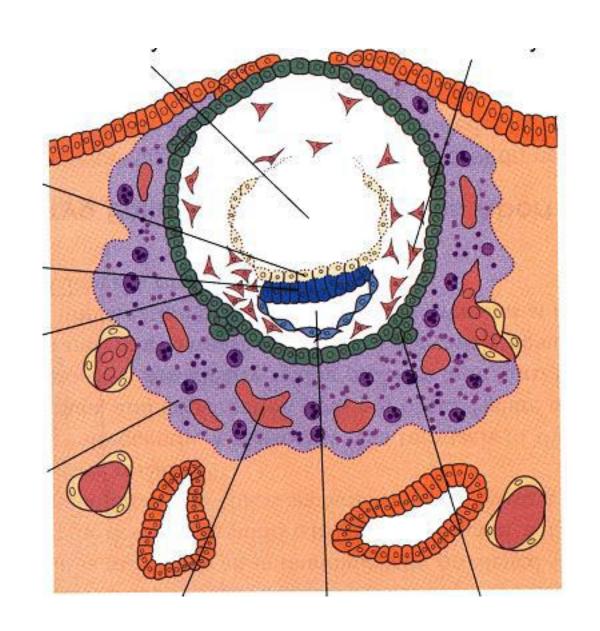
GENERAL EMBRYOLOGY 2

- 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)

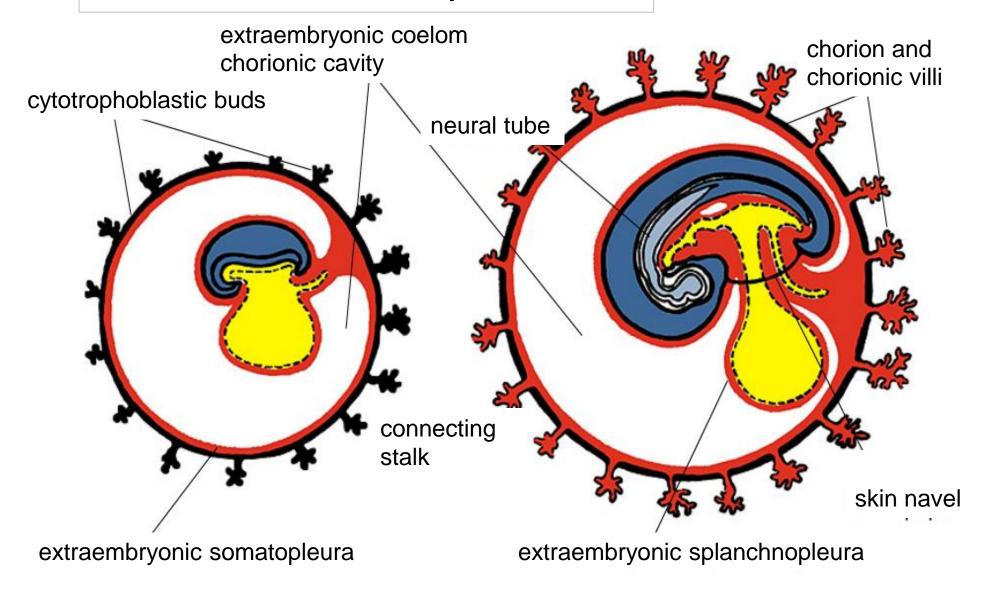
= chorionic cavity

extraembryonic coelom

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)

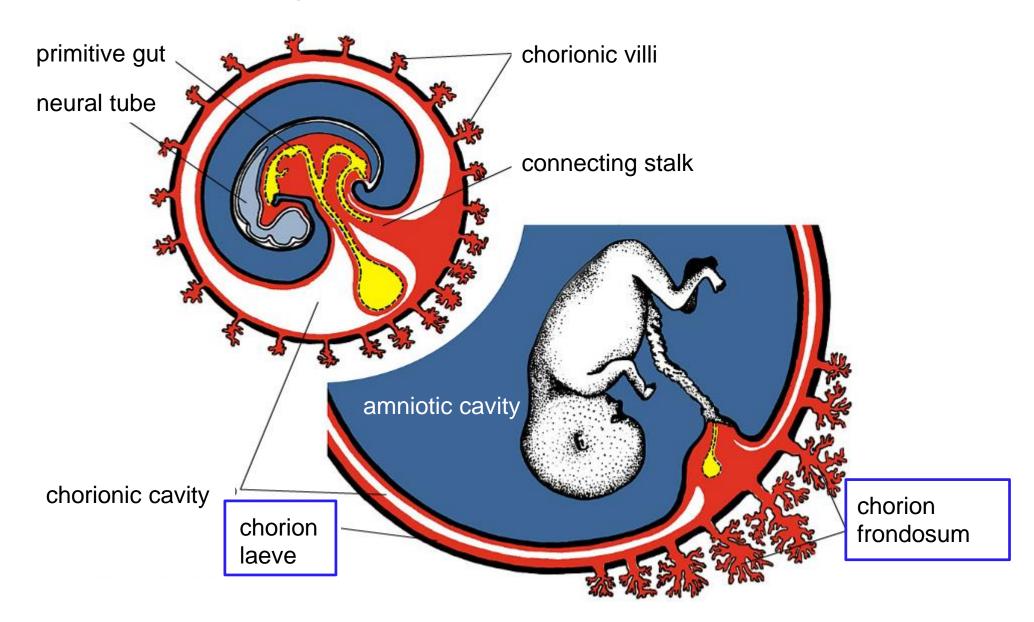
Yolk sac, amnionic sac, fetal membrane - amnion, chorion.



- •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:
- •

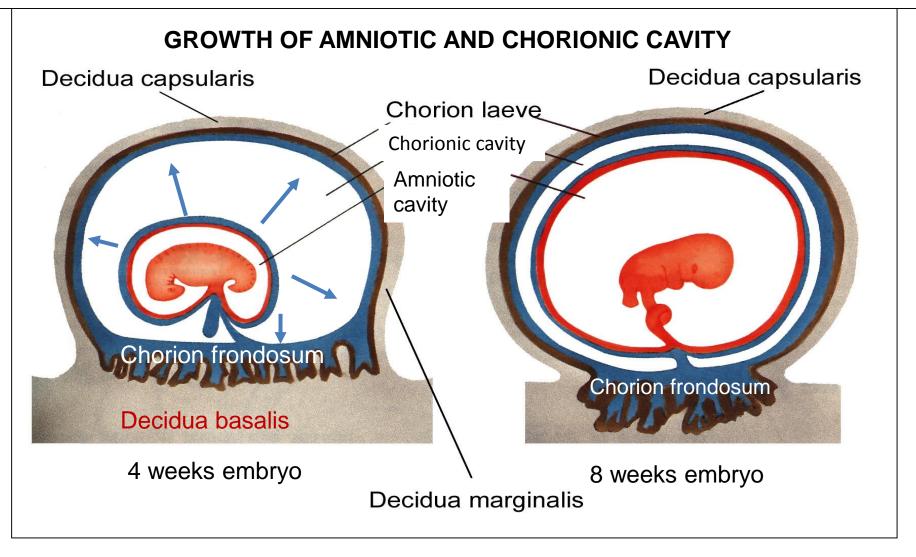
 CHORION FRONDOSUM (toward decidua basalis
- with villi) and
- CHORION LAEVE (smooth, without villi)
- •Chorion frondosum and decidua basalis fuse together and creates placenta

Development of fetal membranes



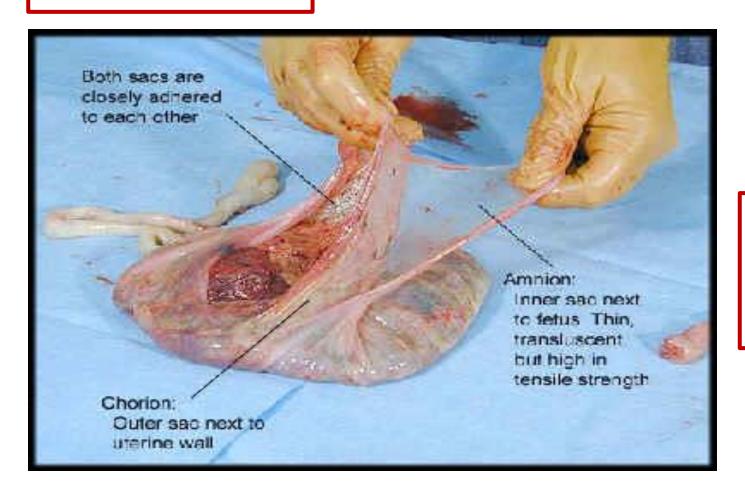
CHORION = cytotrophoblast + syncytiotrophoblast + extrembryonic mesoderm

AMNION = extraembryonic mesoderm + ectoderm



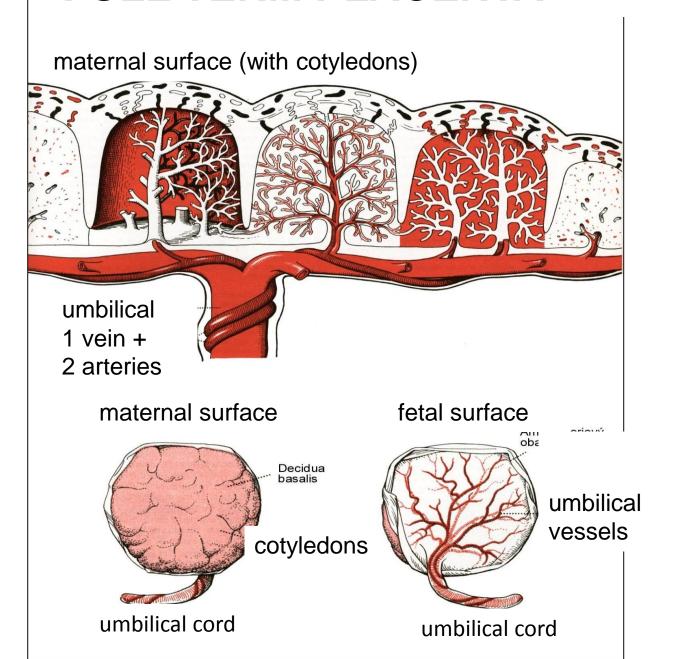
Human placenta

- -discoidea
- -olliformis
- -hemochorialis



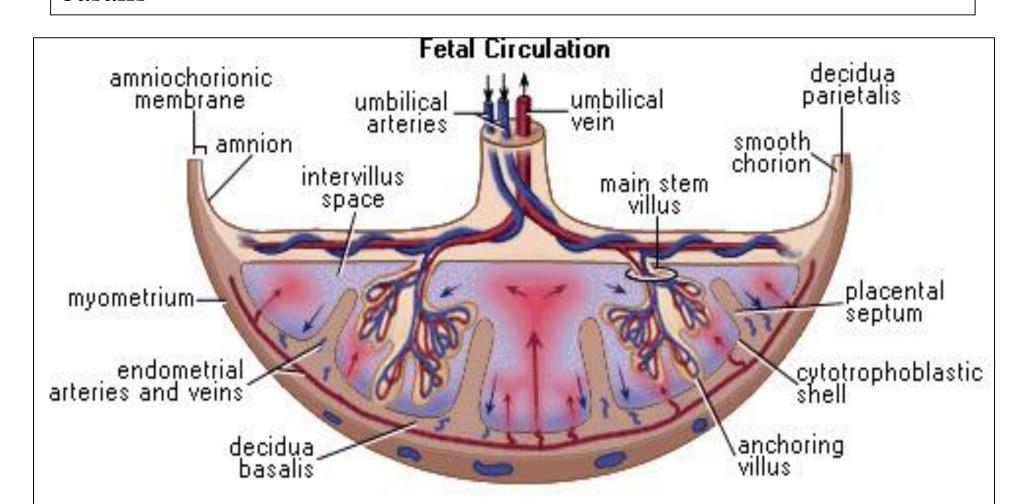
 \varnothing 15 - 25 cm width up 3 cm weight 500g

FULL TERM PLACENTA

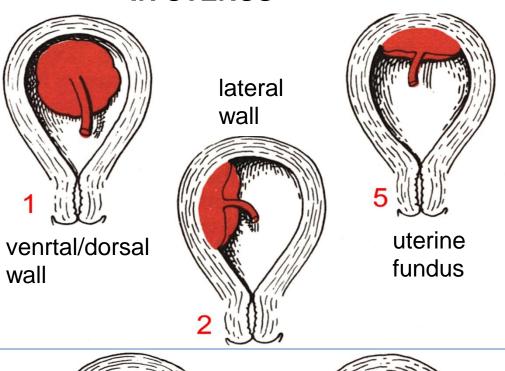


COMPARTMENTS OF PLACENTA:

- **PARS FETALIS PLACENTAE** − chorionic plate + chorionic villi, intervilous space
- **PARS MATERNA PLACENTAE** = zona functionalis deciduae basalis



POSITION OF PLACENTA IN UTERUS







PLACENTA PRAEVIA

Anomalies of placenta

Anomalies of chorionic villi (1 : 100 pregnancies)

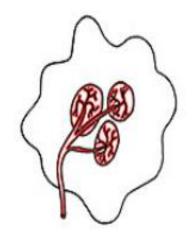
- chorionepithelioma

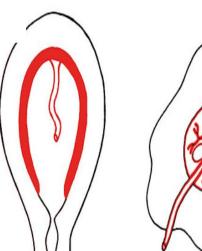
Anomalies in location:

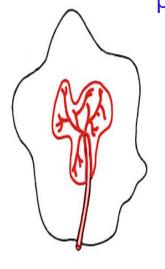
- placenta praevia (causes bleeding in week 28)
- placenta accreta (attached to myometrium)
- ⇒ placenta percreta (grown through myometrium)

Anomalies of placenta

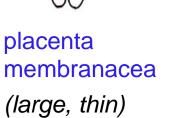






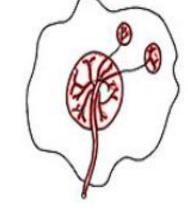


placenta duplex placenta triplex (several separate pieces)



placenta fenestrata (perforated)

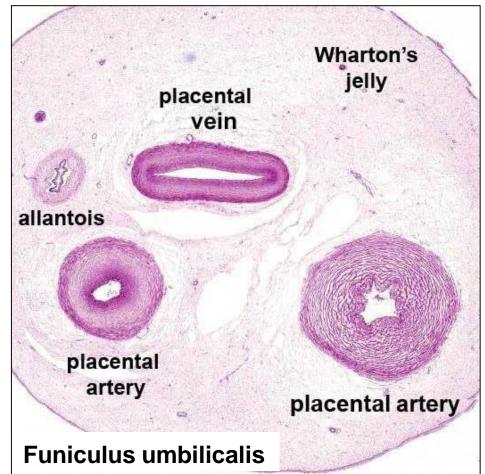




placenta succenturiata

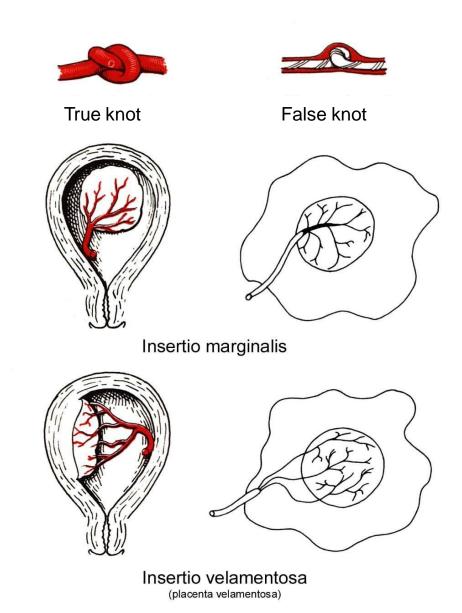
(1 main + several accessory placentae)

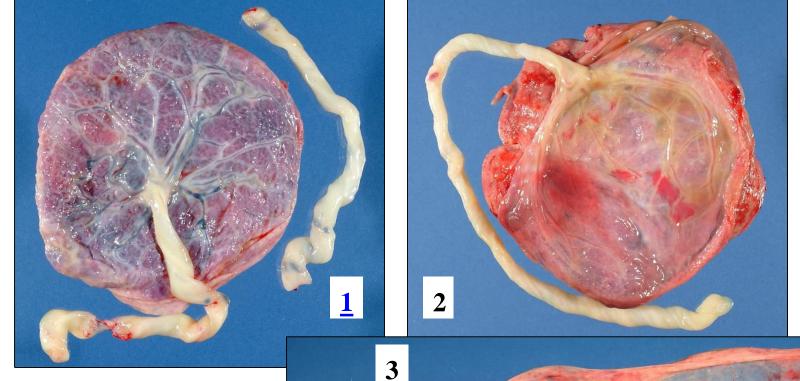
- Umbilical cord of full-term fetus: 50 60 cm long and 1,5 2 cm wide
- □ amniotic ectoderm on the surface
- ⇒ jelly-like connective tissue with umbilical vessels:
 v. umbilicalis (1) + aa.umbilicales (2)



Anomalies of umbilical cord

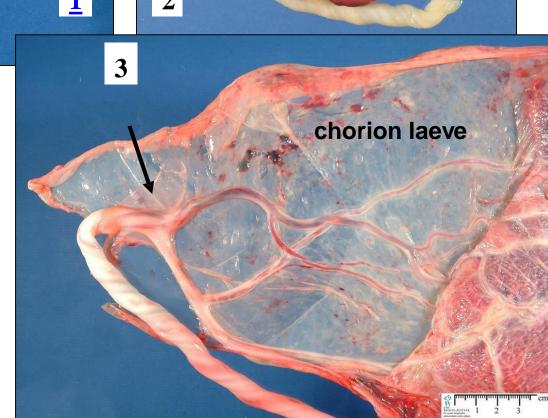
- short (< 40 cm)
- long (> 60 cm) (danger of strangulation or formation of true knots)
- true and false knots
- absence of 1 umbilical artery (hypotrophfic fetus)





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

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

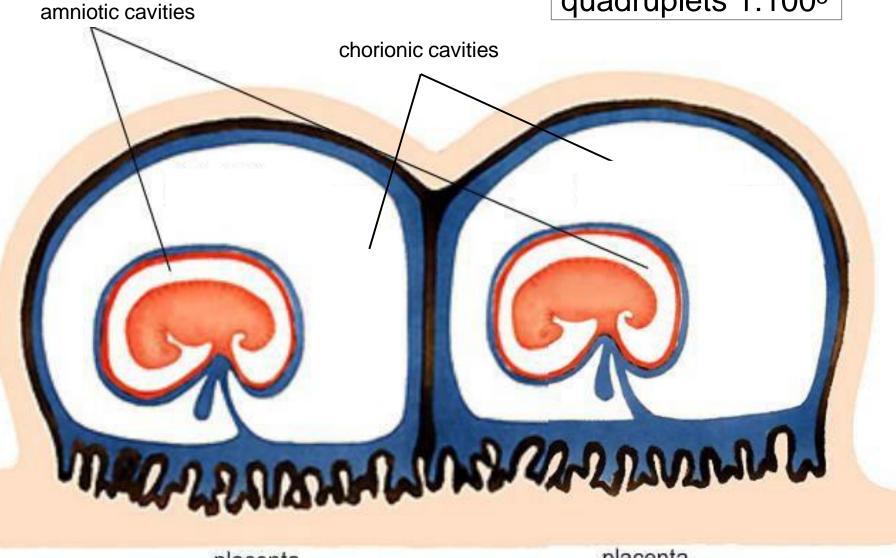


Multiple pregnanacy

twins 1:100

triplets 1:100²

quadruplets 1:100³

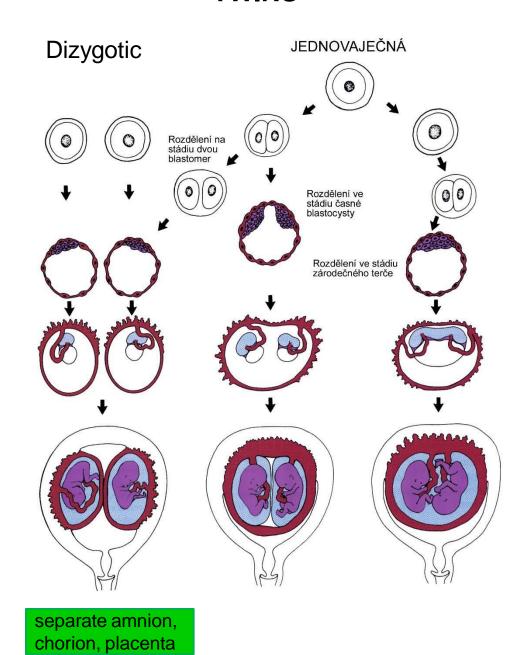


placenta

placenta

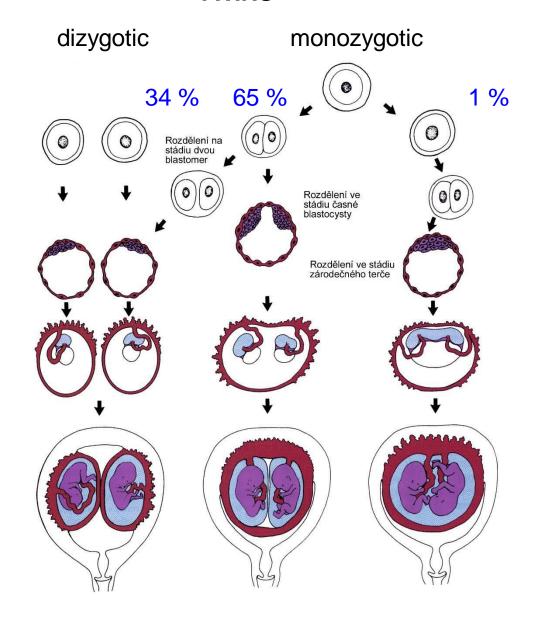
DIZYGOTIC TWINS

- 2 spermatozoa fertilize2 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



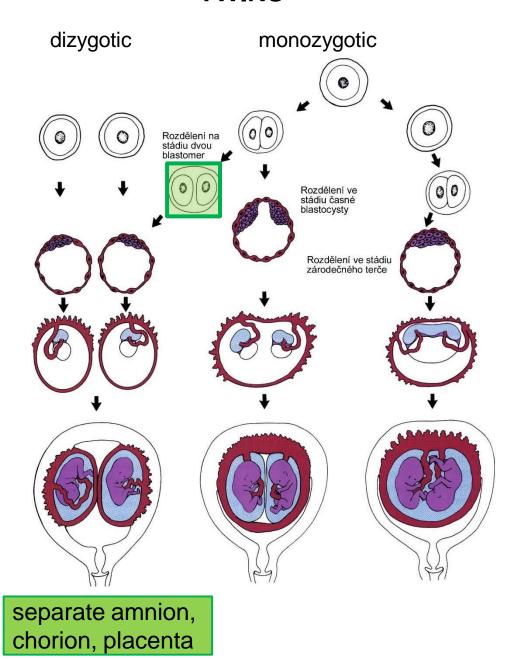
MONOZYGOTIC TWINS

- 1 spermatozoon fertilizes1 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



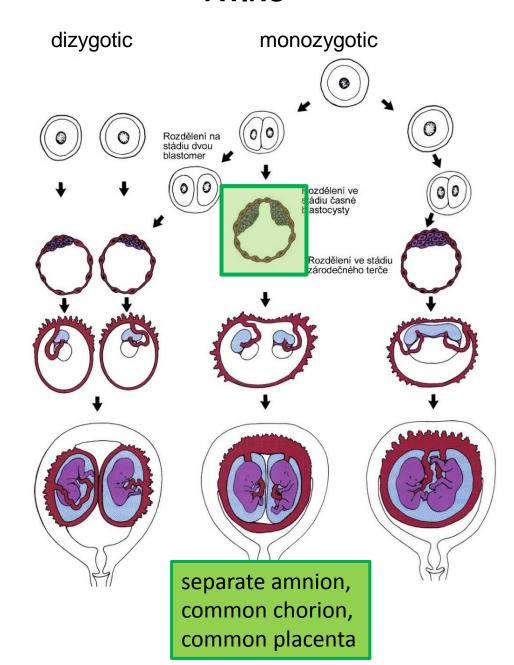
MONOZYGOTIC separated on stage of 2 blastomeres

- 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

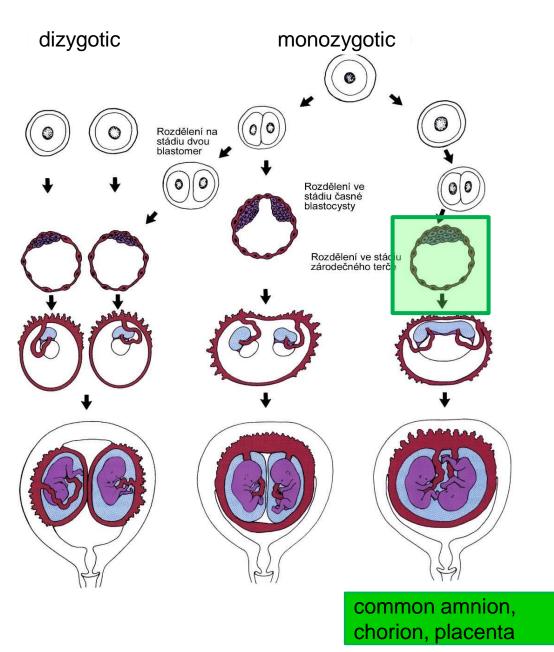
- Embryoblast divided into 2 cell clusters befor creation of germ disc
- trophoblast does not divide, remains common
- fetal membranes: separate amnion (diamniotic), common chorion (monochorial) and common placenta
- The most frequent (65 %)



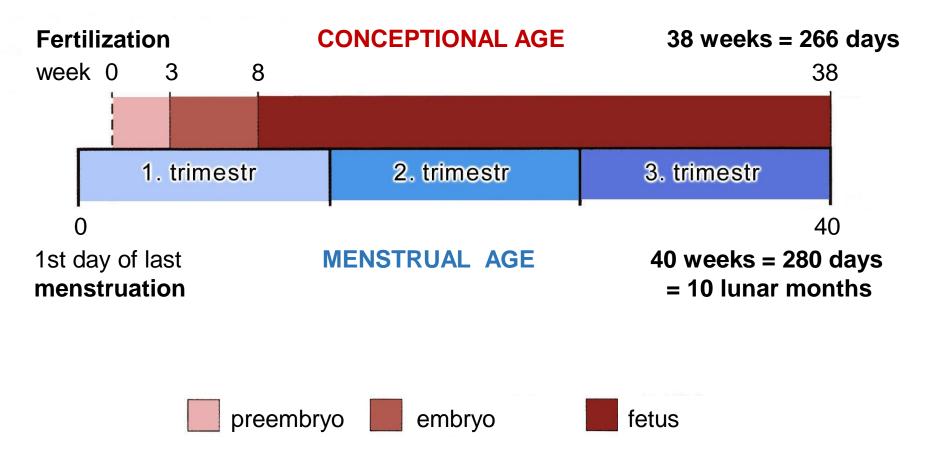
MONOZYGOTIC separated on stage of bilaminar germ disc

- 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



Calculation of the expected date of delivery:

Date of th 1st day of the last menstruation + 9 calendar months +7 days

Rule of Hasse

determine the age of fetus according its length

```
AGE
                                             CRL**
(l.m.)*
                                             (cm)
                                          = 9 cm
             32 (the second power of l.m.)
                                          = 16 cm
            42
 5.
                                          = 25 cm
             5<sup>2</sup>
 6.
                                          = 30 cm
           6x5 (<u>l.m. x 5</u>)
                                          = 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.

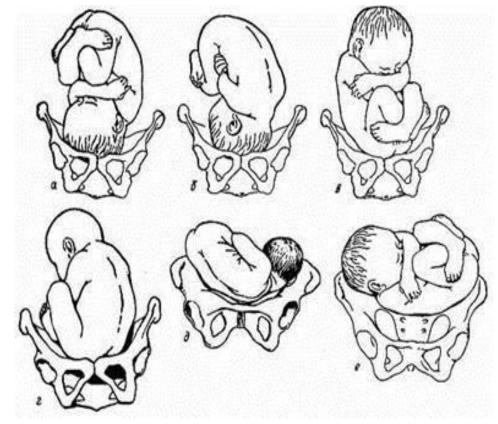
Four characters of fetus arrangement in uterus are followed up and determined before delivery:

- Situs
- Positio
- Habitus
- Presentatio

Situs

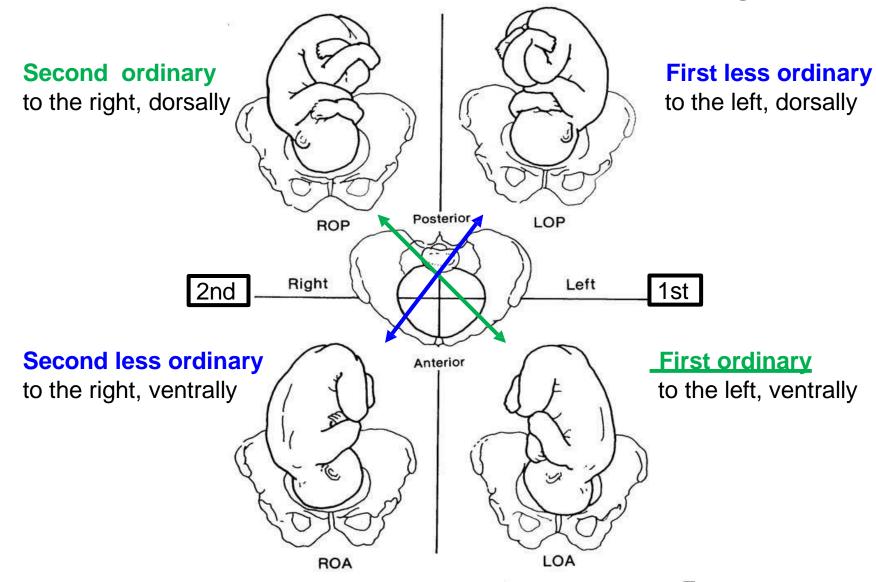
relation: long axis of fetus body – long axis of uterus

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



Positio

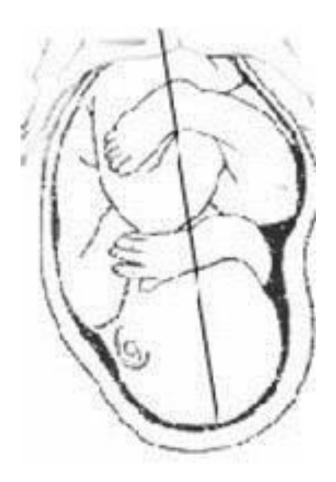
Relation: back [head] of fetus – uterine margin



Habitus

relation: parts of fetal body to one another

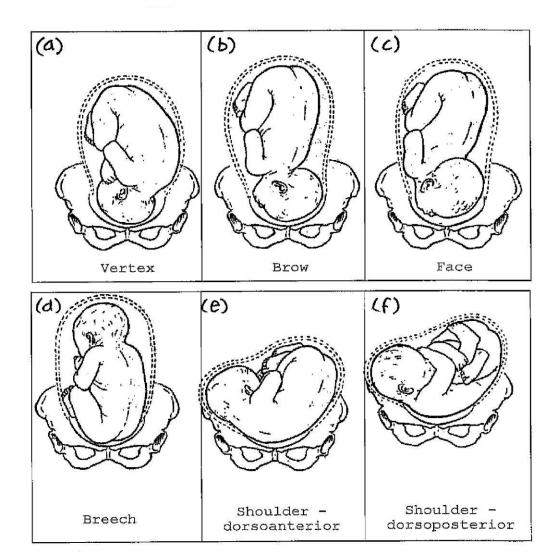
- regular = flexion of head, chin on chest, limbs flexed in all joints, uper limbs crossed in front the chest, lower limbs pressed to abdomen, fetus takes up the smallest possible volume
- irregular = each other



Praesentatio

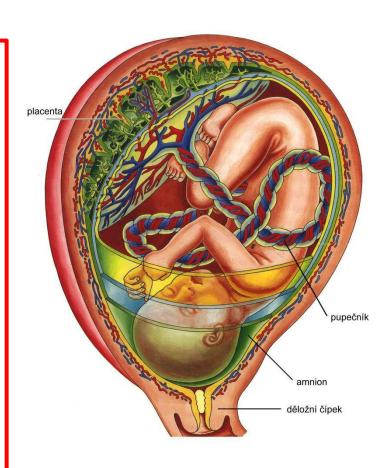
relation: part of fetal body – aditus pelvis

- vertex (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
- \mathcal{T} 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



GENERAL EMBRYOLOGY 2

Set of embryological pictures II

