

# GENERAL EMBRYOLOGY 2

- Development of extraembryonic structures extra-embryonic mesoderm, extraembryonic coelom, yolk sac, fetal membranes: amnion and chorion.
- Development of the placenta.
- Anomalies of the placenta and umbilical cord.
- Multiple pregnancy arrangement of fetal membranes.
- The length of pregnancy, calculation of delivery date.
- Fetus position in the uterus situs, positio, presentatio and habitus. The length and weight of fetus during i.u. development. The rule of Haase.
- Mature and full-term fetus, marks of mature fetus.

### **Extraembryonic mesoderm**

- Derives from cytotrophoblast
  cells fill cavity of blastocyst ("sparse mesh")
- by fusion of clefts among cells extraembryonic coelom between 2
   layers of mesoderm (visceral and parietal) arises



### Extraembryonic mesoderm Extraembryonic coelom

Parietal layer = **extraembryonic somatopleura** + cytotrophoblast – chorion + amnionic ectoderm – amnion

> Visceral layer = **extraembryonic splanchnopleura** is mesoblast of yolk sac (Heuser's membrane)



### Development of chorionic villi

• chorionic villi – consist of cytotrophoblast, which is covered with syncytiotrophoblast (day 10)

 chorionic villi – with extraembryonic mesoderm ingrowing from chorionic cavity (day 12-13)

 chorionic villi – with extraembryonic blood vessels in mesoderm /vascularized mesoderm/ (day 17-18)



•Villi choriales are based over the whole surface of implanted blastocyst, resp. Its chorionic membrane

•<u>Different growth of villi</u> toward **decidua basalis** (partially decidua marginalis) **and toward decidua capsularis and decidua marginalis** causes division of chorion into parts:

- CHORION FRONDOSUM (toward decidua basalis – with villi) and

•Chorion frondosum and decidua basalis fuse together and creates placenta

#### **Development of fetal membranes**



### CHORION = cytotrophoblast + syncytiotrophoblast + extrembryonic mesoderm

#### **AMNION = extraembryonic mesoderm + ectoderm**



Human placenta -discoidea -olliformis -hemochorialis



 $\varnothing$ 15 - 25 cm width up 3 cm weight 500g

### FULL TERM PLACENTA

maternal surface (with cotyledons)







### **Anomalies of placenta**

Anomalies of chorionic villi (1 : 100 pregnancies)

- → mola hydatidosa
- → chorionepithelioma

### **Anomalies in location**:

- ⇒ placenta praevia (causes bleeding in week 28)
- → placenta increta (grown into myometrium)
- → placenta percreta (grown through myometrium)

### **Anomalies of** placenta





placenta duplex placenta triplex (several separate pieces)





placenta succenturiata

(1 main + several accessory placentae)

placenta placenta membranacea (large, thin) (perforated)

fenestrata

tripartita (several portions)

placenta

- Umbilical cord of full-term fetus:
  - 50 60 cm long and 1,5 2 cm wide
- $\rightleftharpoons$  amniotic ectoderm on the surface
- ⇒ jelly-like connective tissue with umbilical vessels:

v. umbilicalis (1) + aa.umbilicales (2)



# Anomalies of umbilical cord

- short (< 40 cm)</li>
  long (> 60 cm)
  (danger of strangulation or formation of true knots)
- true and false knots
- absence of 1 umbilical artery (hypotrophfic fetus)





True knot

False knot





Insertio marginalis



(placenta velamentosa)



<u>Umbilical cord - placenta</u> <u>insertion</u>

- 1 insertio centralis
- 2 insertio marginalis
- 3 insertio velamentosa





**TWINS** 

#### **DIZYGOTIC TWINS**

- 2 spermatozoa fertilize 2 oocytes
- each embryo develops separately (has its own amnion, chorion and placenta)
- twins can be of different sexes
- resemblance of twins is as between siblings of different age





#### **MONOZYGOTIC TWINS**

- 1 spermatozoon fertilizes 1 oocyte
- splitting of embryo occurs during the further development
- arrangement of fetal membranes depends on stage on which splitting occurs
- monozygotic twins are always genetically identical and of same sexes



**MONOZYGOTIC** separated on stage of 2 blastomeres

- each of the first 2 blasto-
  - meres creates 1 embryo
- 2 blastocysts are formed
- they implantate separatly
- fetal membranes as in dizygotic twins: separate amnion and chorion (diamniotic,dichorial) and own placenta



**MONOZYGOTIC** separated on stage of blastocyst

- Embryoblast divided into 2 cell clusters befor creation of germ disc
- trophoblast does not divide, remains common
- fetal membranes: separate amnion (diamniotic), common chorion (monochorial) and common placenta
- The most frequent (65 %)



#### MONOZYGOTIC separated on stage of bilaminar germ disc

- creation of 2 primitive streaks
- fetal membranes are common
  amnion, chorion placenta
  (monochorial, monoamniotic)
- conjoined "Siamese" twins develop in case of incomplete separation



# Length of pregnancy



# Rule of Hasse

determine the age of fetus according its length

|   | <b>AGE</b><br>(I.m.)* |                                                | CRL**<br>(cm) |
|---|-----------------------|------------------------------------------------|---------------|
| • | 3.                    | <b>3</b> 2 ( <u>the second power of I.m.</u> ) | = 9 cm        |
| • | 4.                    | <b>4</b> <sup>2</sup>                          | = 16 cm       |
| • | 5.                    | 5 <sup>2</sup>                                 | = 25 cm       |
| • | 6.                    | <b>6x5</b> ( <u>I.m. x 5</u> )                 | = 30 cm       |
| • | 7.                    |                                                | = 35 cm       |
| • | 8.                    |                                                | = 40 cm       |
| • | 9.                    |                                                | = 45 cm       |
| • | 10.                   |                                                | = 50 cm       |
|   |                       |                                                |               |

\*I.m. = lunar month

\*\*CRL = crown-rump length

### Fetal position in utero

During fetal development, fetus is placed in amnionic sac, which is filled with amnionic fluid. Space of this sac decreases due to growth of fetus. Therefore, fetus takes up the smallest possible volume, especially in the 3rd trimester.

Four characters of fetus arrangement in uterus are followed up and determined before delivery:

- Situs
- Positio
- Habitus
- Presentatio

# Situs

#### relation: long axis of fetus body – long axis of uterus

- <u>Longitudinal situs</u> (paralel axes) 99%, by head (kaudally) or by pelvis
- <u>Transversal situs</u> (perpendicular axes) - 1%
- <u>Oblique situs</u> unstable, moves into longitudinal or transversal situs



# Positio

#### **Relation: back [head] of fetus – uterine margin**



### **Habitus**

#### relation: parts of fetal body to one another

- <u>regular</u> = flexion of head, chin on chest, limbs flexed in all joints, uper limbs crossed in front the chest, lower limbs pressed to abdomen, fetus takes up the smallest possible volume
- irregular = each other



# Praesentatio

#### relation: part of fetal body – aditus pelvis

- <u>vertex</u> (most frequent)
- forehead, face, occiput (1%)
- pelvic end and feet
- trunk, shoulder



### Physiological fetus position in uterus

- Longitudinal situs by head
- First ordinary position
- Regular habitus
- Presentatio by head (vertex)



# Mature and full-term fetus

- Full-term fetus relates to the length of pregnancy (menstrual age)
  - preterm (to 37th week)
  - full-term (38 40 week)
  - after term(more then 42 week)
- Mature fetus relates to level of development:
  - mature
  - immature
- Level of nutrition
  - hypotrophic
  - eutrophic (weight 3,000 3,500 g, length 50 51 cm)
  - hypertrophic

# Marks of mature fetus

#### **Main characters**

- length (50-51 cm)
- weight (3,000-3,500 g)
- diameters of the head
- ♂ testes are descended in scrotum,
   ♀ labia majora cover labia minora

#### **Auxiliary characters**

- fetus is eutrophic, subcutaneous fat is well developed
- skin rests of lanugo on shoulders and back only
- eyelashes, brow, hair (several cm) are developed, nails overlap free end of fingers
- skull bone are hard, major and minor fonticulus are palpable and separated from each other
- newborn cries and moves



DEPARTMENT OF HISTOLOGY AND EMBRYOLOGY FACULTY OF MEDICINE - MASARYK UNIVERSITY

# GENERAL EMBRYOLOGY 2

Set of embryological pictures II



