The female reproductive system

Aleš Hampl

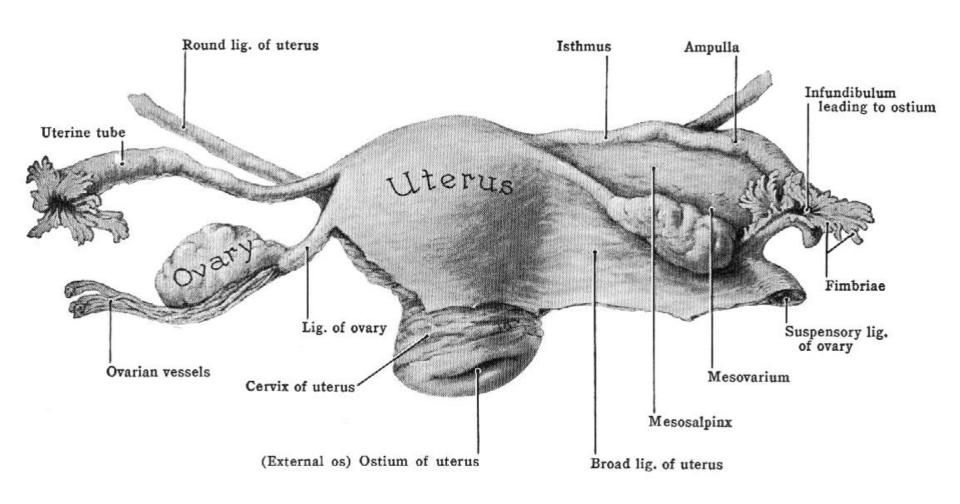
November 2021



Functions of the female reproductive system

- 1. Oogenesis
- 2. Copulation receives sperm from male
- 3. Hormone production
- 4. Provides sites for egg fertilization, implantation, and development
- 5. Acts as birth canal

Female genital organs - Gross anatomy 1

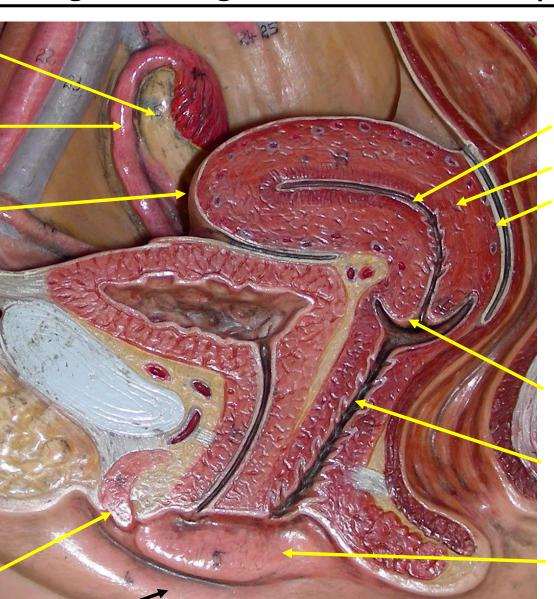


Female genital organs - Gross anatomy 2

Ovary

Uterine tube (fallopian)

Fundus of **uterus**



Endometrium Myometrium Epimetrium

Cervix of uterus

Vagina

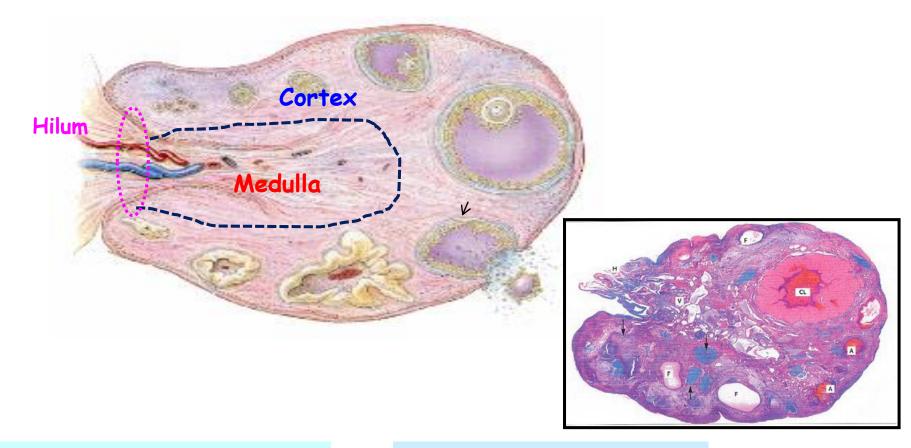
Labia minora

Clitoris

Labia majora

Length - 3 cm Width - 1.5 cm Thickness - 1 cm

Ovary - Overall structure



Cortex

- Follicles
- · Highly vascularized stroma

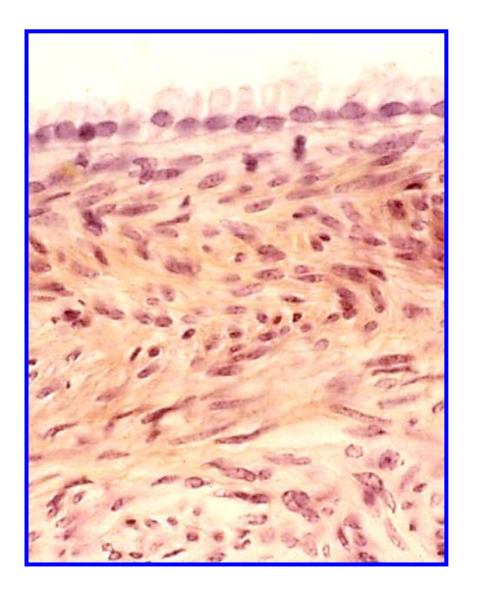
Medulla

- Vessels
- Loose connective tissue

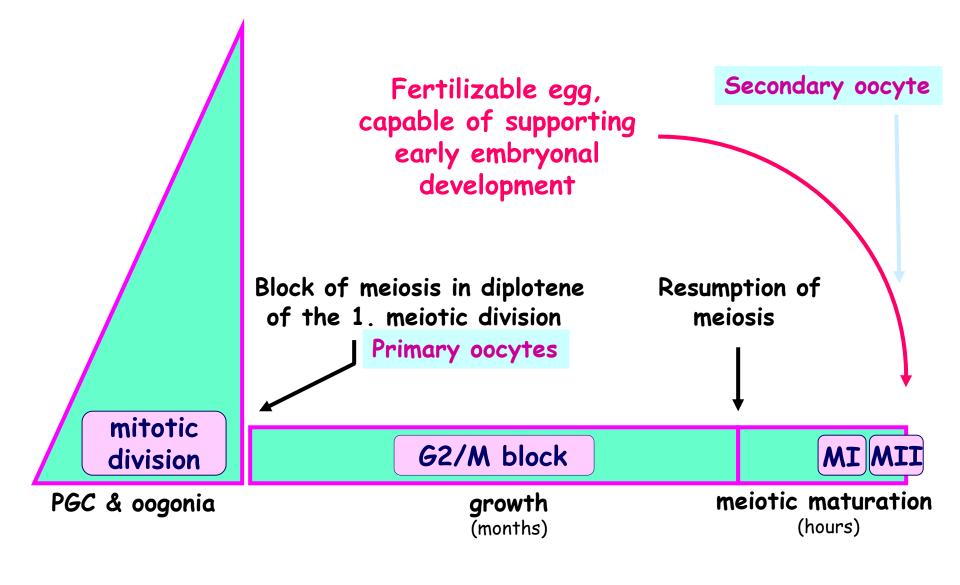
4 5 1 2 Cortex

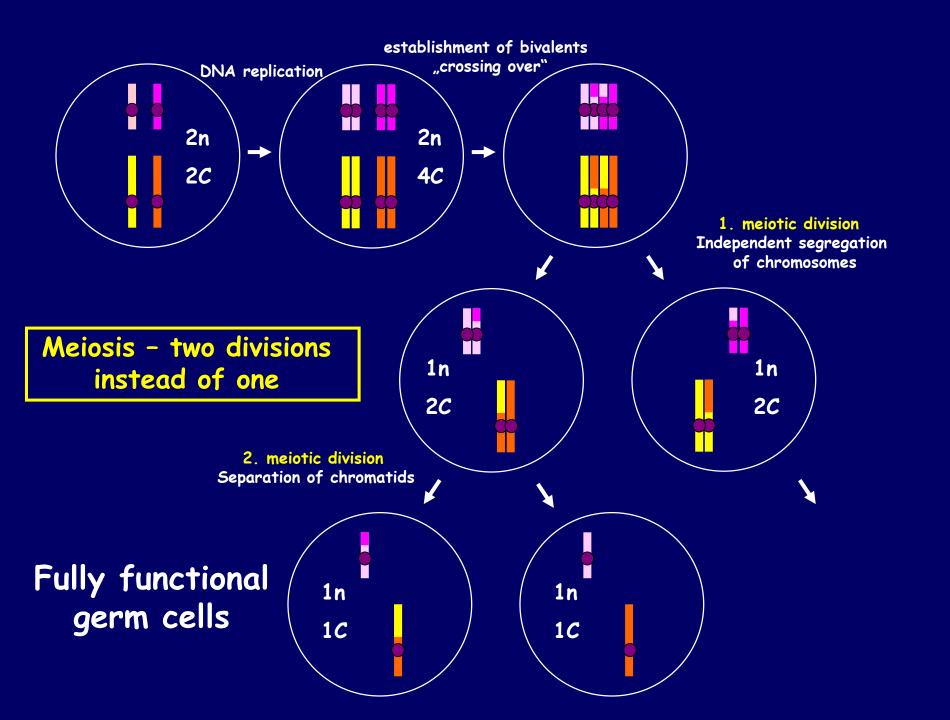
Surface epithelium (germinal) cuboidal cells Tunica albuginea (capsule) dense connective t.

Ovary - Surface



Oogenesis - Key periods





Oogenesis - Lifetime summary

At the end of 6 month of fetal development ~ 6 - 7 millions of primary oocytes



Atresia

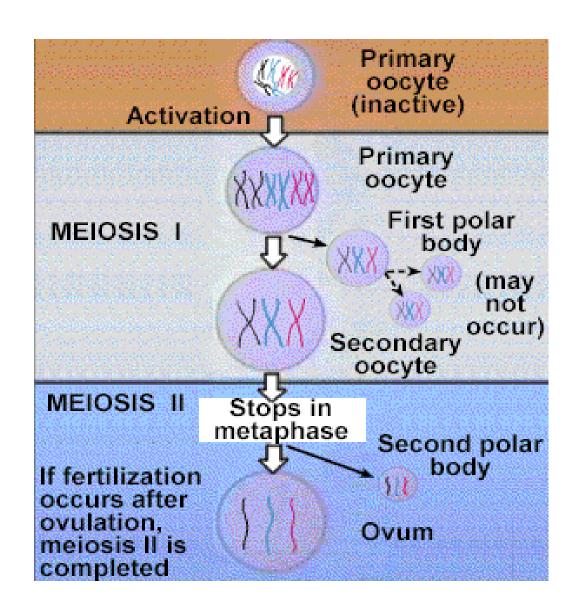
At the time of birth ~ 500 thousands of primary oocytes



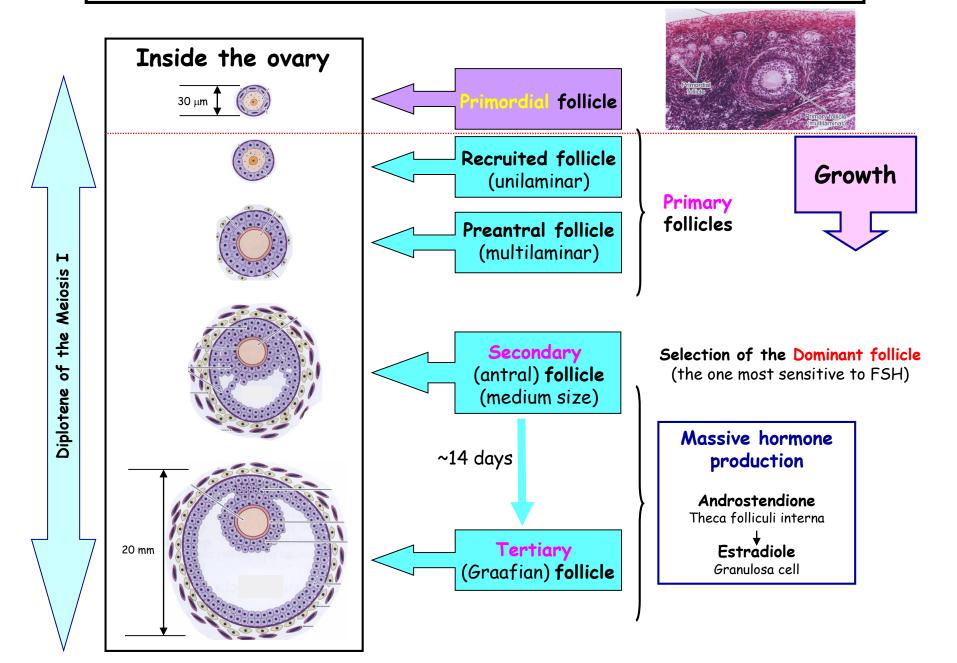
Atresia
Ovulation (~ 500 oocytes)

At the time of menopause max. 100 - 1000 remaining oocytes

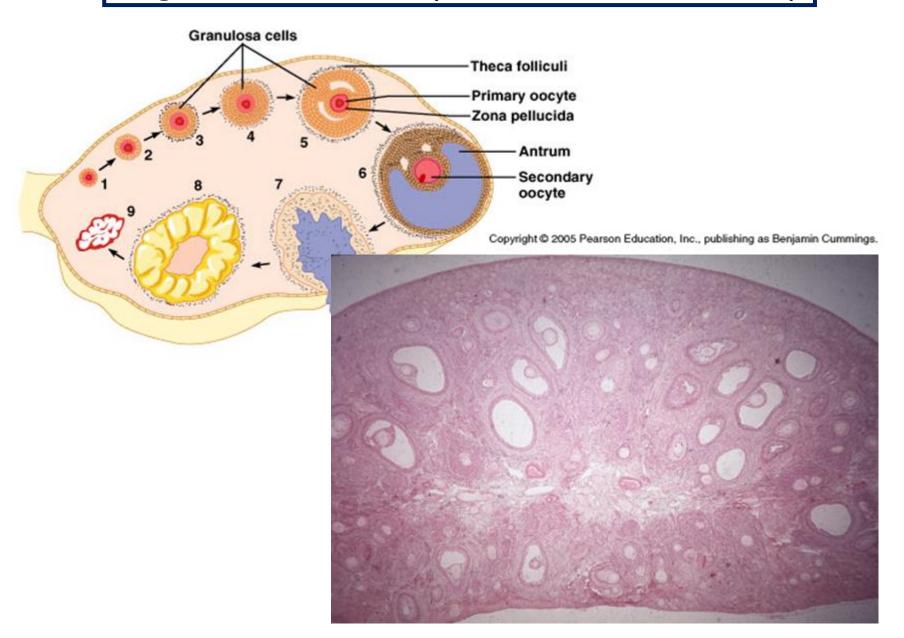
Oogenesis - Polar body production



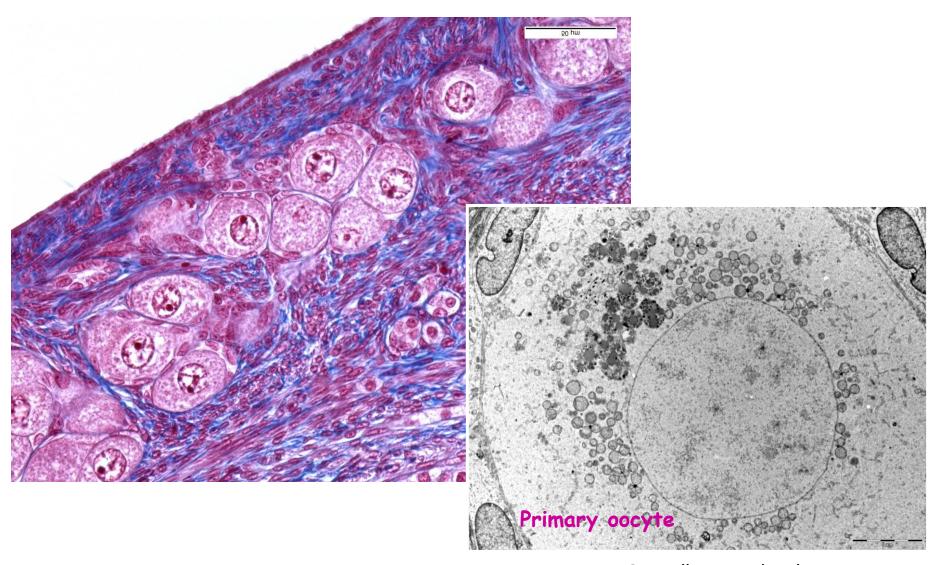
Ooogenesis - stages of the oocyte development



Oogenesis - Overall picture inside the ovary

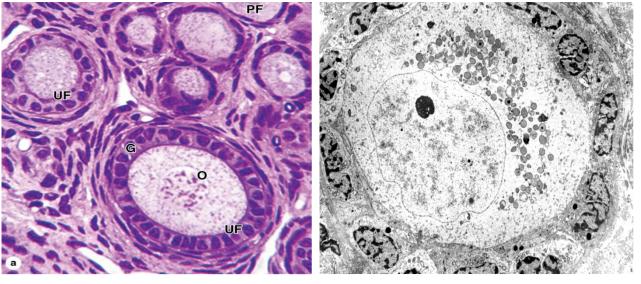


Oogenesis - Primordial follicles

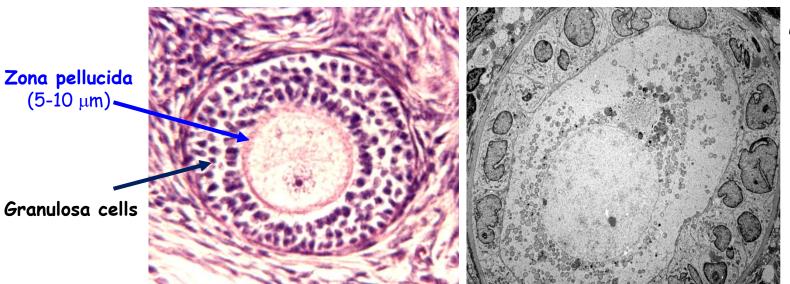


- · Organelles around nucleus
- · Abundant mitochondria
- · Abundant RER

Oogenesis - Primary follicles

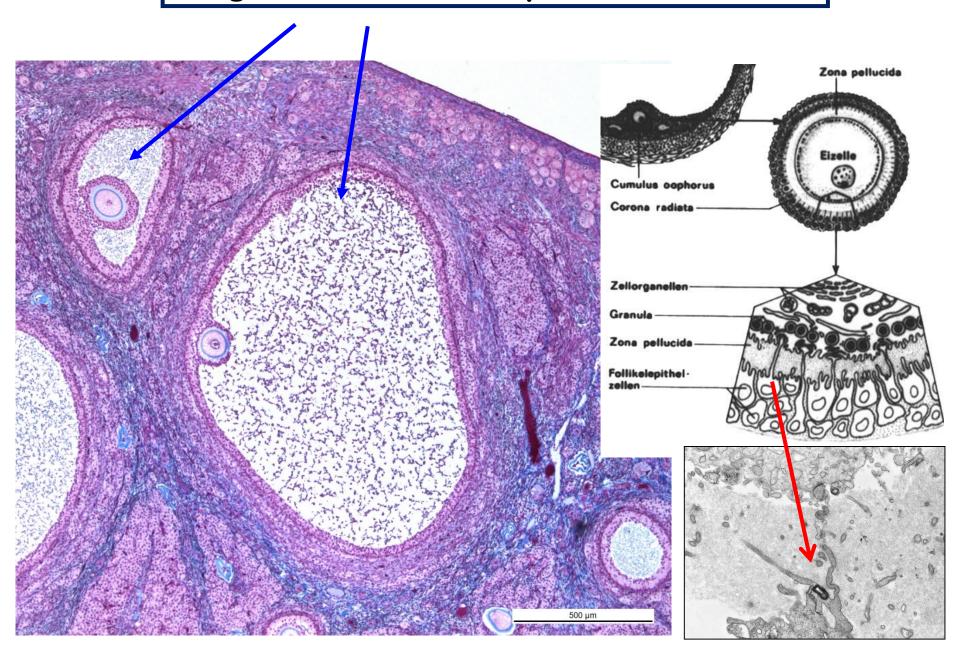


Unilaminar

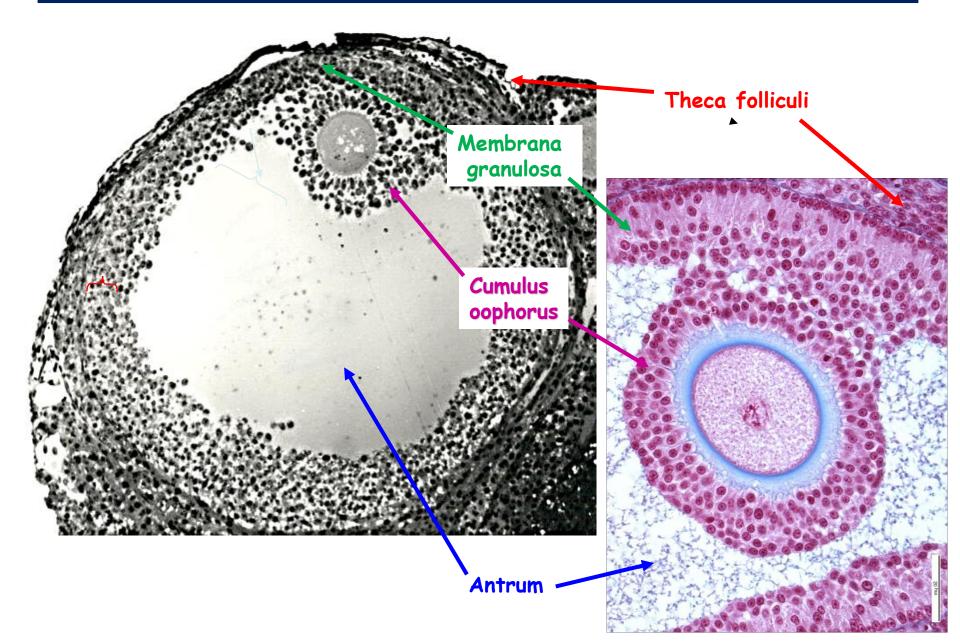


Multilaminar

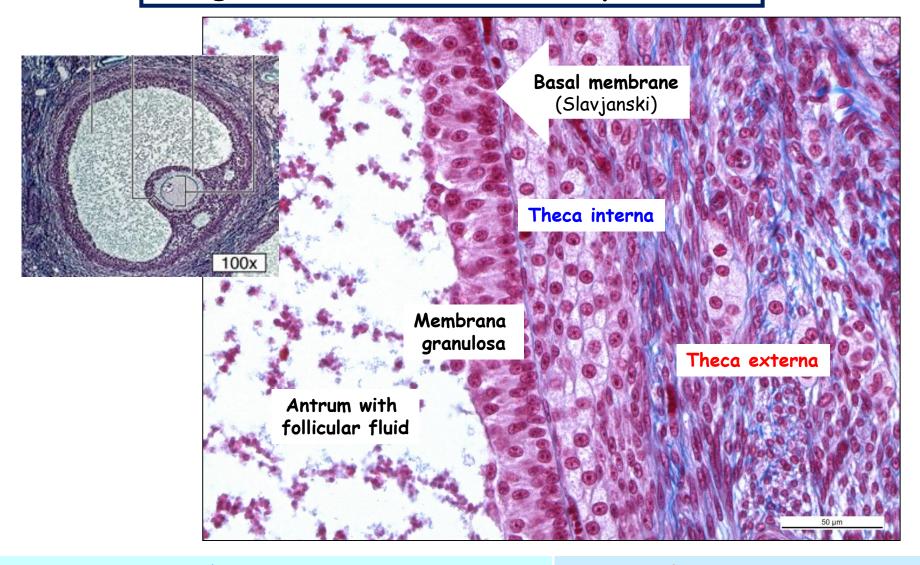
Oogenesis - Secondary (antral) follicles



Oogenesis - Tertiary (Graafian, preovulatory) follicle



Oogenesis - Wall of tertiary follicle



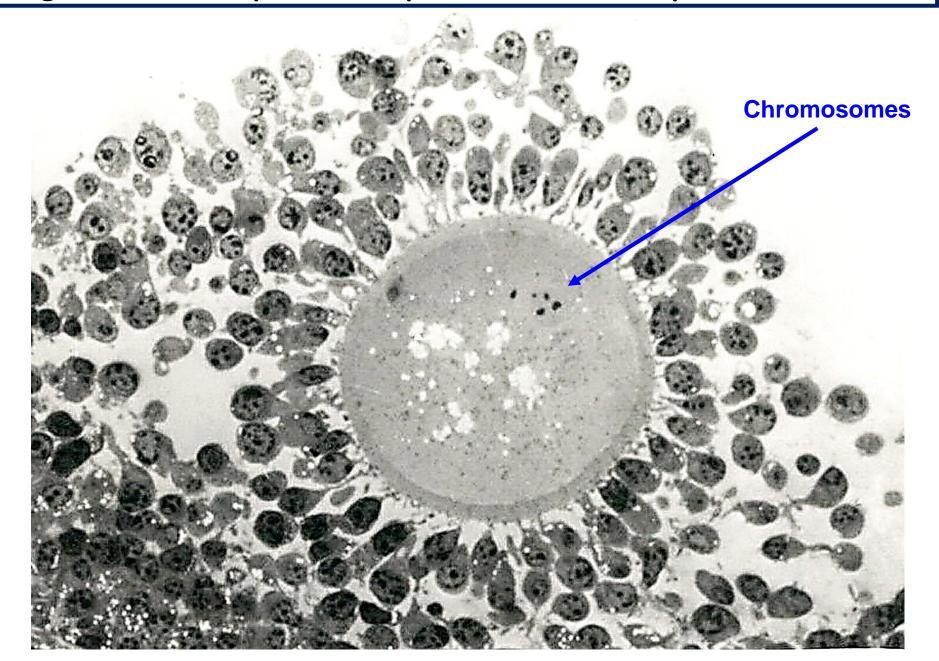
Theca interna

- Vascularized
- Androstendione to granulosa cells estradiol

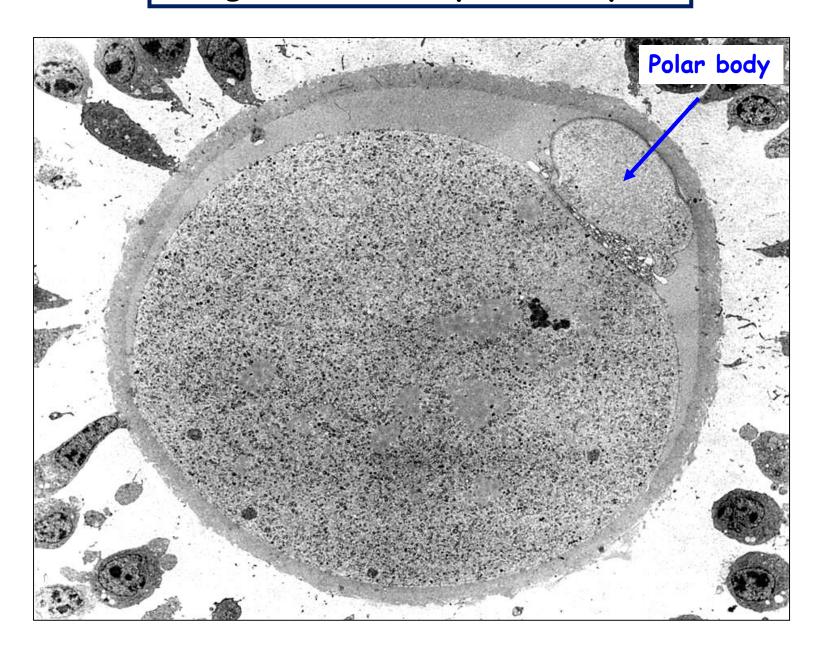
Theca externa

• Fibrous with smooth m. cells

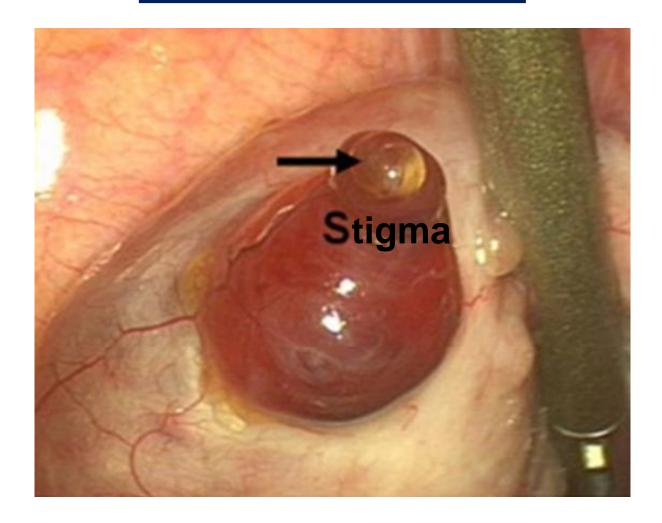
Oogenesis - MI phase oocyte surrounded by corona radiata



Oogenesis - MII phase oocyte



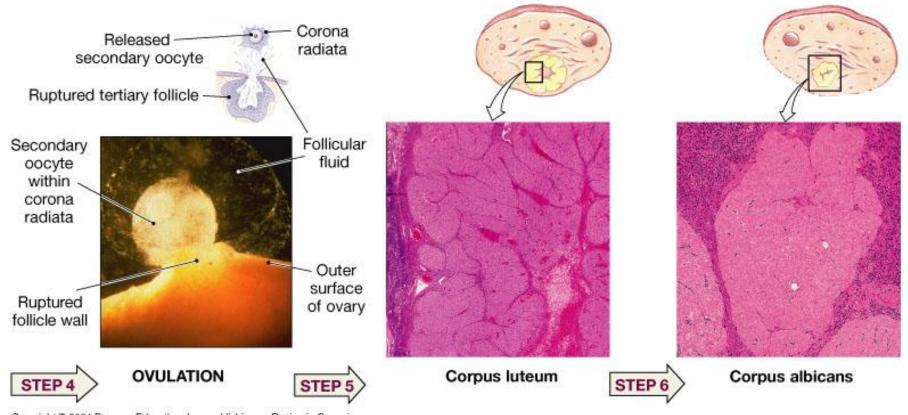
Oogenesis - Ovulation



- initiated by LH surge
- no blood flow at stigma ischemia smooth muscle contractions theca f. externa

Oogenesis - Ovulated oocyte





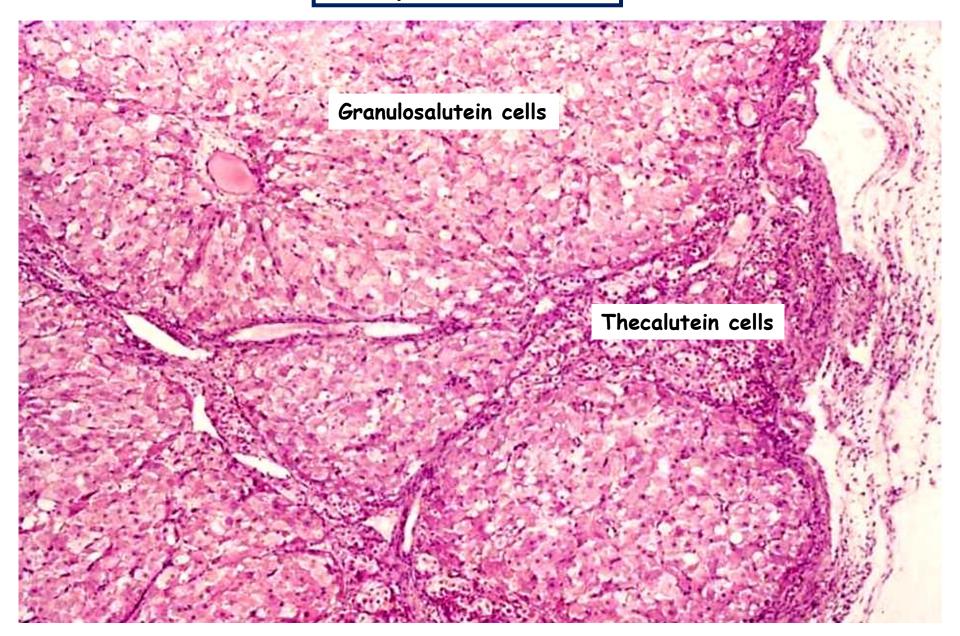
Copyright © 2004 Pearson Education, Inc., publishing as Benjamin Cummings.

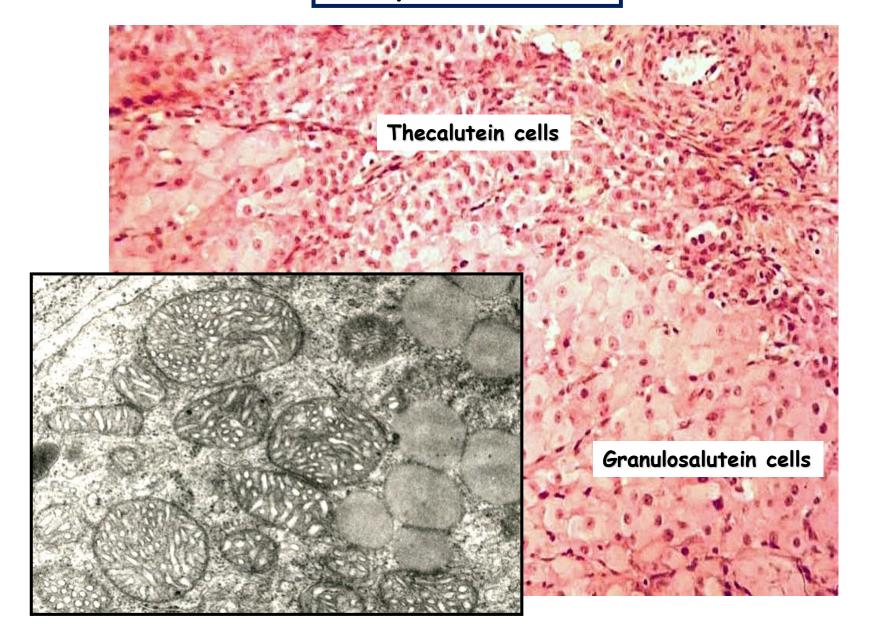
Granulosa cells - Granulosa lutein cells

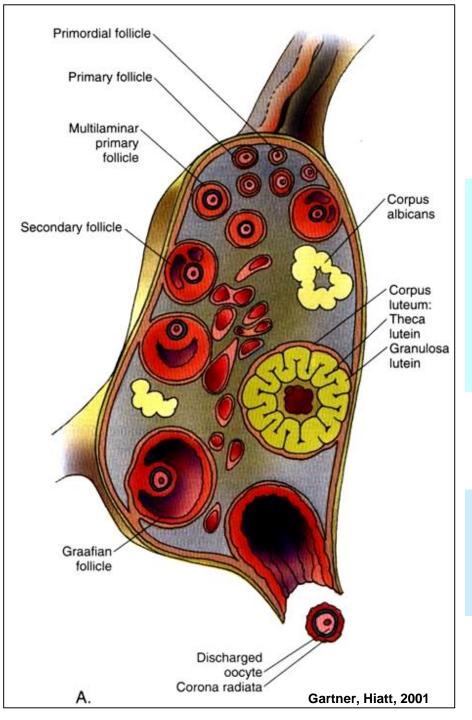
- large (20-30 μm)
- 80 % of CL
- convert androstendione to progesterone and estradiol

Theca interna cells - Theca lutein cells

- smaller (10-15 μm)
- production of steroids
- vascularized fenestrated caps.







CL graviditatis

- diameter 2 3 cm
- maintains pregnancy
- mantained by chorionic gonadotropin (HCG)
- maximal at 2 months
- changes to c. albicans at month 4-5

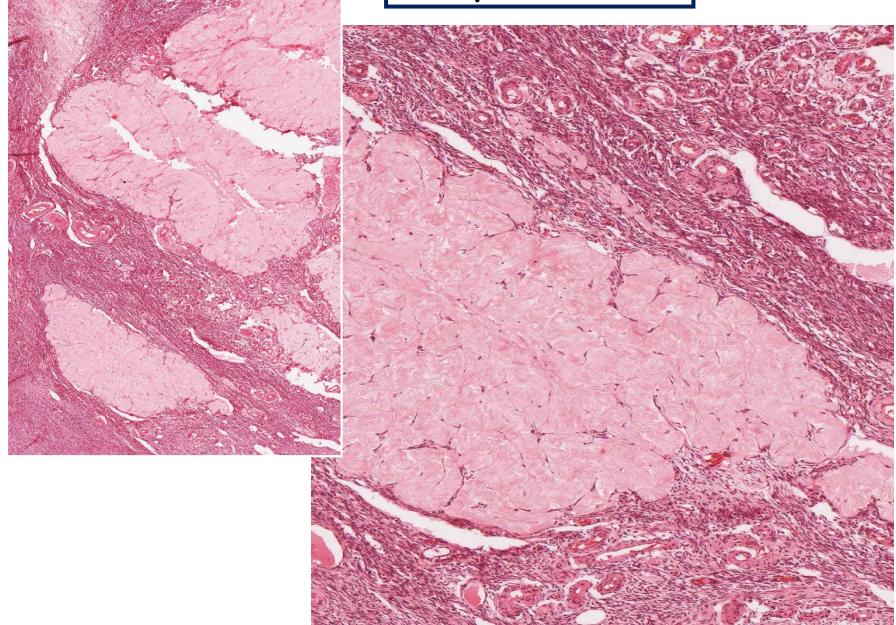
CL menstruationis

- 10 12 days
- changes to c. albicans
 (dense connective tissue collagen + fibroblasts)

Corpus luteum & albicans

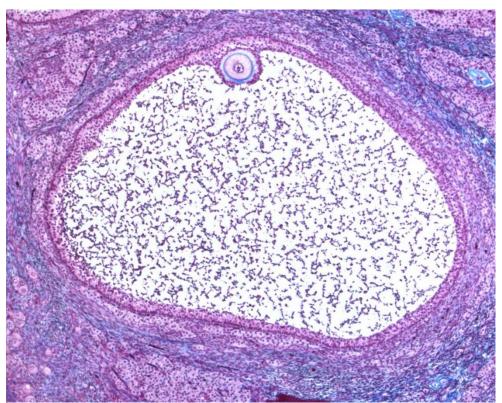


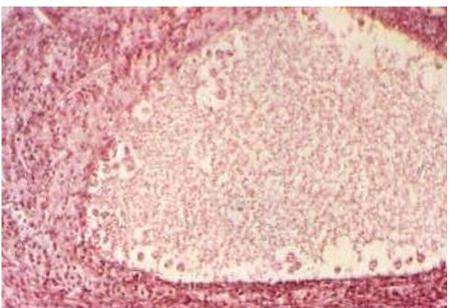
Corpus albicans

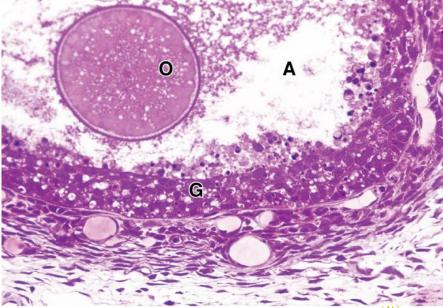


Follicular atresia

- all types of follicles apoptosis of follicular cells autolysis (autophagy) oocytes phagocytosis by macrophages zona pellucida and basal lamina persist the longest time







Ovarian cycle - 28 days

Preovulatory phase

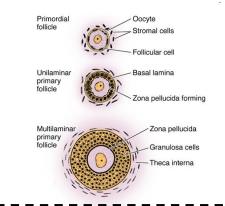
- days 1 to 14
- growth and maturation of follicles
- production of steroid hormones

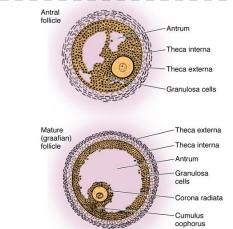
Ovulation

at day 15

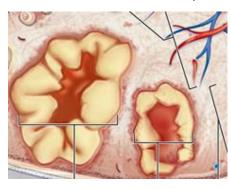
Postovulatory phase

- days 16 to 28
- corpus luteum
- production of progesterone



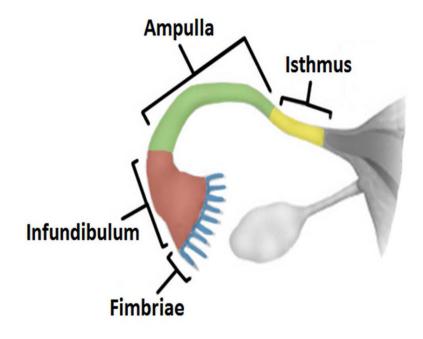


Mescher, 2010

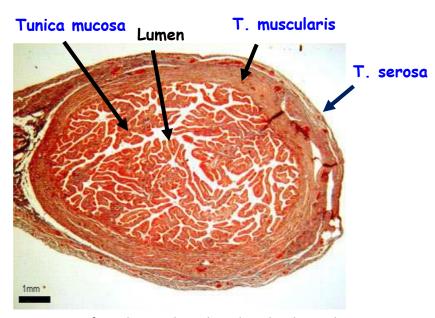


Uterine tubes = Fallopian tubes = Oviducts

- connect the ovaries to the uterus
- 12 to 15 cm long x 0.7 to 5 cm in diameter
- location of fertilization and early embryonic development

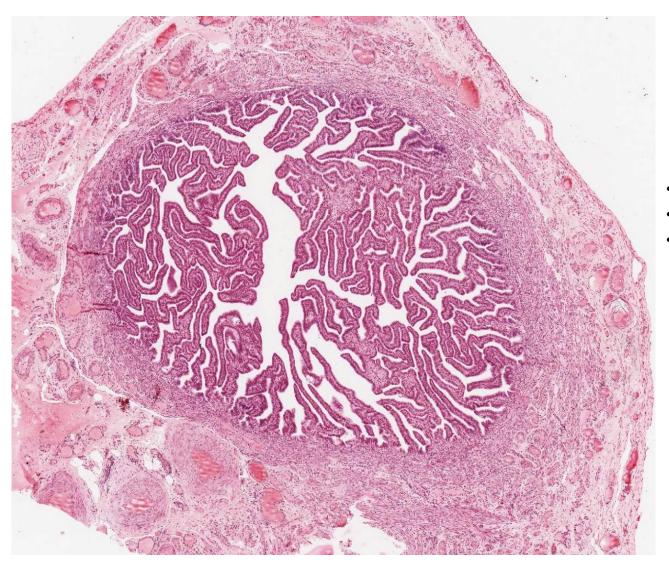


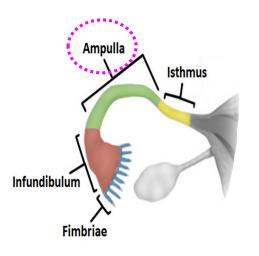
Teachmeanatomy.info



University of Leeds Histolgoy, histology.leeds.ac.uk

Oviduct – Ampula

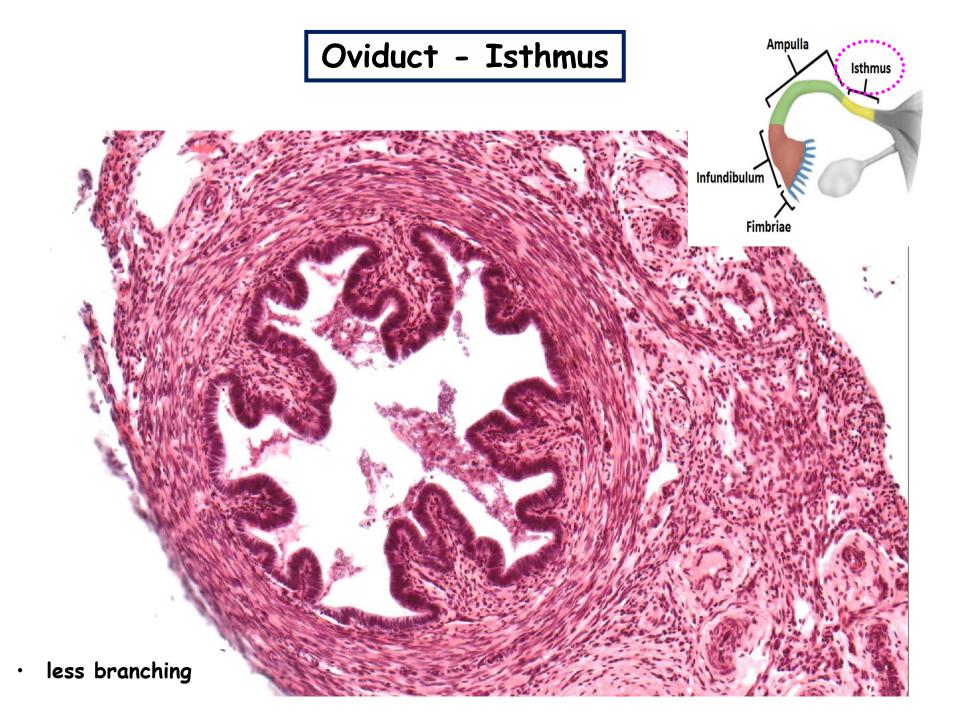


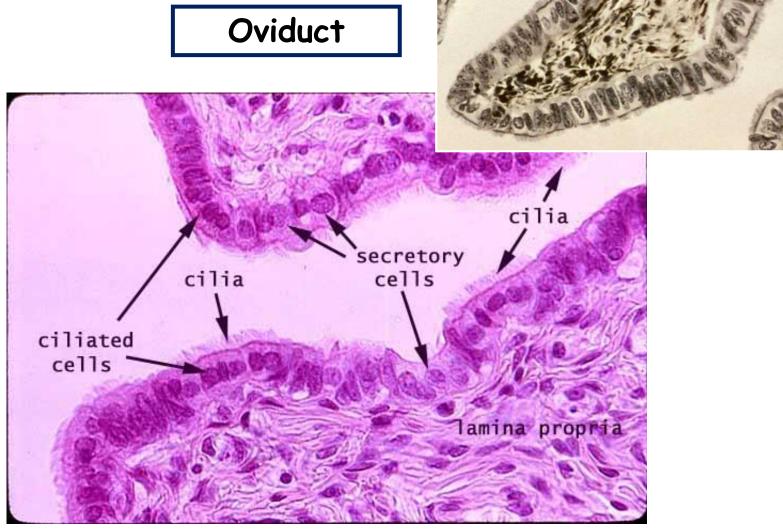


- highly branched mucosa
- longitudinal folds
- labyrinth

Oviduct – Ampula



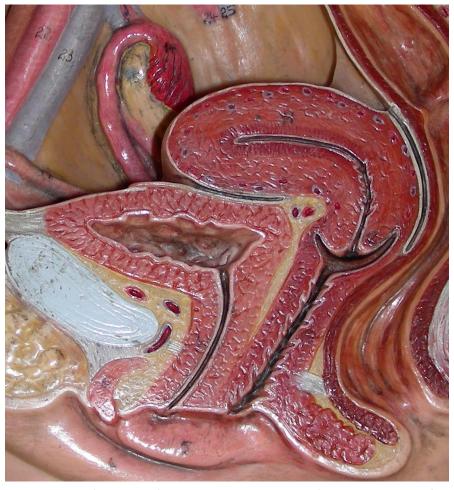




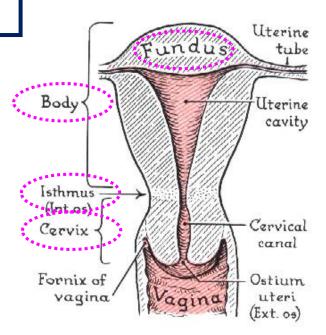
Tunica mucosa

- lamina epithelialis simple columnar epithelium
- 1.) CILIATED CELLS -possess many cilia- transport of the ovum and embryo
- 2.) SECRETORY CELLS (PEG) secrete a nutrient rich medium
- lamina propria loose connective tissue (is richly vascularized!)

Uterus 1



- Mechanical protection and nutritional support to developing embryo
- Bends anteriorly (anteflexion)
- Stabilized by broad, uterosacral, round, and lateral ligaments

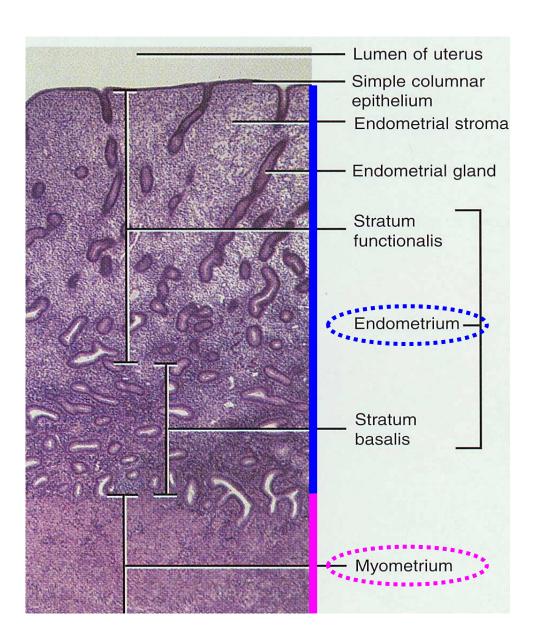




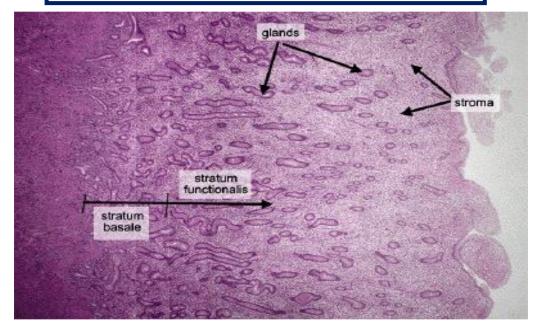
Uterus 2

Uterine wall ~ 1.5 - 2 cm

- 1. Endometrium T. Mucosa
- 2. Myometrium T. muscularis
- 3. Perimetrium T. Serosa



Uterus - Endometrium 1



Dartmouth Medical School, Virtual Histology http://www.dartmouth.edu/~anatomy/Histo

- consists of lamina epithelialis and lamina propria
- epithelial lining simple columnar epithelium containing secretory and ciliated cells
- lamina propria loose connective tissue with many stellate fibroblasts, contains abundant amorphous ground substance uterine glands simple tubular glands (covered by simple columnar epithelial cells)

1. Stratum functionalis (~ 5 mm)

- o exhibit dramatic changes during menstrual cycle every month (hormone-driven)
- shed during menstruation!

2. Stratum basale (~ 1 mm)

- o undergoes little changes during the menstrual cycle
- o not shed during menstruation!
- o provides a new epithelium and lamina propria for the renewal of the endometrium!

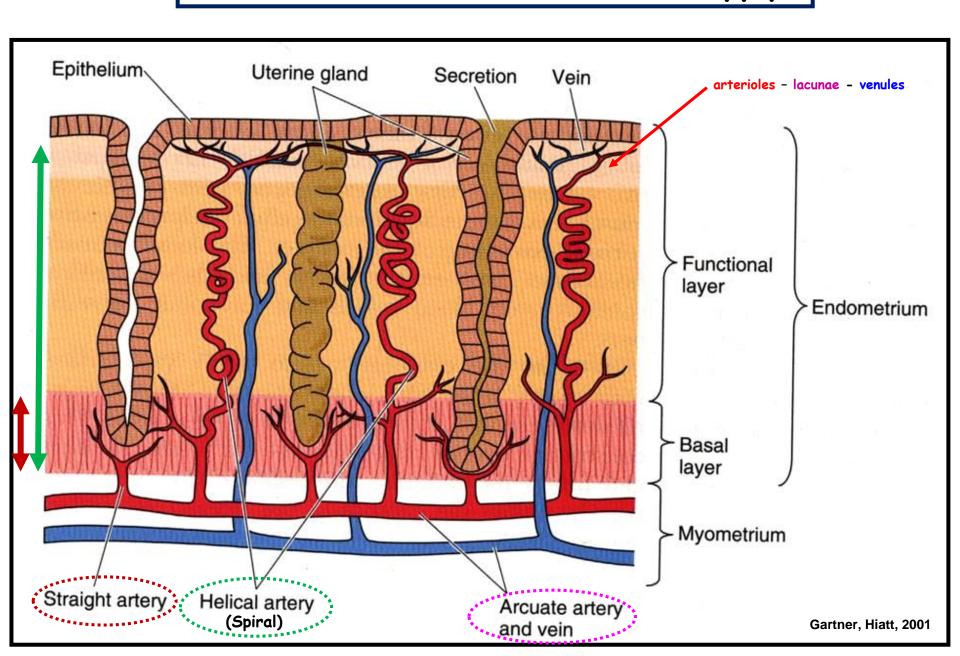
Uterus - Endometrium 2

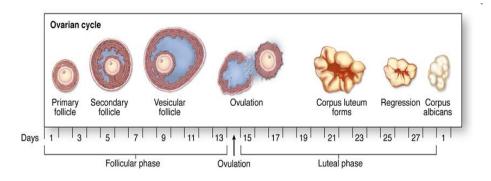
Simple columnar epithelium

Endometrial glands

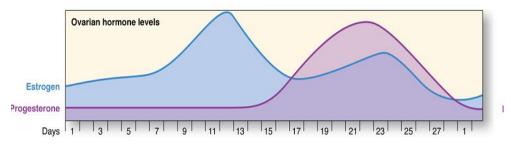


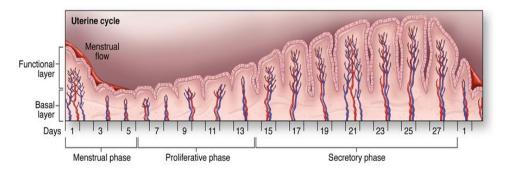
Uterus - Endometrium - Blood supply





Gonadotropin levels Pays The pays of the payon in the p





Uterus - Menstrual cycle

(28 days)

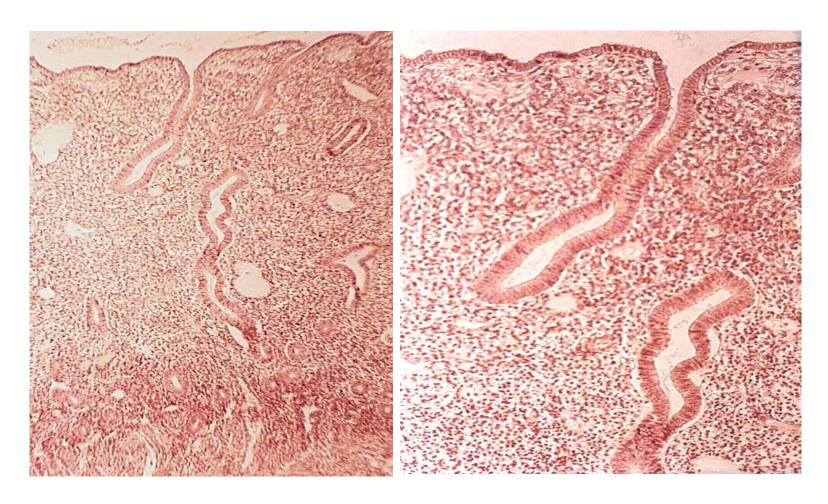
Menstrual phase (days 1 - 4)

Proliferative phase (days 5 - 15) (driven by estrogens)

Secretory phase (days 16 - 27) (driven by progesteron)

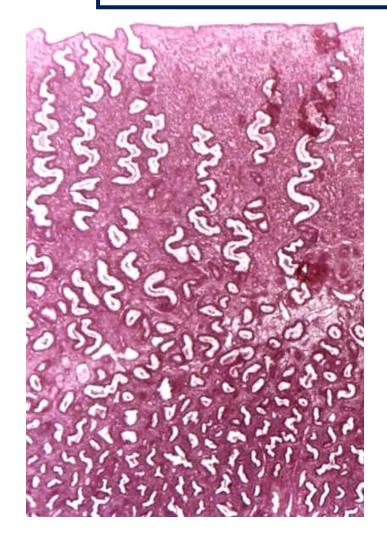
Ischemic phase (day 28)

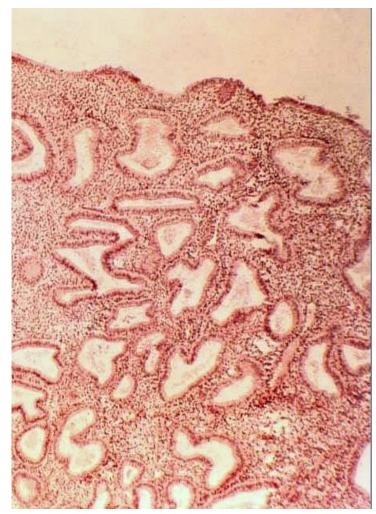
Endometrium - Proliferative phase



- · rising estrogen from the developing follicles
- · the stratum basalis is regrowing the stratum functionalis new glands form
- · long and straight uterine glands which are not yet functional

Endometrium - Secretory phase

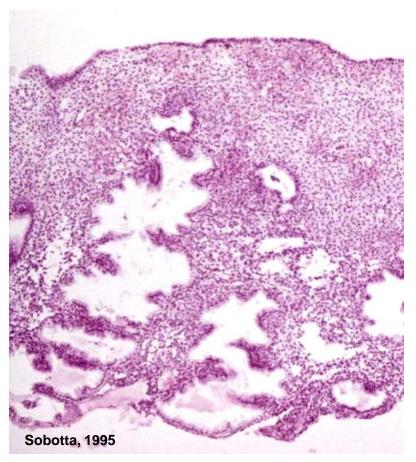


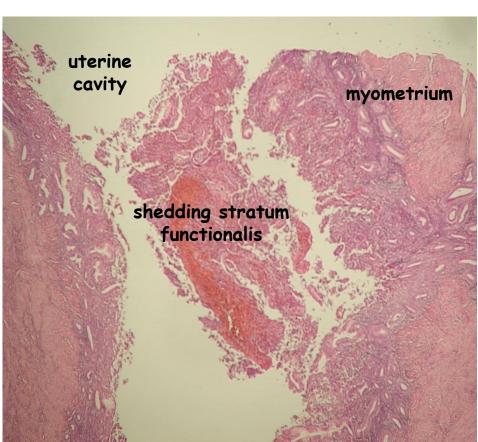


Sobotta, 1995

- · under the control of estrogen and progesterone from the corpus luteum
- · the uterine glands of the stratum functionalis begin to function, producing glycogen
- · the curvy and dilated glands and elongated spiral arteries

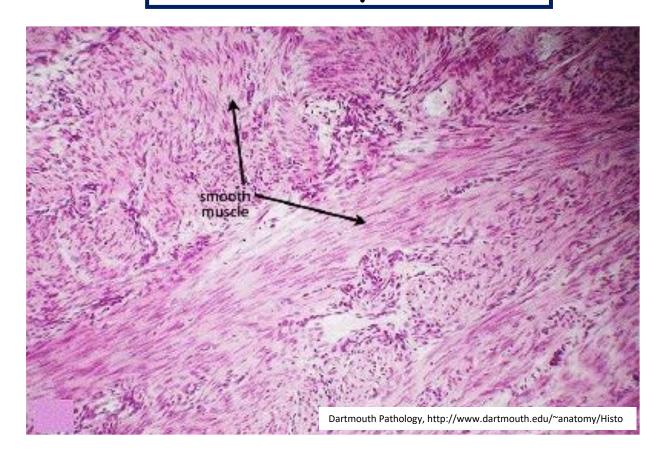
Endometrium - Menstrual phase





- · lack of estrogen and progesterone from the dead corpus luteum
- the stratum functionalis dies and loses its anatomical integrity, breaking lose and shedding from the stratum basalis

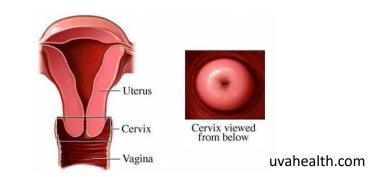
Uterus - Myometrium

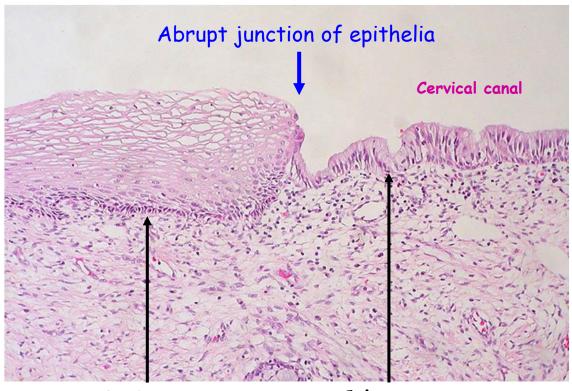


- three interwoven layers of smooth muscle
- · during pregnancy smooth muscle cell hyperplasia + hypertrophy
- · contract in response to oxytocin during labor to expel the fetus from the uterus

The Cervix + Orificium externum uteri

- 2-3 cm in length
- cylindrical shape
- cervical canal connects lumen of uterus to lumen of vagina
- numerous mucous glands
- changes thickness throughout ovulation cycle
- important for pregnancy and childbirth
- contributes to capacitation

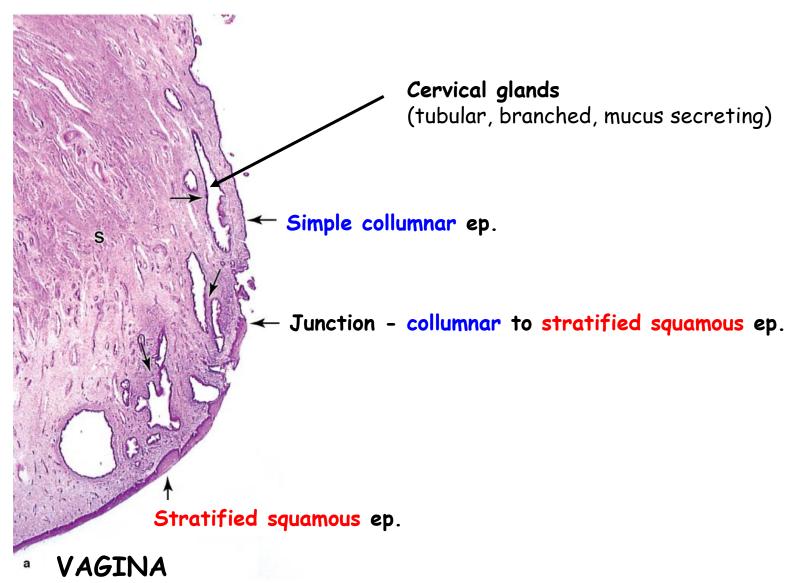




Stratified squamous ep.

Columnar ep.

The Cervix



Vagina 1

- receives sperm during copulation
- serves as birth canal

3 tissue layers

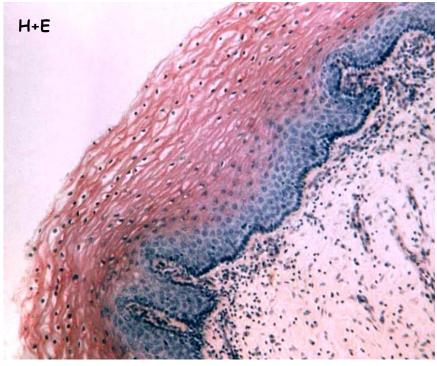
- a) mucosal layer inner layer; non-keratinizing stratified squamous
- b) muscular layer middle layer; smooth muscle in two layers
- c) advetitia outer layer; areolar connective tissue



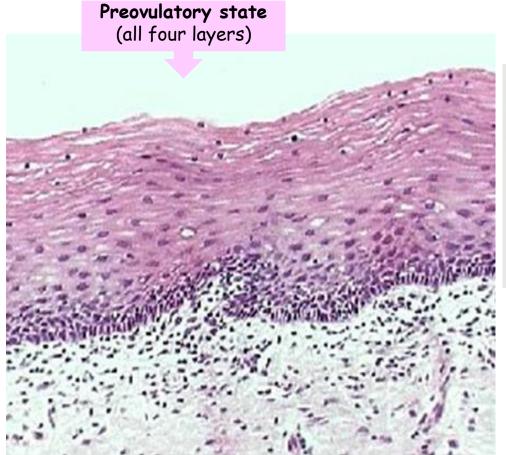
Vagina 2

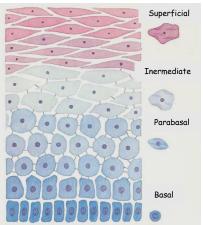
Epithelial cells sythesize and accumulate glycogen (upon stimulation by estrogens)





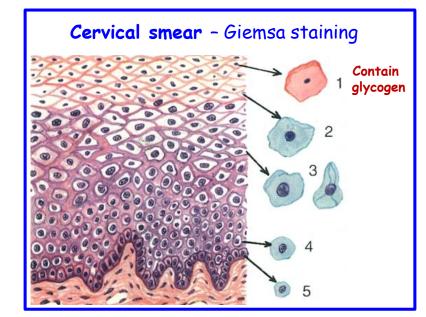
Vagina 3





Released after ovulation

- glycogen Lactobacillus
- acidification

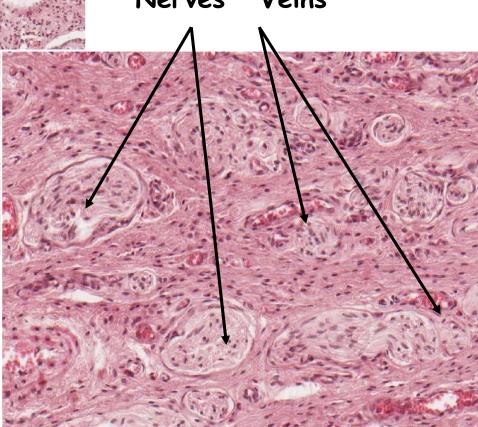




Covered by hairless skin

Nerves Veins





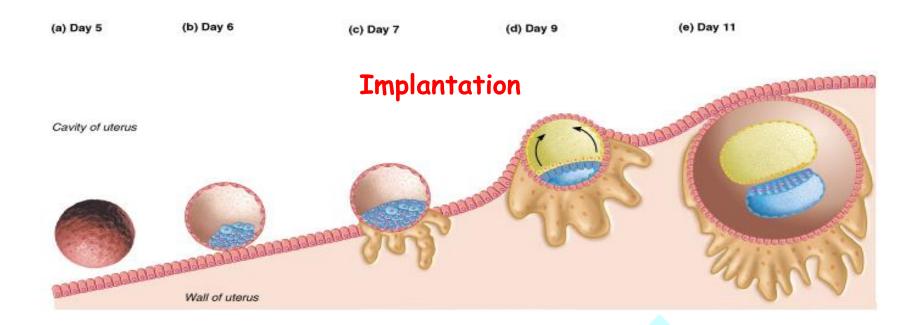
Temporary organ

Functions

- 1) transport (water, oxygen, carbon dioxide, nutrients, antibodies, drugs, waste, ...)
- 2) metabolism (synthesis of glycogen, cholesterol, fatty acids)
- 3) hormonal production

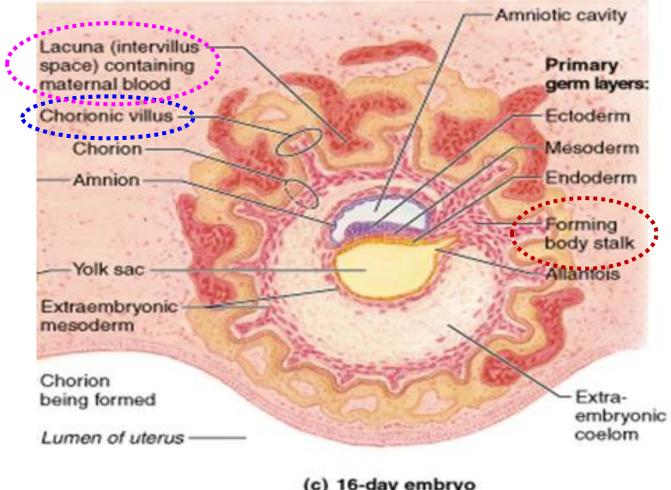
steroids: progesteron, estrogen - maintenance of pregnancy

peptides: human chorionic gonadotropin, human placentar lactogen, relaxin, leptin, growth factors)



Copyright @ Pearson Education, Inc., publishing as Benjamin Cummings.

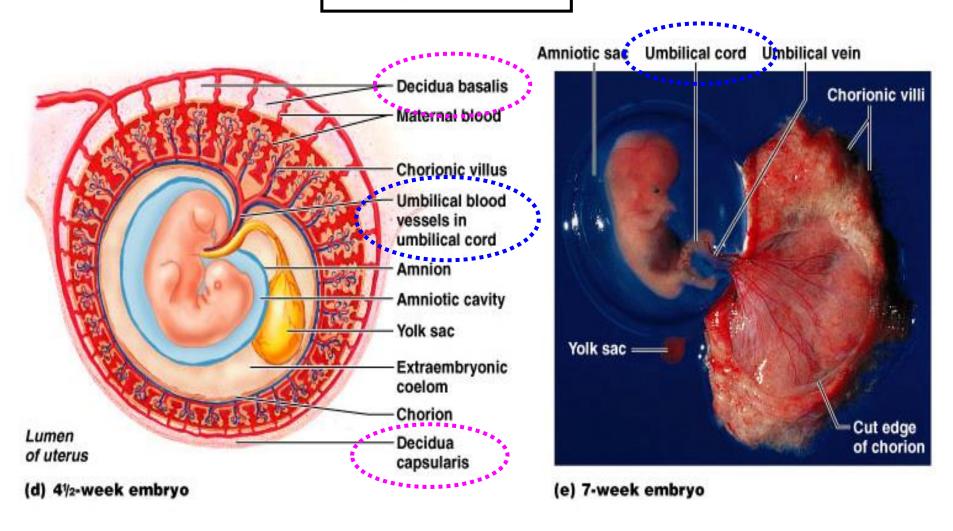
Syncytiotrophoblast invades the sorrounding stroma



(c) 16-day embryo

Chorionic villi - finger like projection of embryonic tissue that come in contact with bleeding endometrium

Decidual cells - fibroblast of endometrium (large, cuboidal, very active proteosynthesis) Placenta - thick disk made by decidua and chorionic villi (formed at the start of month 4)



Decidua basalis - between embryo and myometrium

Decidua capsularis - between embryo and the uterine lumen (thins as the embryo grow)

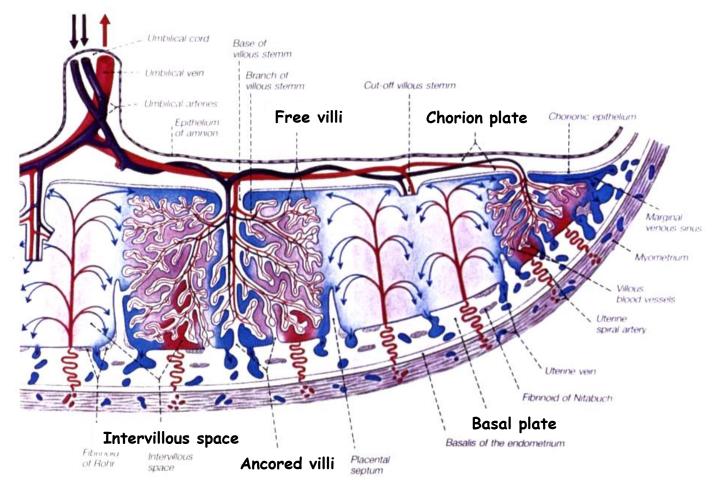
discoid 15 - 20 cm 400 - 600 g

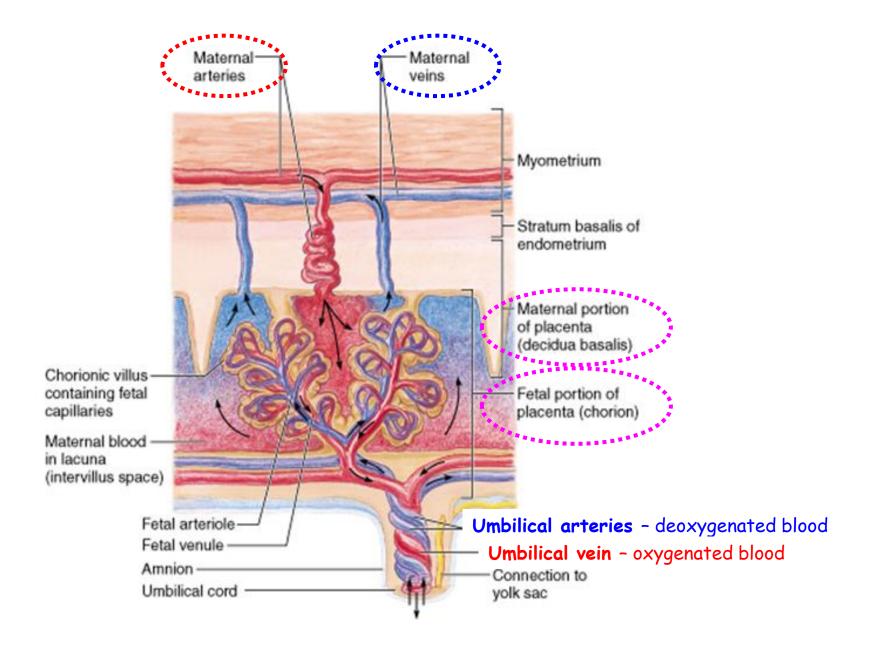
Placenta 4

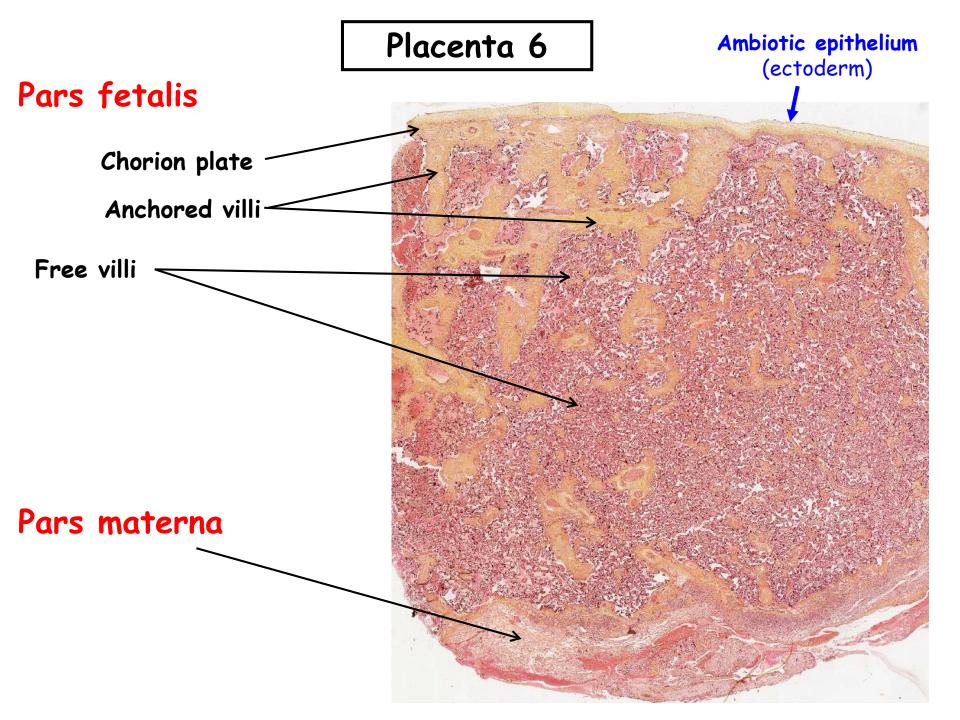
Discoidalis + Hemochorialis

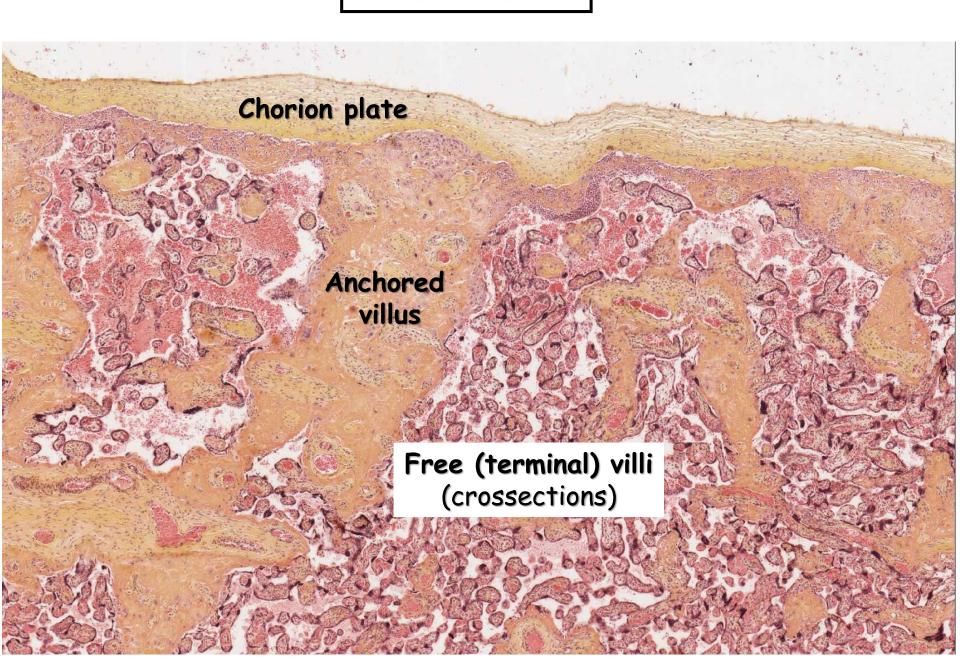


- pars fetalis chorion plate, chorion villi (anchored, free = terminal)
- · pars materna decidua basalis
- intervilous spaces develop from lacunes

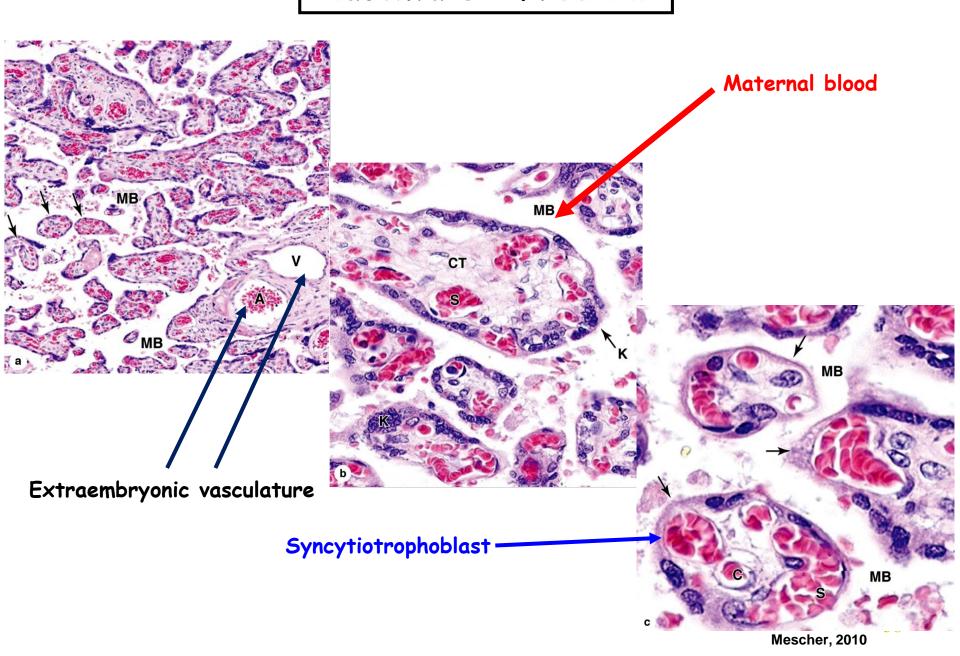








Placenta 8 - Free villi



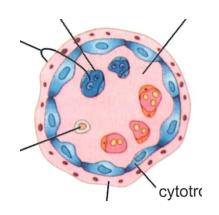
Placental barrier

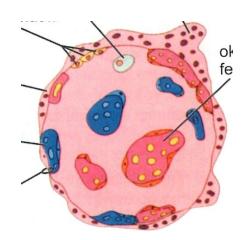
Until mid pregnancy

- capillary endothelium
- basal lamina of endothelium
- mucous connective tissue
- cytotrophoblast
- basal lamina of syncytiotrophoblast
- syncytiotrophoblast

Since month 5

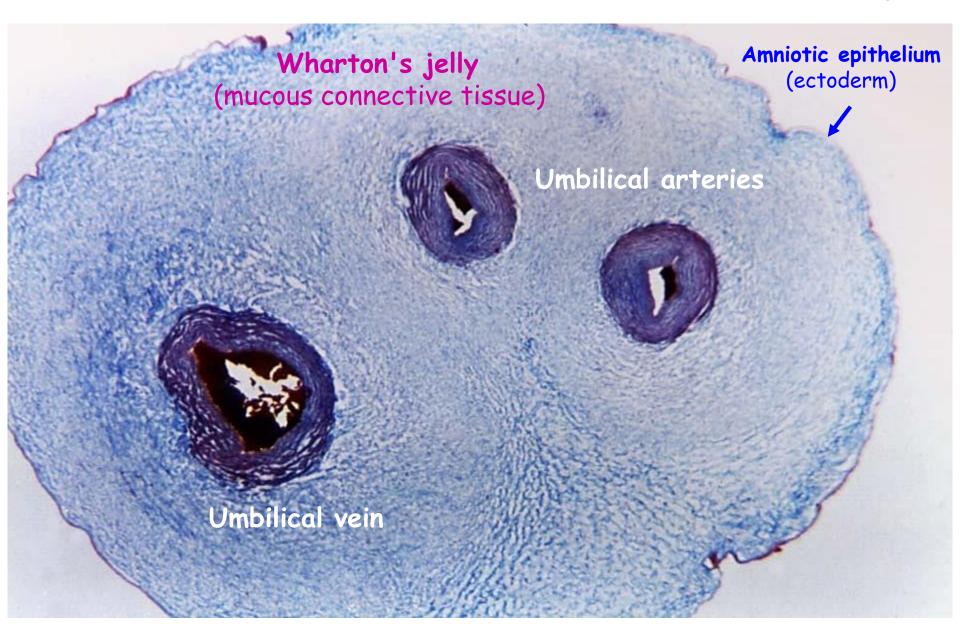
- capillary endothelium
- basal lamina of endothelium
- basal lamina of syncytiotrophoblast
- syncytiotrophoblast





Umbilical cord

- links foetus to placenta
- · about 55 cm in legth



Thank you for your attention!

Questions and comments at: ahampl@med.muni.cz