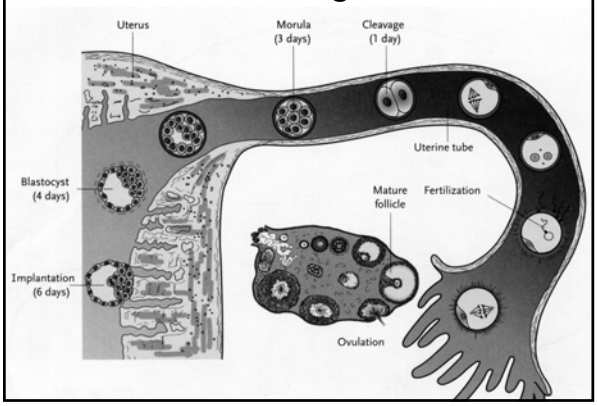
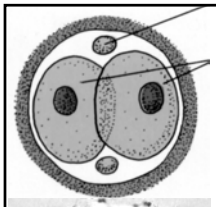
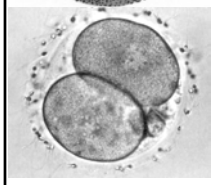
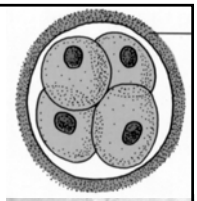
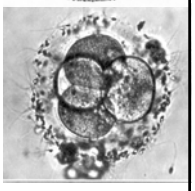
Cleavage

Cell Division – Cell Cycle Control
Morula – Compaction
Blastocyst – Hatching
Implantation – Decidual Reaction
Early Cell Lineages
    Inner Cell Mass
    Trophoblasts (Extra-embryonic)
Anomalies

Cleavage



Cleavage

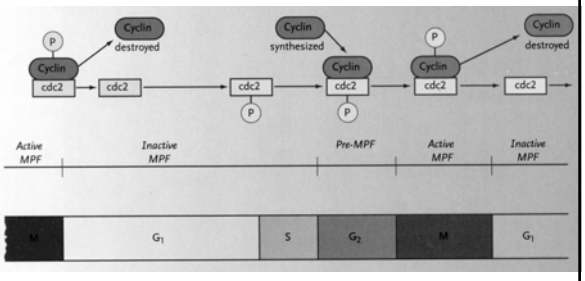
Blastomere
Equal
Asynchronous

40 hours – 4 cells
72 hours – 6-12 cells
96 hours – 16-32 cells

Cleavage – Molecular Events

In mammals – no large maternal stores of RNA and ribosomes
Zygotic transcription begins by 2-4 cell stage
Oct-3 – Transcription factor expressed in egg
    KO in mouse – arrest at 1 cell stage
    Expressed in blastomeres up to morula stage
    Expressed in germ cells

Cell Cycle Control

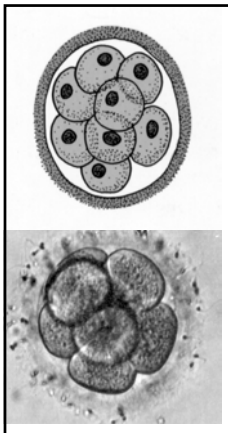


MFP = Maturation-promoting factor, or mitosis-promoting factor

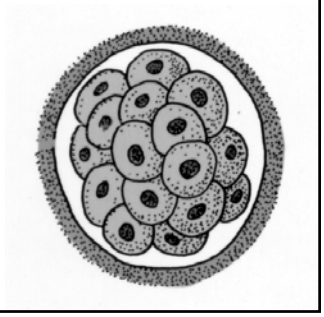
Cell Cycle Control

MPF – Mitosis Promoting Factor
    Heterodimer (cdc2 and cyclin B)
    Some Activities: Nuclear envelope breakdown, assembly of mitotic spindle
Cdc2 – Cell Division Cycle 2
    Phosphoprotein (P in S and G2)
    Constitutively expressed
Cyclin B –present in G2 and M
    Bound to cdc2
    Phosphoprotein (P in M)
    Degraded in G1

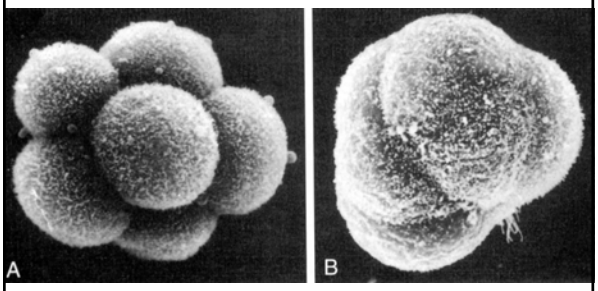
Morula



32 cell stage
'Berry' - appearance



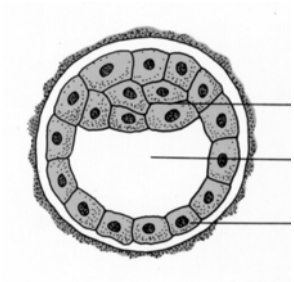
Compaction



Compaction – blastomeres: loosely adherent → tightly adherent
cytoskeleton reorganization, tight junctions
Inner Cell Mass vs. Outer Cell Mass

Blastocyst

Embryo pole



Inner cell mass
(**embryoblast)**

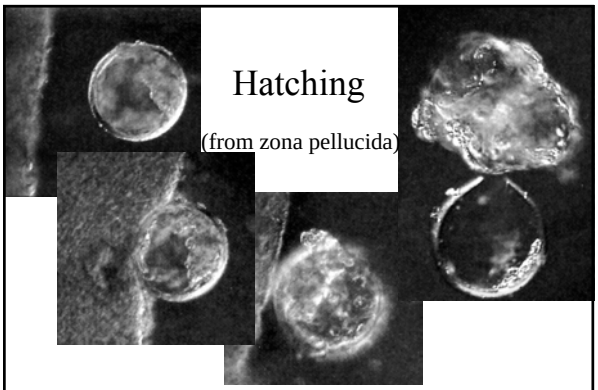
Blastocoel

Outer cell mass
(**trophoblast)**

abembryonic pole

Hatching

(from zona pellucida)

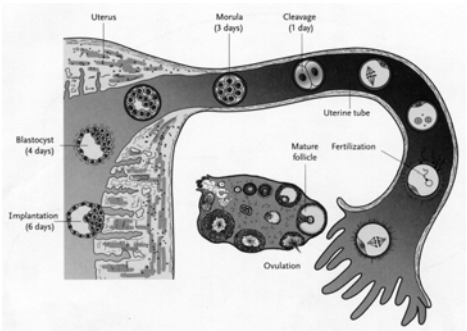


Hatching: Enzymatic production by Trophoblasts - digestion of the Zona Pellucida

Zona Pellucida - Functions

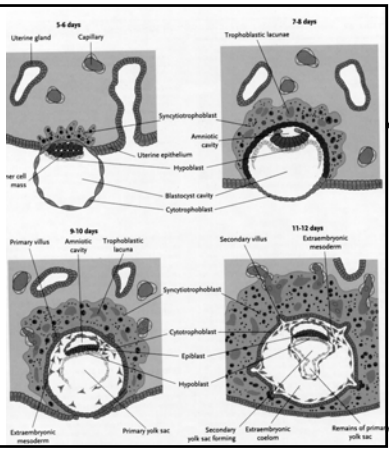
Species-specific sperm penetration
Permanent block to polyspermy
Acts as a porous selective filter - uterine tube signals
Immunological barrier - no HLA (histocompatibility antigens)
Keeps blastomeres together (loosely adherent)
Prevents premature implantation

Implantation



Decidual reaction – Progesterone induced endometrial cell conversion to secretory decidual cell

Implantation



Days 6 –12

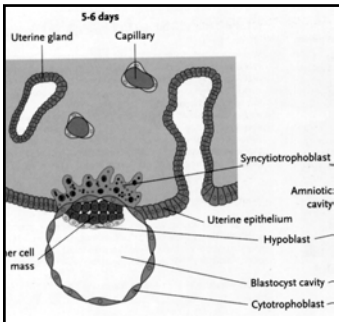
Adhesion, blastocyst to endometrium

Trophoblast proliferation

Syncytiotrophoblast

Secretion of hydrolytic enzymes

Breakdown of endometrium



Day 6

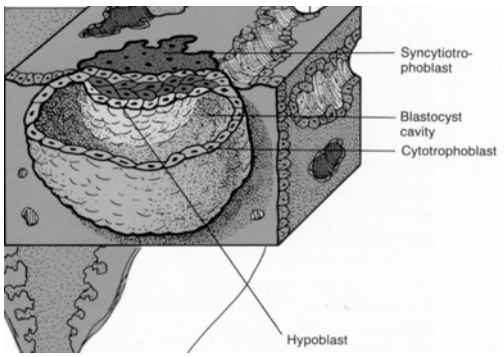
Blastocyst adheres to endometrium at embryo pole

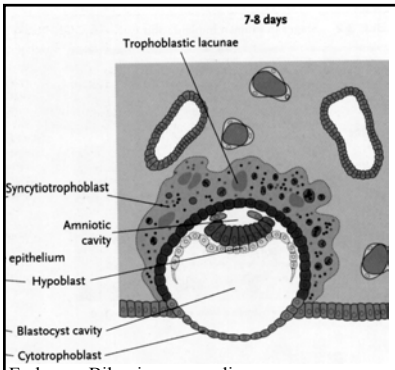
Trophoblast proliferation production of hCG (maintains corpus luteum)

Embryo invasion

Trophoblasts → Syncytiotrophoblast → hydrolytic enzymes

Trophoblasts → Cytotrophoblast





Day 7-8

Syncytiotrophoblast expansion

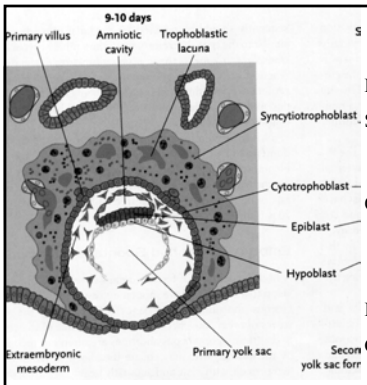
Lacunae form – filled with fluid (embryotroph)

Embryotroph provides nutrients to the embryo. Derived from maternal blood.

Embryo - Bilaminar germ disc:

Epiblast layer – cavitates to form the amnionic cavity.

Hypoblast layer form the exocoelomic cavity / primary yolk sac



Day 9-10

Lacunae enlarge

Syncytiotrophoblast expands around entire blastocyst

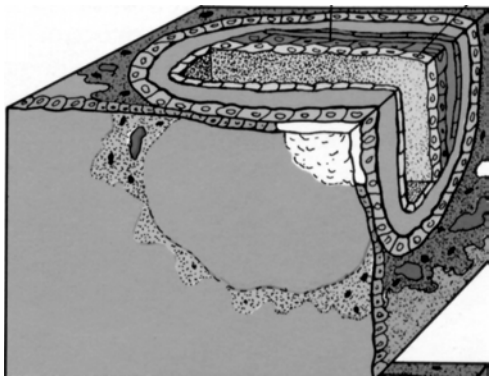
Cytotrophoblasts form primary villus – initiation of placenta formation

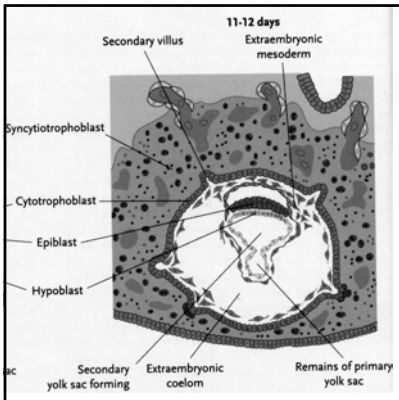
Implantation Complete

Coagulation Plug forms

Embryo: hypoblast → exocoelomic membrane = Hauser's membrane

Extraembryonic mesoderm from yolk sac



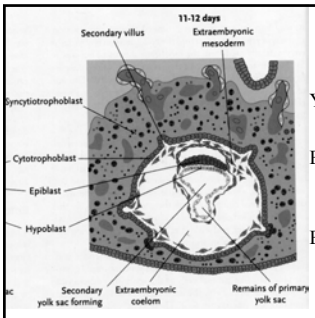


Day 11-12

Syncytiotrophoblast erode maternal capillaries – form sinusoids

Syncytial lacunae become continuous with sinusoids

Maternal blood to enter lacunae establishing the uteroplacental circulation



Day 11-12 – Embryo

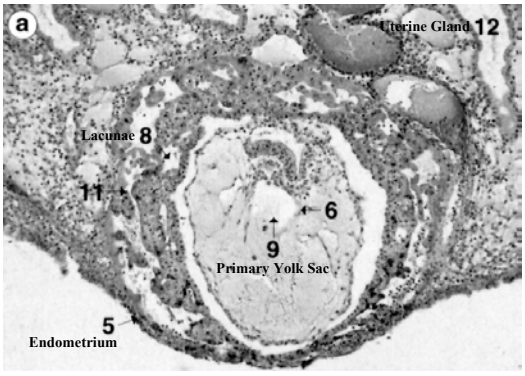
Yolk sac → extraembryonic mesoderm

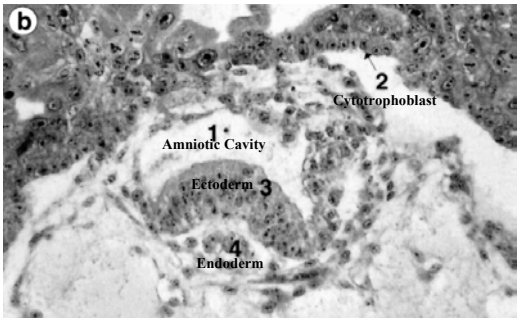
Extraembryonic Somatopleuric mesoderm - layer between amnion and cytotrophoblst

Extraembryonic Splanchnopleuric mesoderm - layer between Primary yolk sac and cytotrophoblast

Extraembryonic mesoderm becomes confluent and forms another cavity – extraembryonic coelom or chorionic cavity

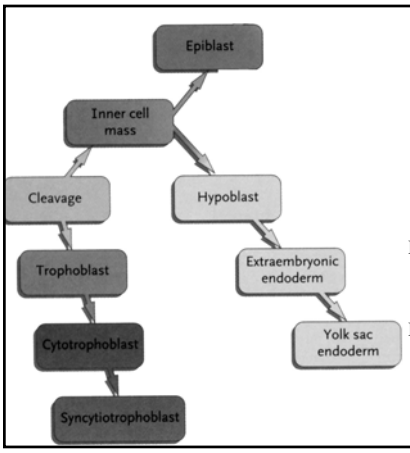
Implantation





Summary

Day 0	Fertilization in Ampulla of uterine tube
Day 1	Zygotic transcription begins
Day 1-3	Cleavage – morula – compaction
Day 3-4	Transport to uterine cavity Relaxation of the uterotubal junction
Day 5	Maturation of blastocyst, hatching
Day 6-7	Attachment / penetration of uterine stroma
Day 7-9	Invasion of uterine stroma
Day 9-11	Lacuna formation, erosion of spiral arteries



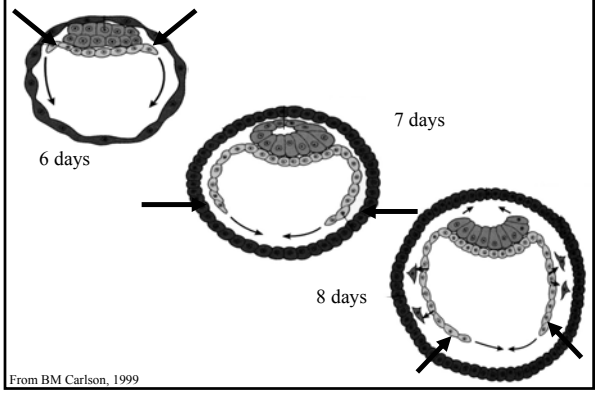
Early Cell Lineages

Extraembryonic Somatopleuric Mesoderm

Extraembryonic Splanchnopluric Mesoderm

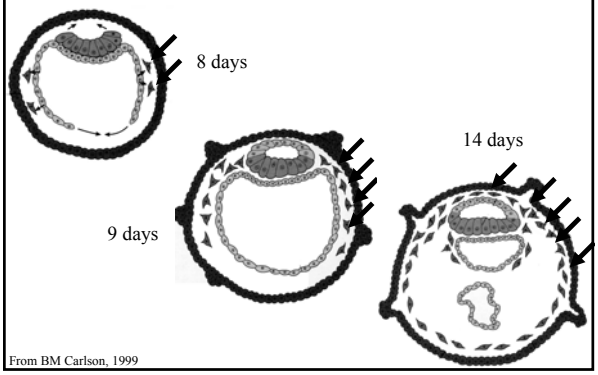
From BM Carlson, 1999

Extraembryonic Tissues

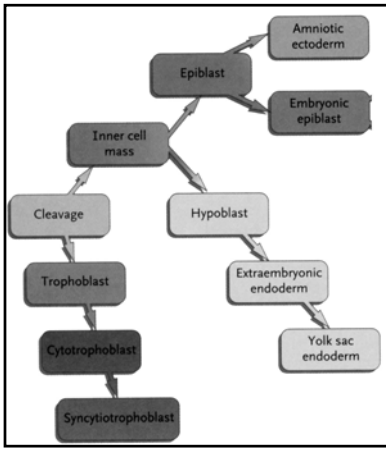


From BM Carlson, 1999

Extraembryonic Tissues



From BM Carlson, 1999



Amnion

Amnionic Cavity

Cavitation

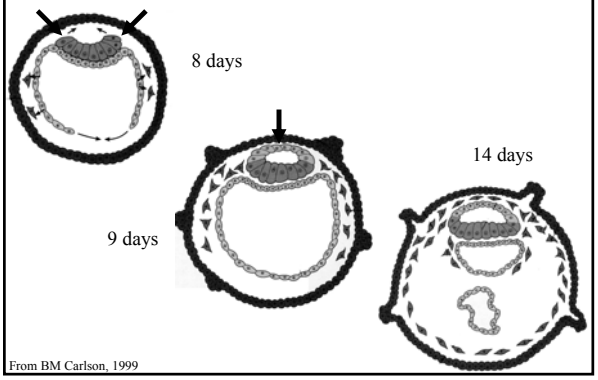
From BM Carlson, 1999

From BM Carlson

Extraembryonic Somatopleuric Mesoderm

Extraembryonic Splanchnopluric Mesoderm

Extraembryonic Tissues



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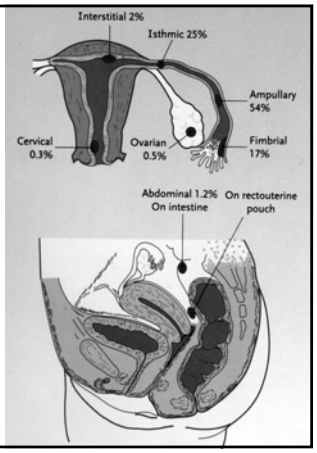
Implantation Sites

Typical - Mid-Uterus

Distribution of atypical implantation sites

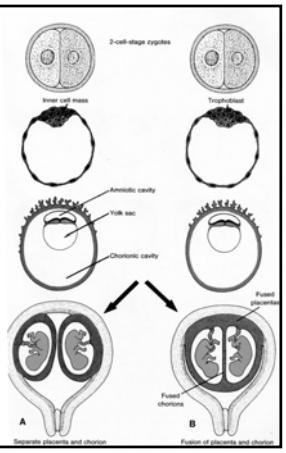


From BM Carlson, 1999

Dizygotic Twins

Dichorial

Monochorial



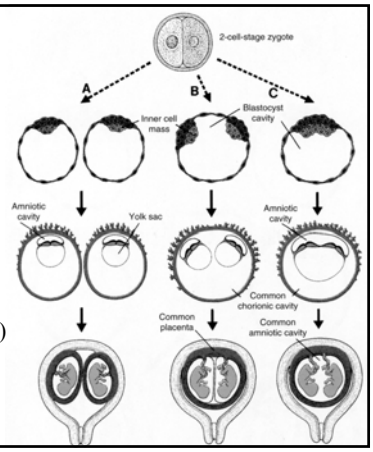
From TW Sadler, 2000

Monozygotic Twins

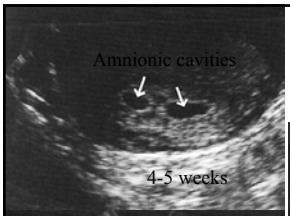
Dichorial/
Diamniotic (33%)

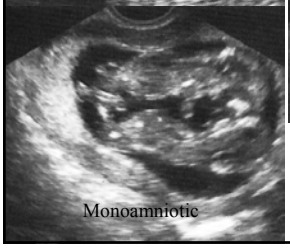
Monochorial/
Diamniotic (66%)

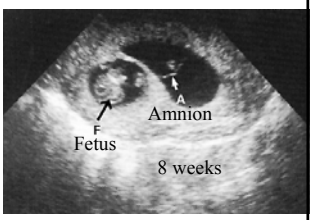
Monochorial/
Monoamniotic (rare)

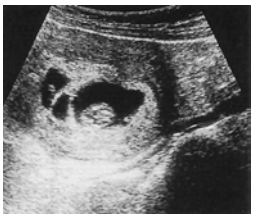


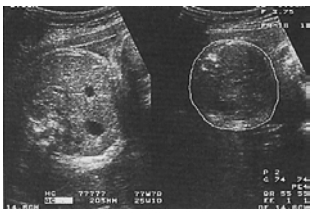
From TW Sadler, 2000











Vanishing twins (triplets)

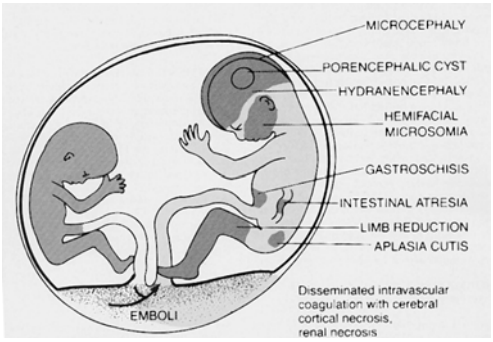
20% of twin pregnancies

Chromosomal or Structural abnormalities

Twins, Discordant Growth

Abdominal circumference, 3rd Trimester

>25% - associated with increased morbidity



Papyraceus – Death of a monochorionic co-twin
Circulatory interactions can cause problems

Table 16.1
Twinning rates per 1000 maternities by zygosity in different countries

	Monozygotic	Dizygotic	Total
Nigeria	5.0	49.0	54.0
USA			
black	4.7	11.1	15.8
white	4.2	7.1	11.3
England and Wales	3.5	8.8	12.3
India	3.3	8.1	11.4
Japan	3.0	1.3	4.3

Table 16.2
Different monozygotic twin types

Time of division	Type of twinning
< 4 days	Dichorionic diamniotic
4–8 days	Monochorionic diamniotic
8–13 days	Monochorionic monoamniotic
> 13 days	Conjoined twins

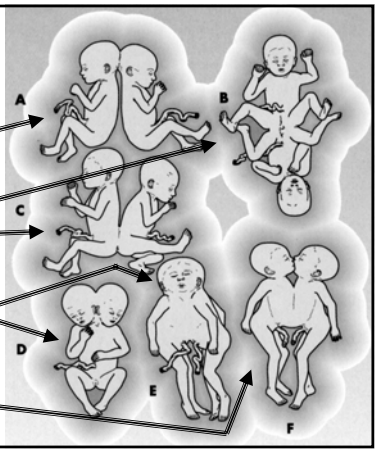
Conjoined Twins

Cephalopagus

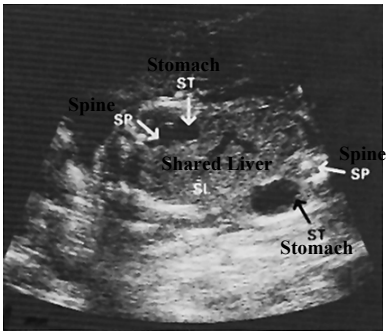
Pygopagus

Cephalothoracopagus

Thoracopagus



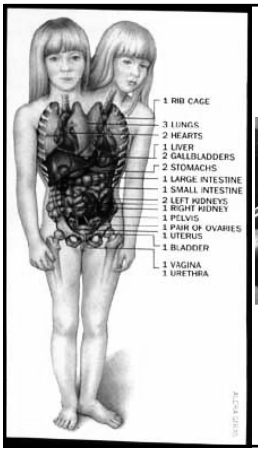
From BM Carlson, 1999



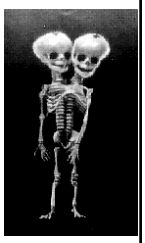
Ultrasound of conjoined twins

Pygopagus

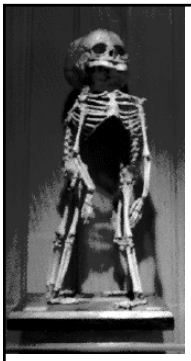
Posterior union of the rump
19% of all conjoined twins.



Parapagus



Lateral union of the lower half

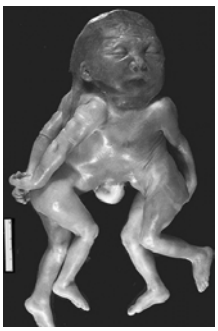


Cephalopagus

Anterior union of the upper half of the body with two faces on opposite sides of a conjoined head.
The heart is sometimes involved.

Cephalothoracopagus

Union of head and chest
There is only one brain
Hearts and gastrointestinal tracts are fused.



Craniopagus

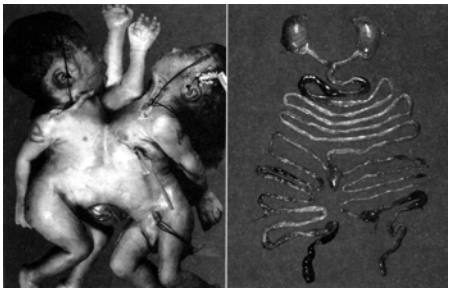
Cranial fusion only

Parasitic Conjoined Twins

One twin without brain or heart

From BM Carlson, 1999

Thoracopagus



Anterior union of the upper half of the trunk.
The most common form of conjoined twins (about 75%)
Always sharing the heart.

Hydatidiform Mole

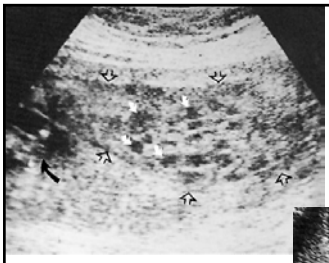
Pregnancy without an embryo (complete or partial mole)

Complete Mole = Only a placenta / No fetus – Diploid but with 2 sets of paternal chromosomes, no maternal contribution

Partial Mole = Triploid (Maternal, 1N; Paternal, 2N)

Diagnosis – high hCG levels; ploidy analysis (flow cytometry)

1:1200 pregnancies in US; 1:200 pregnancies in Latin America/Asia



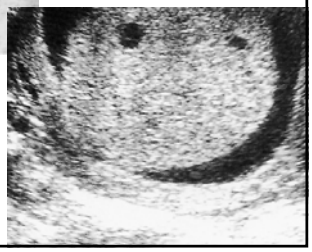
Hydatidiform Mole

Snow Storm appearance

Cystic Areas (white arrows)

No fetus

Placenta (open black arrows)

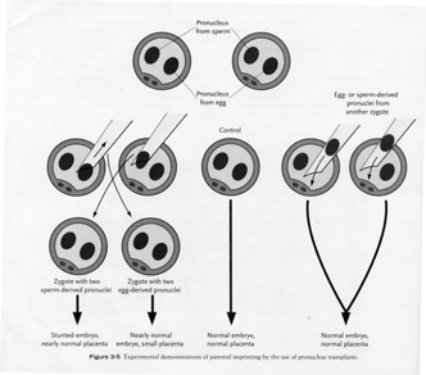


Partial Mole – cystic areas present

Fetus is present commonly triploid twin with mole in one sac (rare)

From BM Carlson, 1999

Imprinting



Parental Imprinting

Identical genes derived from maternal and paternal DNA display differential expression

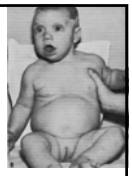
Selected genes are turned off during gametogenesis by methylation of certain bases

Imprinted patterns are not passed on to progeny, imprints erased during gametogenesis

Beckwith-Wiedemann syndrome - *Igf2*

Long arm Chr 15 deletion
Angelman's syndrome - Maternal deletion
Prader-Willi syndrome - Paternal deletion

Beckwith-Wiedemann Syndrome



Chromosome 11
- *Igf2* (Insulin-like Growth Factor) – growth promoter
- H19 – a growth suppressor

Mental deficiency – mild to moderate

Macrosomia – excessive growth, muscle, subcutaneous tissues

Macroglossia – protruding tongue, overgrowth of other craniofacial structures

Organ Hyperplasia – kidneys, pancreas

Angelman's Syndrome

"Happy Puppet Syndrome"

Maternal long arm of Chromosome 15 deletion

Severe mental deficiency – marked delays in motor milestones, absent speech, frequent laughter, frequent seizures

Puppet like gait

Widely spaced teeth

Macroglossia

Decreased occular pigment → pale blue eyes

Prader-Willi Syndrome

Paternal long arm of Chromosome 15 deletion

Mental deficiency – mild-moderate

Normal birth size – decreased growth rate

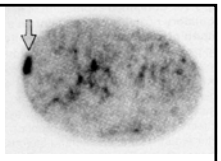
Short stature / Obesity

Very small hands, feet, genitalia

Fair skin, blue eyes, sun-sensitivity

Craniofacial – almond-shaped, narrow bifrontal diameter

X-Chromosome Inactivation



Inequality of Genetic Expression

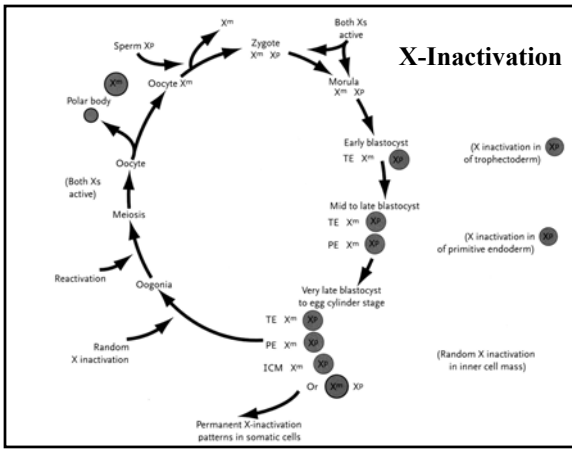
Female-specific, 1 X-chromosome is inactive
Barr body – extreme condensation

Both Xs are active thru cleavage

Blastocyst - Trophoblast – paternal X inactivated
Inner Cell Mass – both are active

Egg cylinder stage – differential X inactivation in cell lineages

Oogenesis – both Xs become active



Regulative Development

Ability of an embryo or organ to develop normally after removal or addition of parts

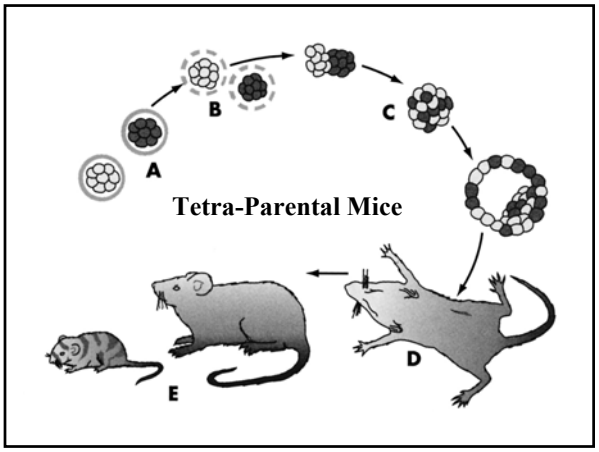
Fate of cells is not irreversibly fixed – influenced by environment

Contrast Mosaic Development

Fate Mapping studies

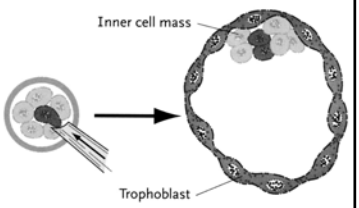
Developmental Potency – Totipotency

Stem Cells



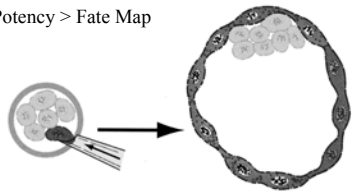
Position-Specific Differentiation

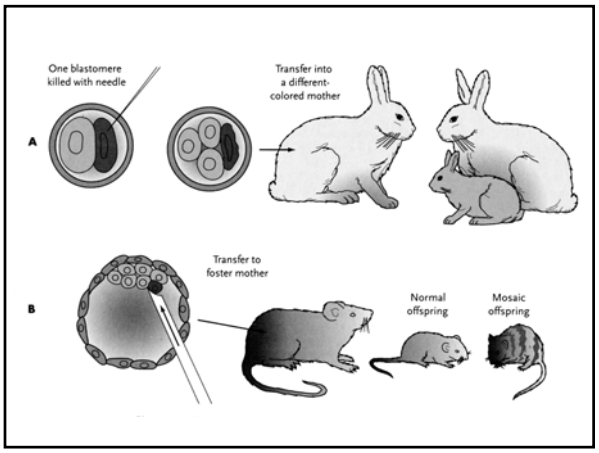
Inside-Outside Hypothesis



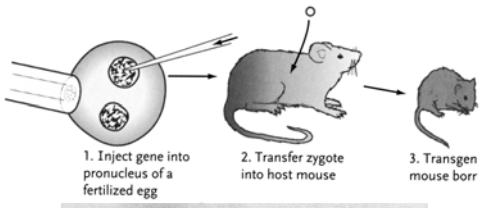
Potency > Fate Map

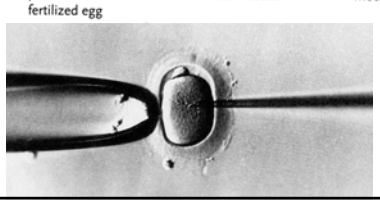
8-16 Cell Stage - Totipotent

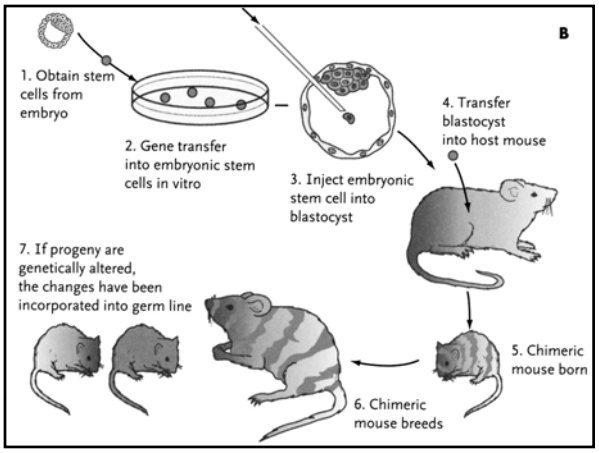




Transgenic Mice







Cloning Dolly