Endoderm



Developmental Events-Table 28.2



Placenta abruptio

- Any amount of placental separation prior to delivery.
- <u>Causes & Risk Factors</u>:
 - Abdominal trauma
 - Hypertension during pregnancy
 - Diabetes mellitus
 - Cigarette smoking
 - Alcohol use during pregnancy



*ADAM

Placenta previa

- Placental growth across or adjacent to opening of cervical canal in the uterus.
- <u>Risk Factors:</u>
 - The number of prior pregnancie
 - Multiple pregnancies (twins/triplets)
 - Prior C-section where scar is close to cervix
- <u>Symptoms</u>:
 - Spotting during 1st & 2nd trimesters
 - Sudden, painless & profuse vaginal bleeding



Ectopic Pregnancy

- Implantation of blastocyst anywhere other than within the uterus.
- <u>Causes & Risk Factors:</u>
 - Physical blockage of uterine tube.
 - Scarring of uterine tube by prior tubal infection (pelvic inflammatory disease).
 - Pregnancy following tubal ligation reversal or despite oral contraceptive use.
- <u>Symptoms</u>:
 - Lower abdominal or pelvic pain.
 - Mild cramping on one side of pelvis.
 - Abnormal vaginal bleeding (spotting).



Parturition

Stage 1→ full cervical dilation
Latent, active, deceleration
Stage 2→ delivery of infant
Stage 3 → delivery of placenta



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Fetal Alcohol Syndrome

- Prenatal & postnatal growth retardation
- CNS involvement:
 - neurological abnormalities
 - developmental delays
- Alcohol related birth defects
- Mental retardation
- Speech & hearing impairment
- Learning, attention & memory deficits



Placental Function - Smoking

Maternal Maternal Increases risk of ectopic veins arteries pregnancy Doubles risk of placenta Myometrium previa & abruptio placenta Stratum basalis of endometrium Slows fetal development Doubles risk of low Maternal portion birthweight babies of placenta •Increases risk of Chorionic villus preterm deliveries capillaries (decidua basalis) Fetal portion of placenta (chorion) •Increases risk of cleft in lacuna palate & lip (intervillus space) Doubles risk of sudden Fetal arteriole Umbilical arteries infant death syndrome Fetal venule Umbilical vein Amnion -(SIDS) Connection to Umbilical cord volk sac

Resources

- <u>Human Anatomy Reproduction Animations</u>
- NOVA Online "Life's Greatest Miracle"
- <u>Craniopagus parasiticus Video</u>
- <u>Male Reproductive Histology</u>
- Female Reproductive Histology
- <u>The Biology of Sex</u>
- Animal Fertilization & Cleavage
- <u>A&P Lessons</u>
- <u>3D Medical Animations</u>
- Fetal Development Timeline
- Egg & Sperm Anatomy
- <u>Reproductive System Information</u>