

Cleavage

Cell Division – Cell Cycle Control

Morula – Compaction

Blastocyst – Hatching

Implantation – Decidual Reaction

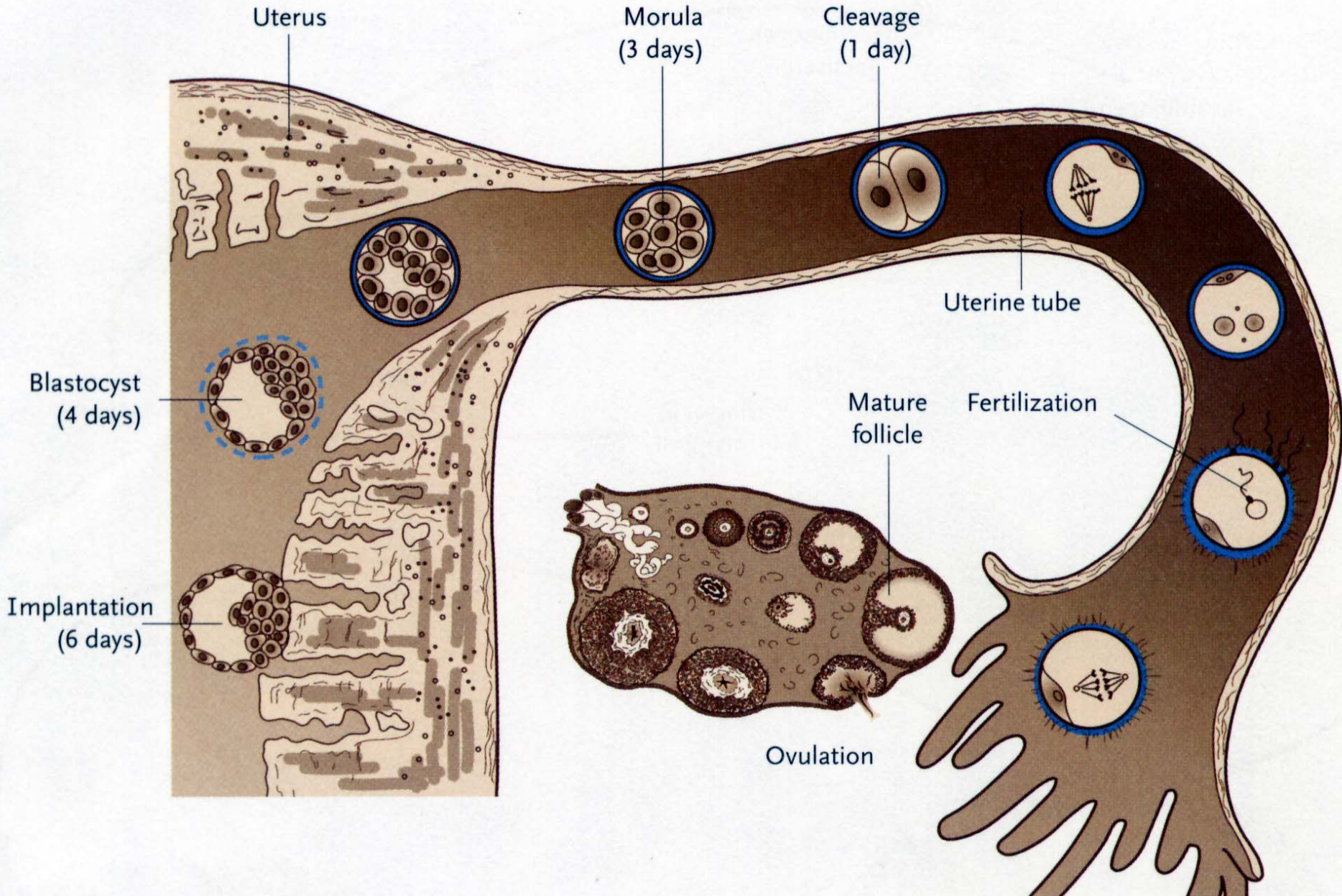
Early Cell Lineages

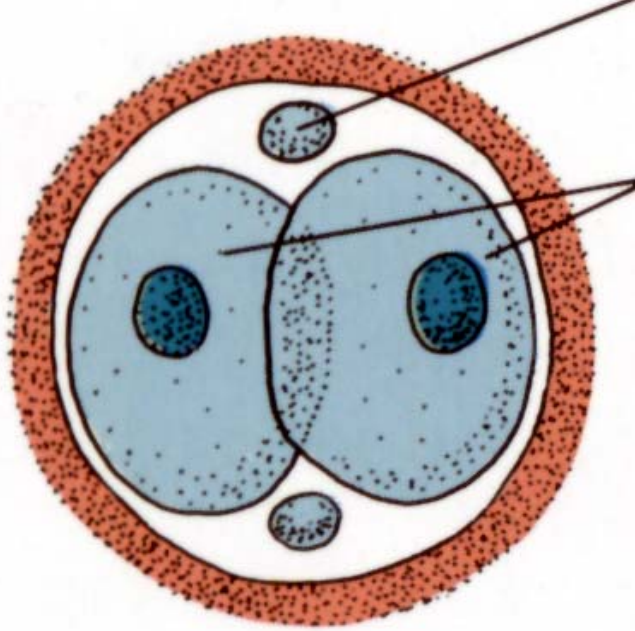
- Inner Cell Mass

- Trophoblasts (Extra-embryonic)

Anomalies

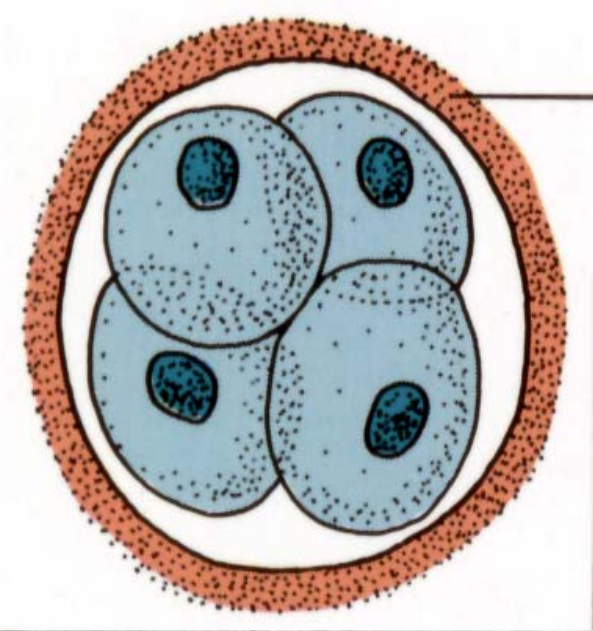
Cleavage





Cleavage

Blastomere



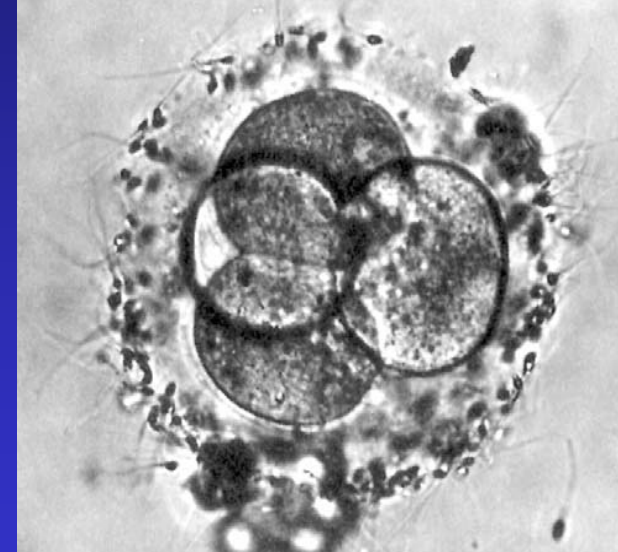
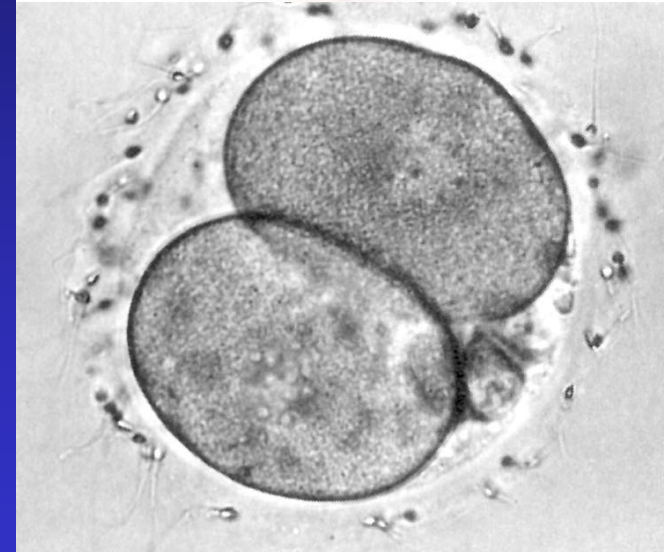
Equal

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

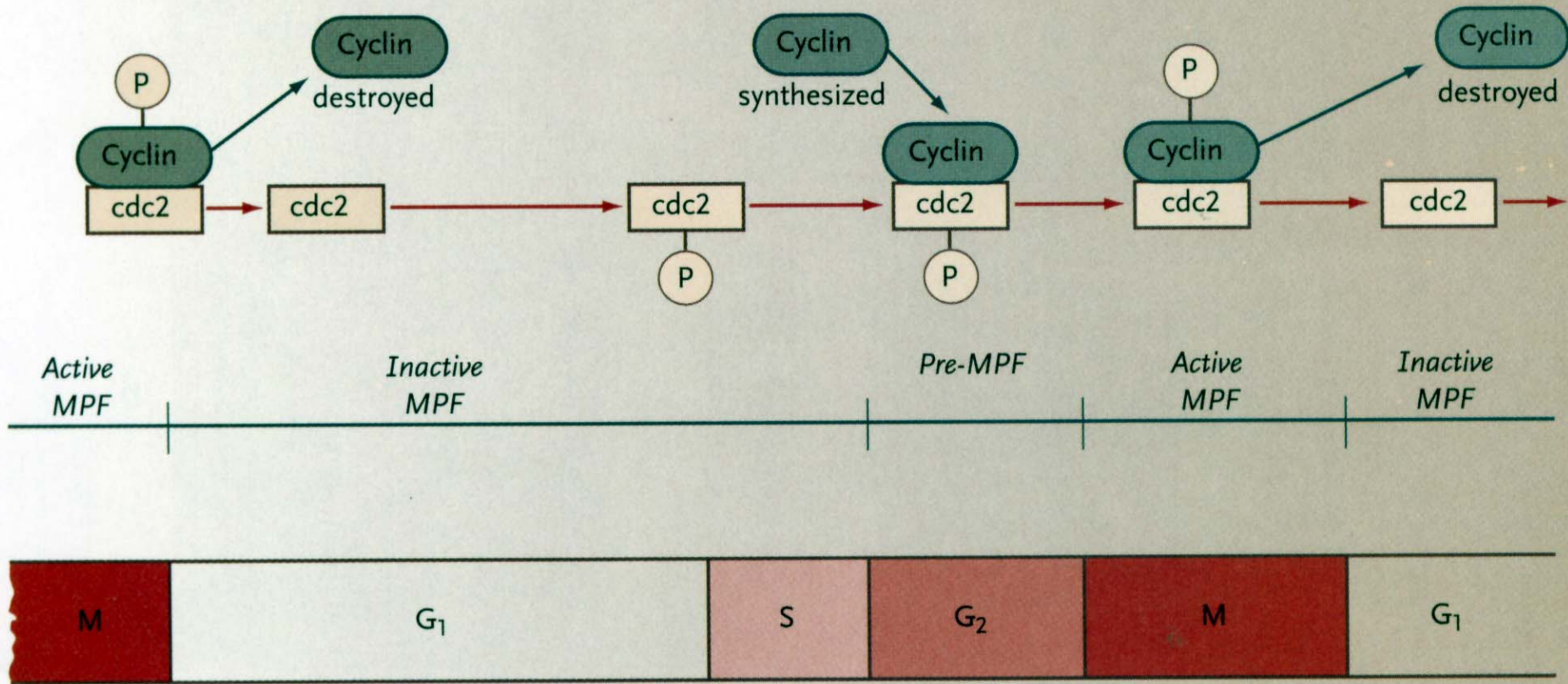
Oct-3 – Transcription factor expressed in egg

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

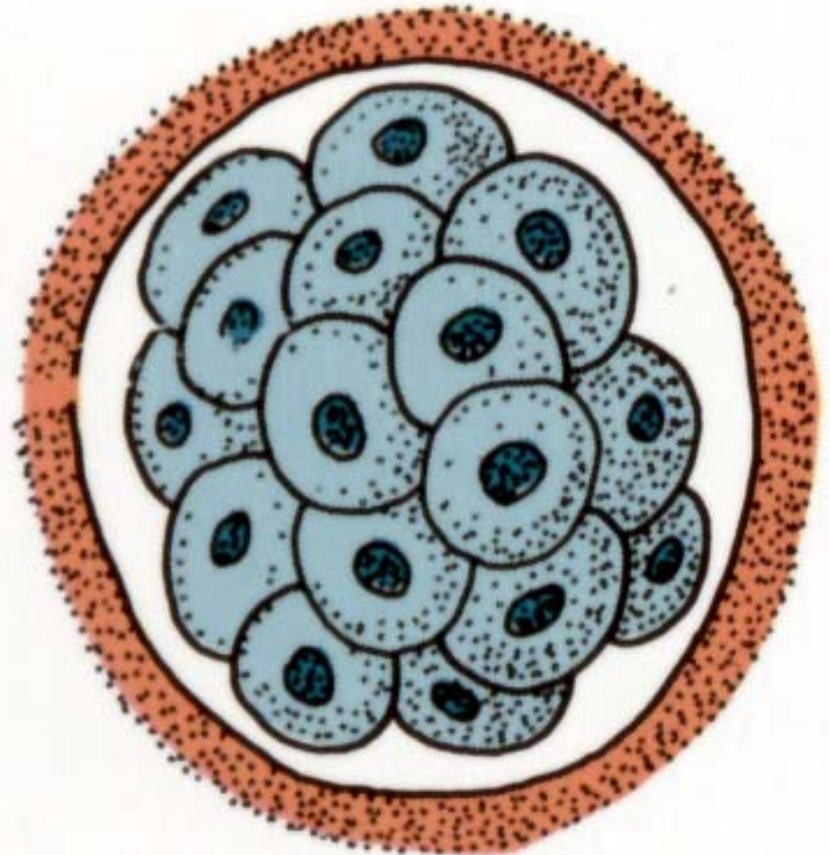
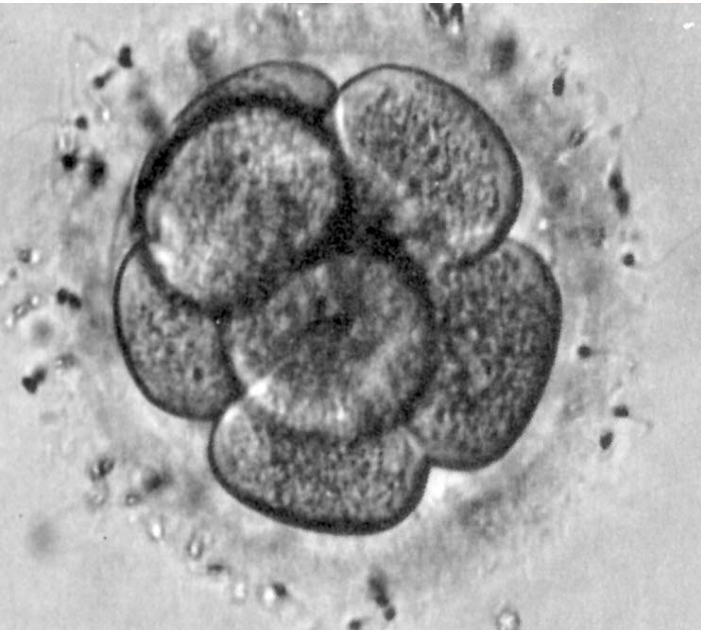
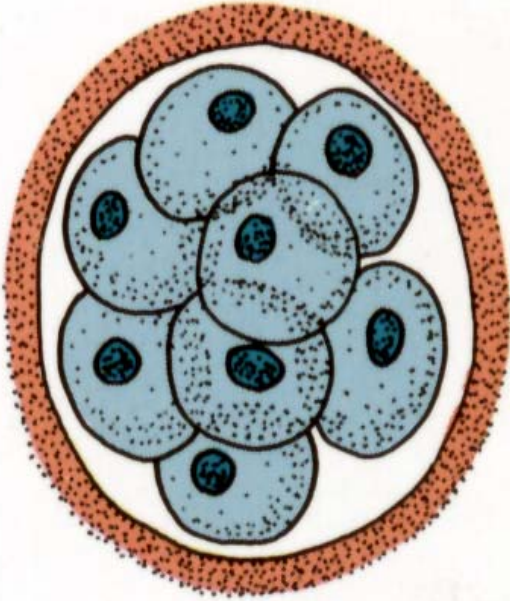
Bound to cdc2

Phosphoprotein (P in M)

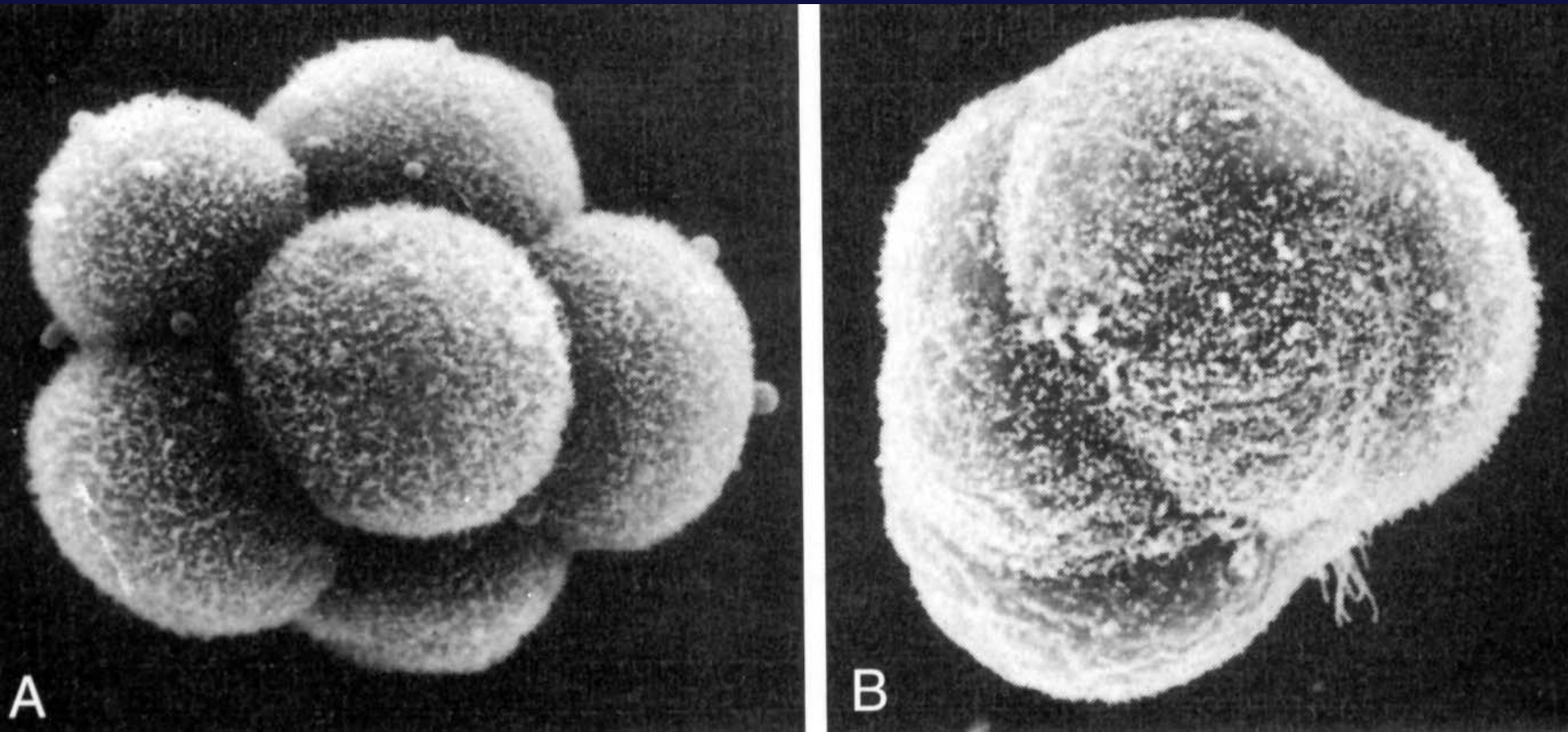
Degraded in G1

Morula

32 cell stage
'Berry' - appearance



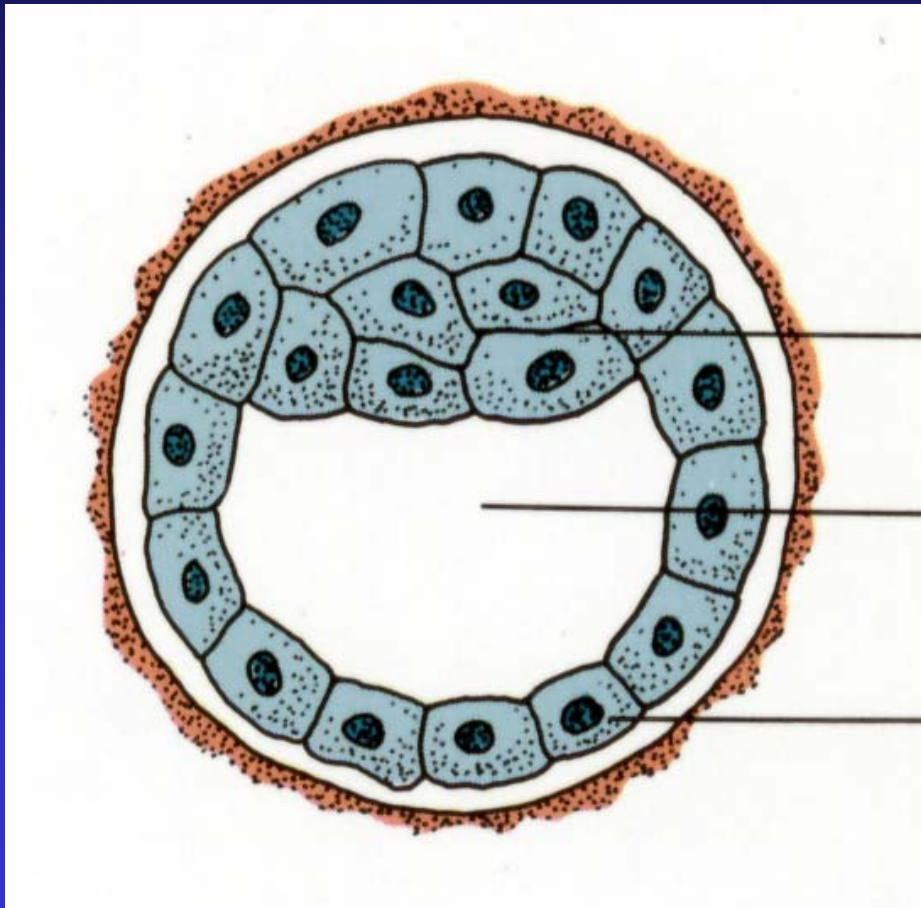
Compaction



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

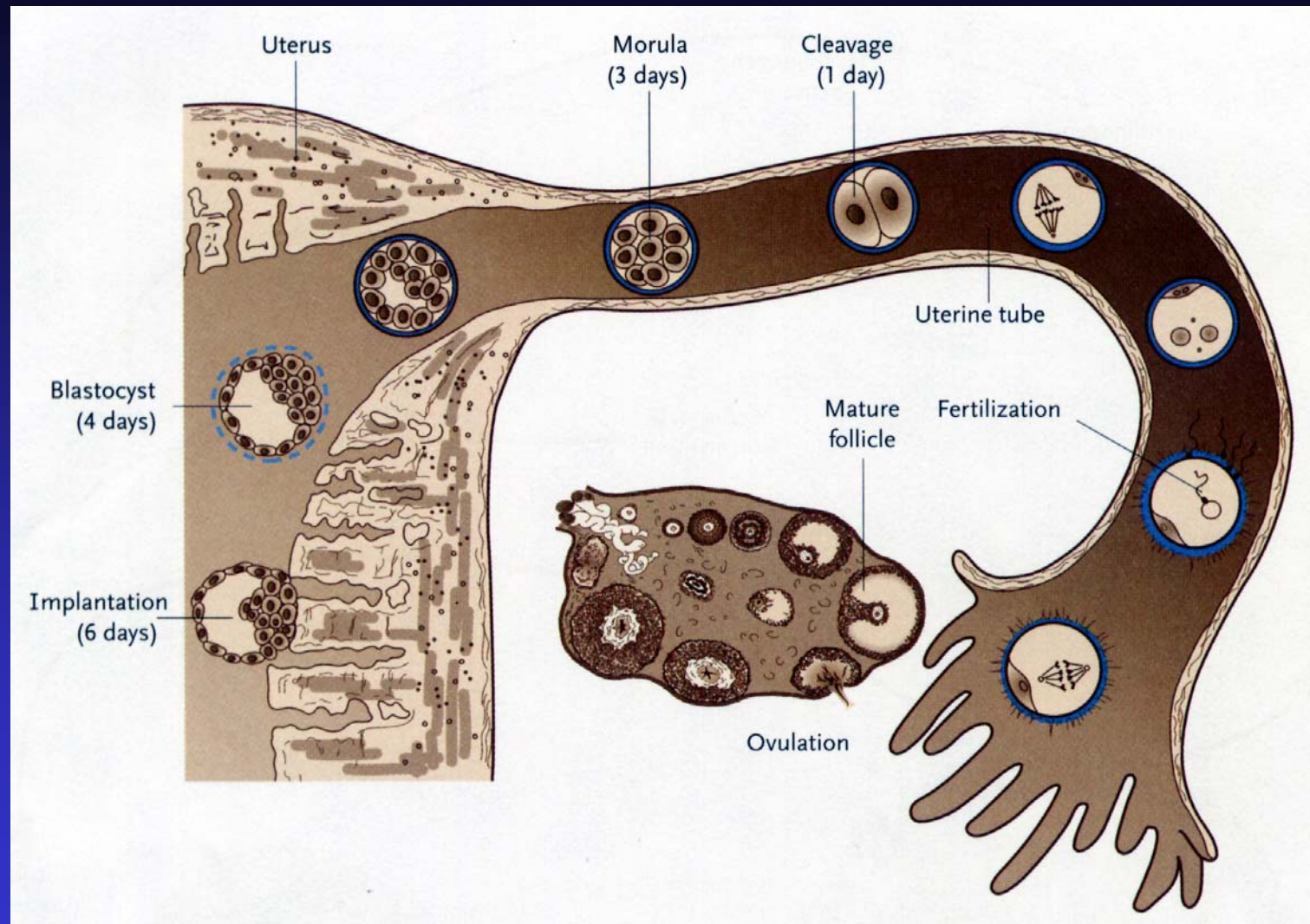
Immunological barrier -

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

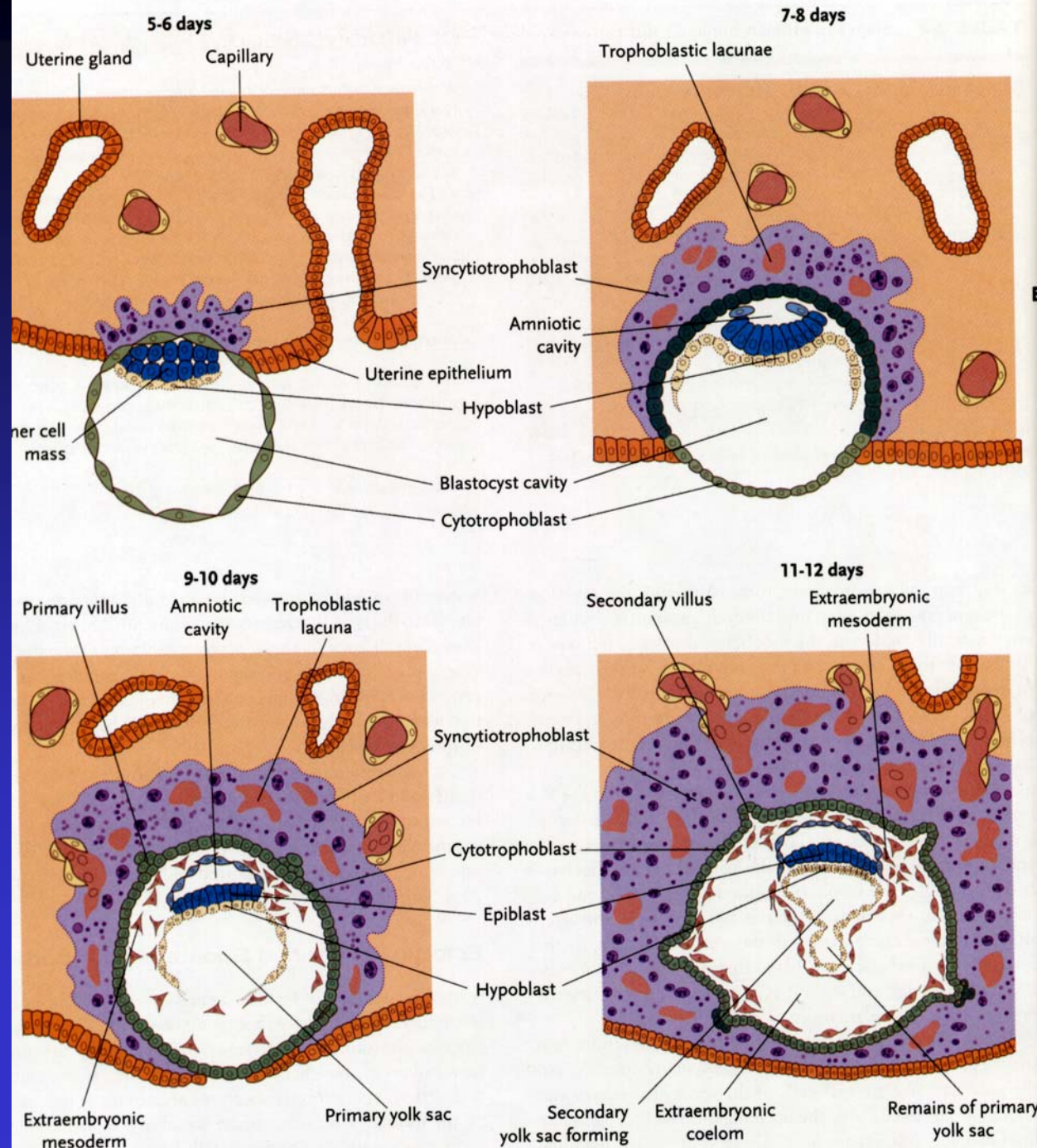
Adhesion, blastocyst to endometrium

Trophoblast proliferation

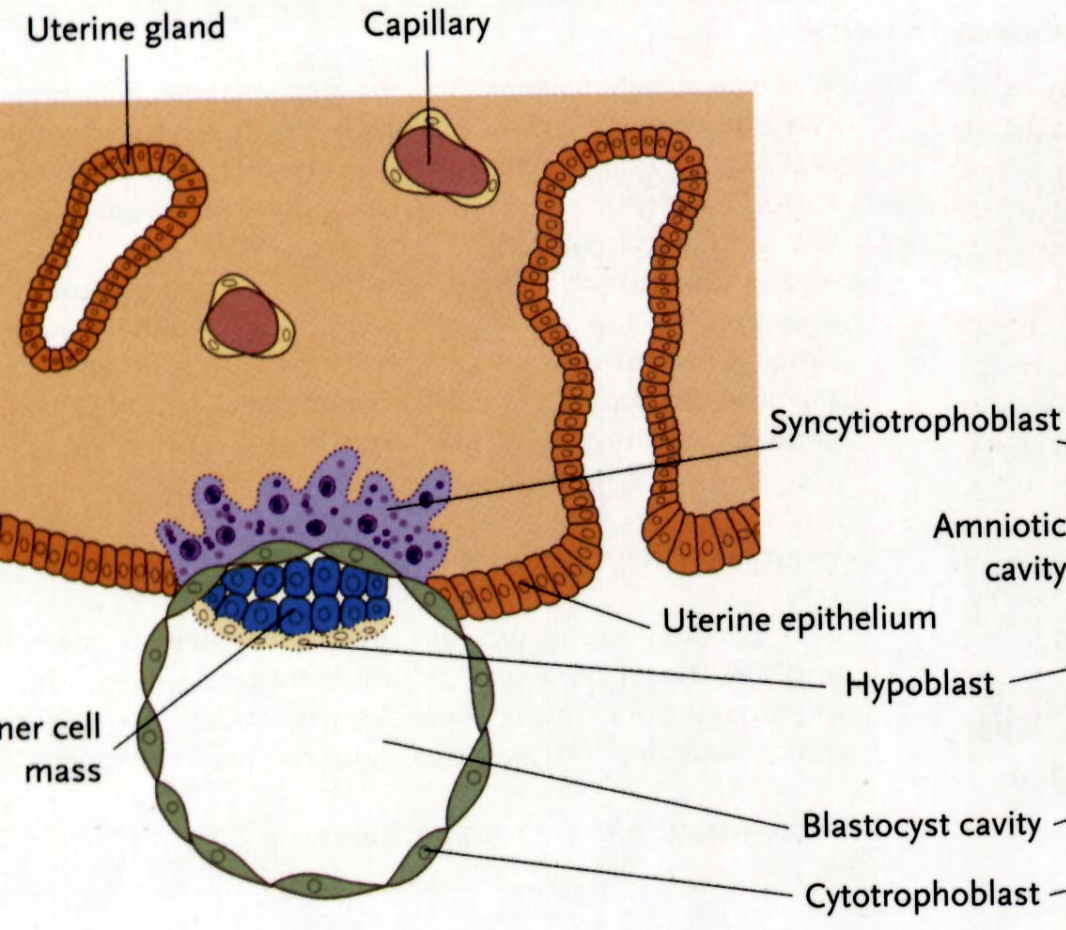
Syncytiotrophoblast

Secretion of hydrolytic enzymes

Breakdown of endometrium



5-6 days



Day 6

Blastocyst adheres to endometrium at embryo pole

Trophoblast proliferation
production of hCG
(maintains corpus luteum)

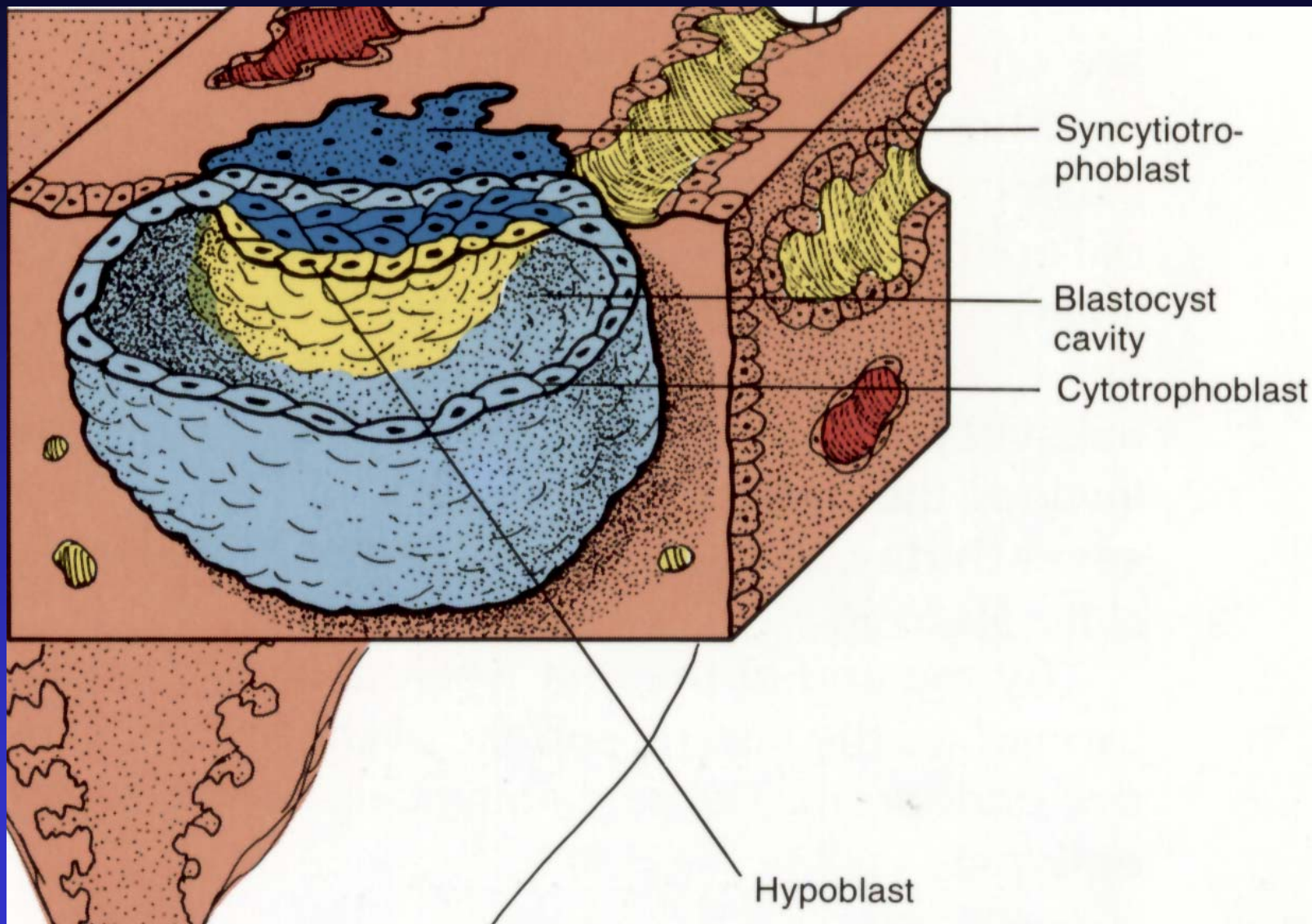
Embryo
invasion

Trophoblasts

Syncytiotrophoblast

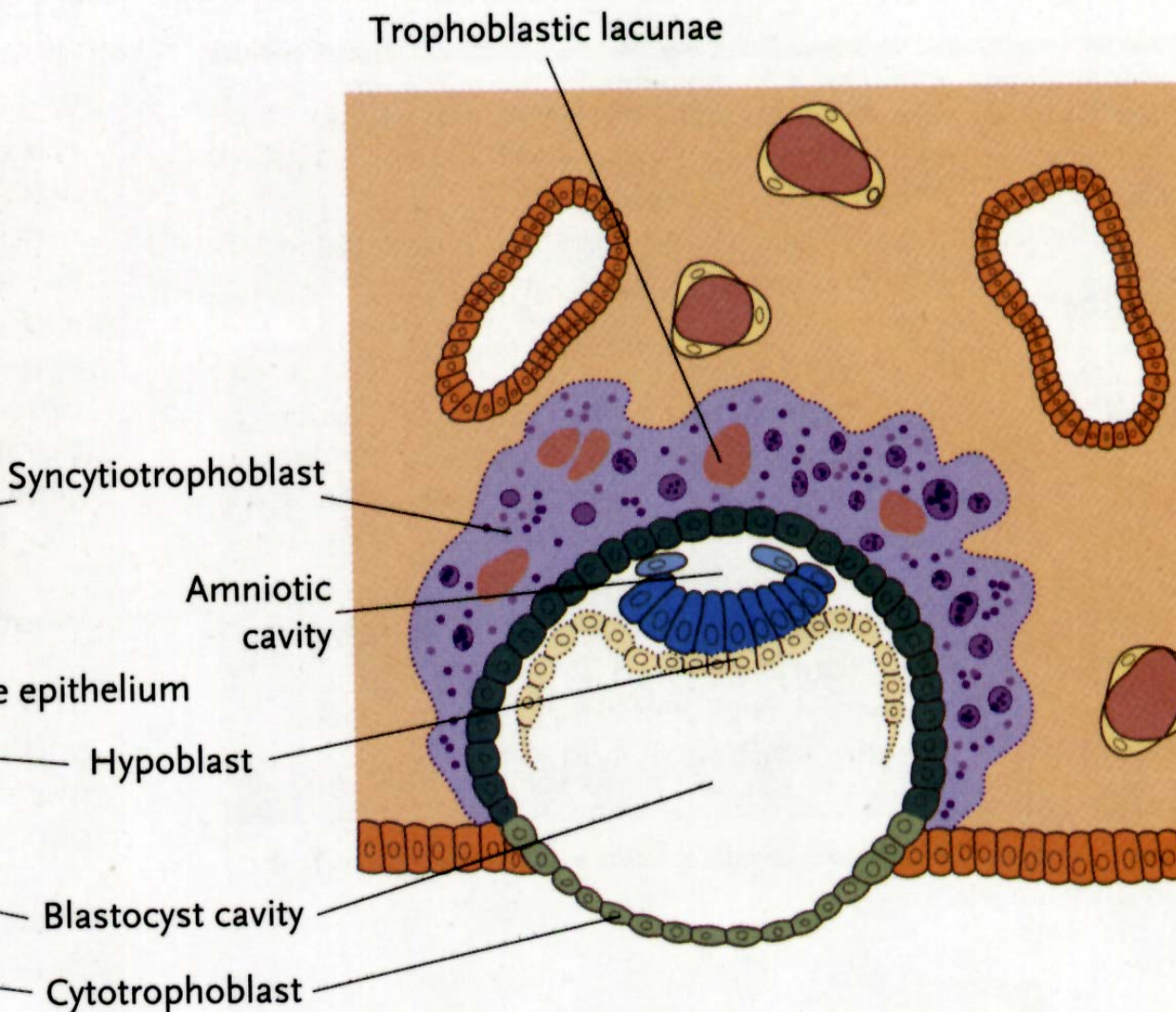
Cytotrophoblast

hydrolytic
enzymes



7-8 days

Day 7-8



Syncytiotrophoblast expansion

Lacunae form – filled with fluid (embryotroph)

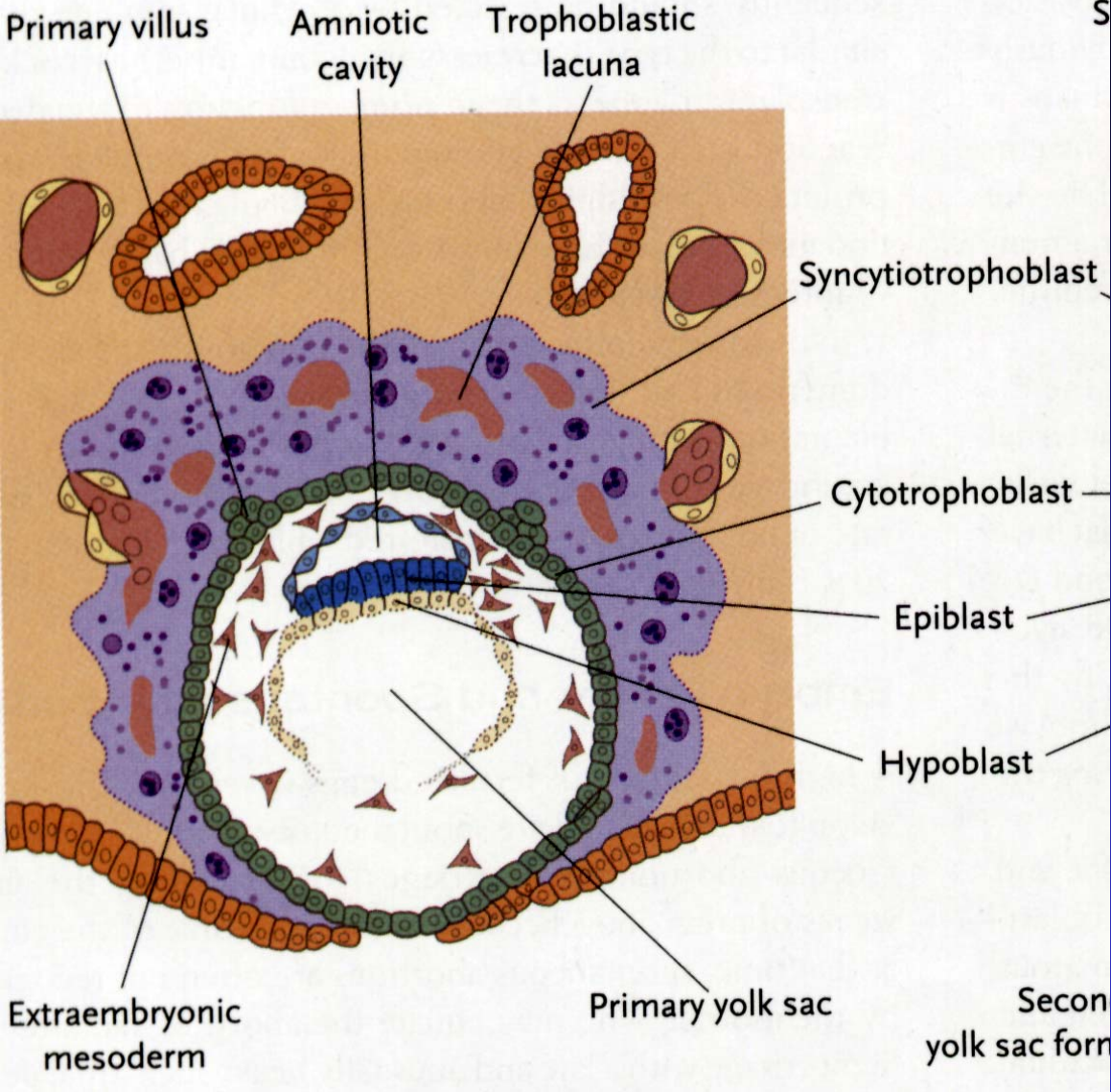
Embryotroph provides nutrients to the embryo. Derived from maternal blood.

Embryo - Bilaminar germ disc:

Epiblast layer – cavitates to form the amniotic cavity.

Hypoblast layer form the exocoelomic cavity / primary yolk sac

9-10 days



Day 9-10

Lacunae enlarge

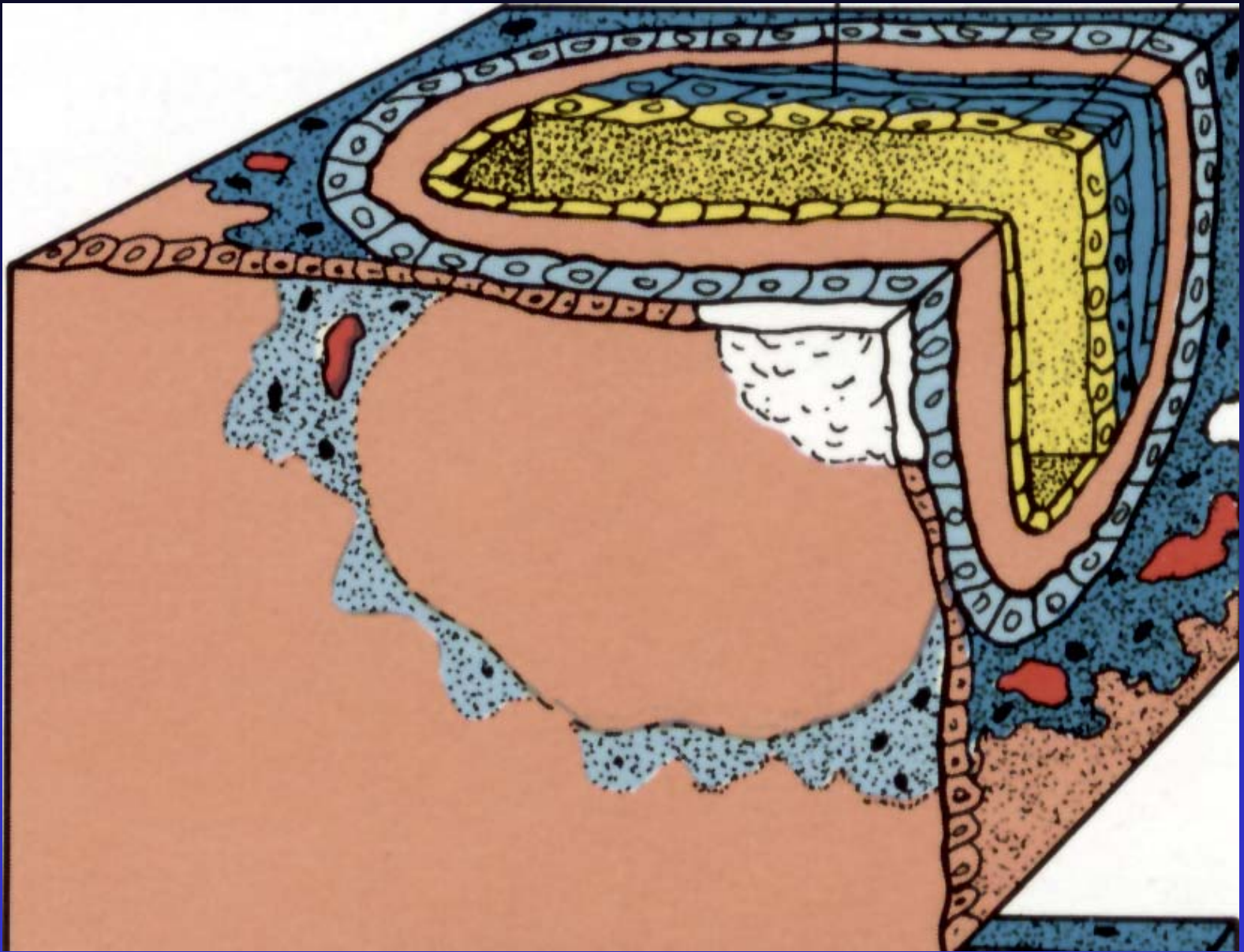
Syncytiotrophoblast expands around entire blastocyst

Cytotrophoblasts form primary villus – initiation of placenta formation

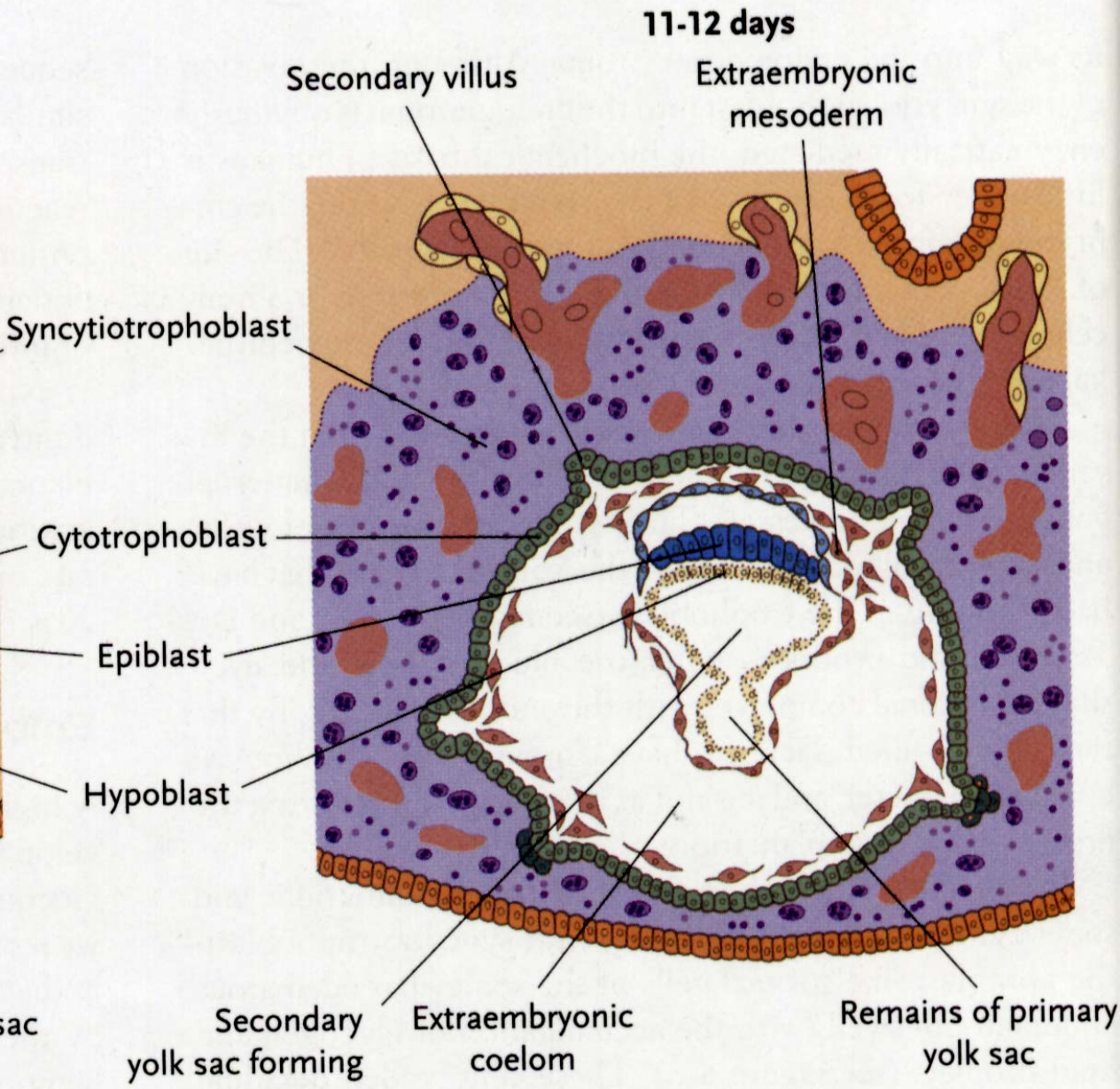
Implantation Complete

Coagulation Plug forms

Embryo: hypoblast → exocoelomic membrane = Hauser's membrane
Extraembryonic mesoderm from yolk sac



Day 11-12

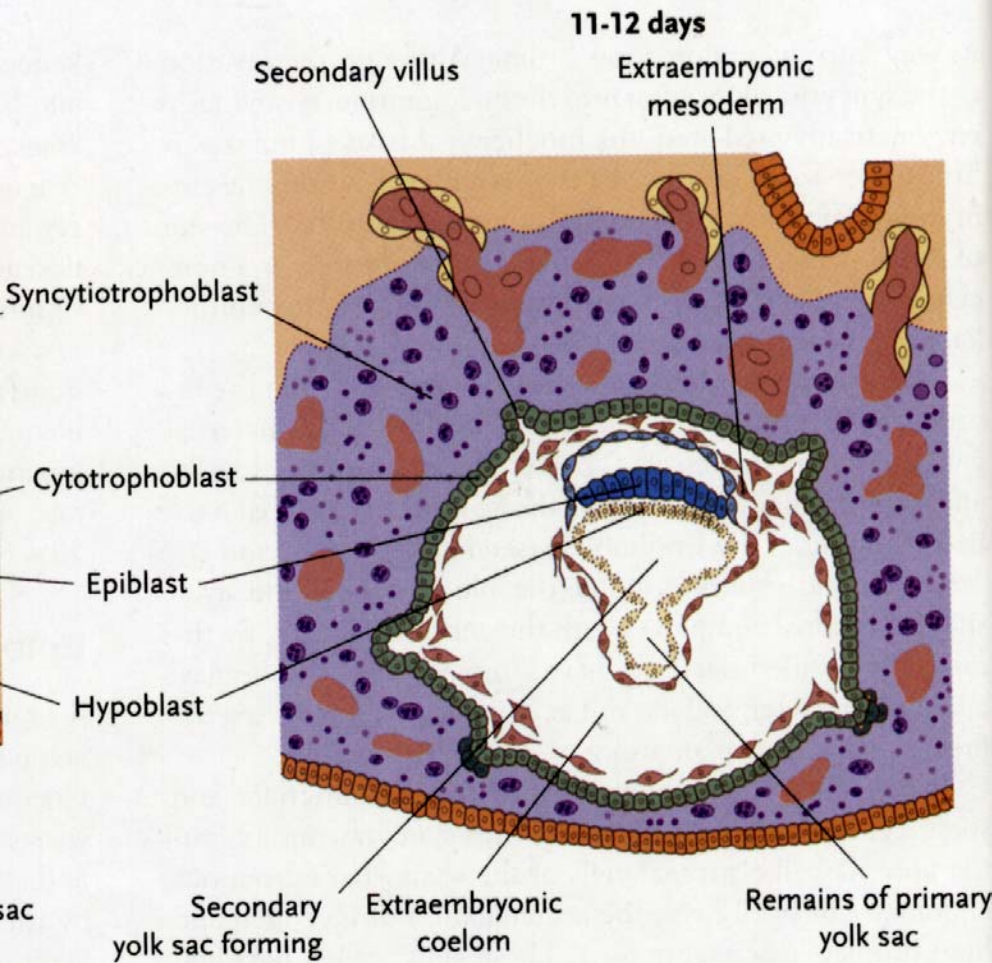


Syncytiotrophoblast erode maternal capillaries – form sinusoids

Syncytial lacunae become continuous with sinusoids

Maternal blood to enter lacunae establishing the uteroplacental circulation

Day 11-12 – Embryo



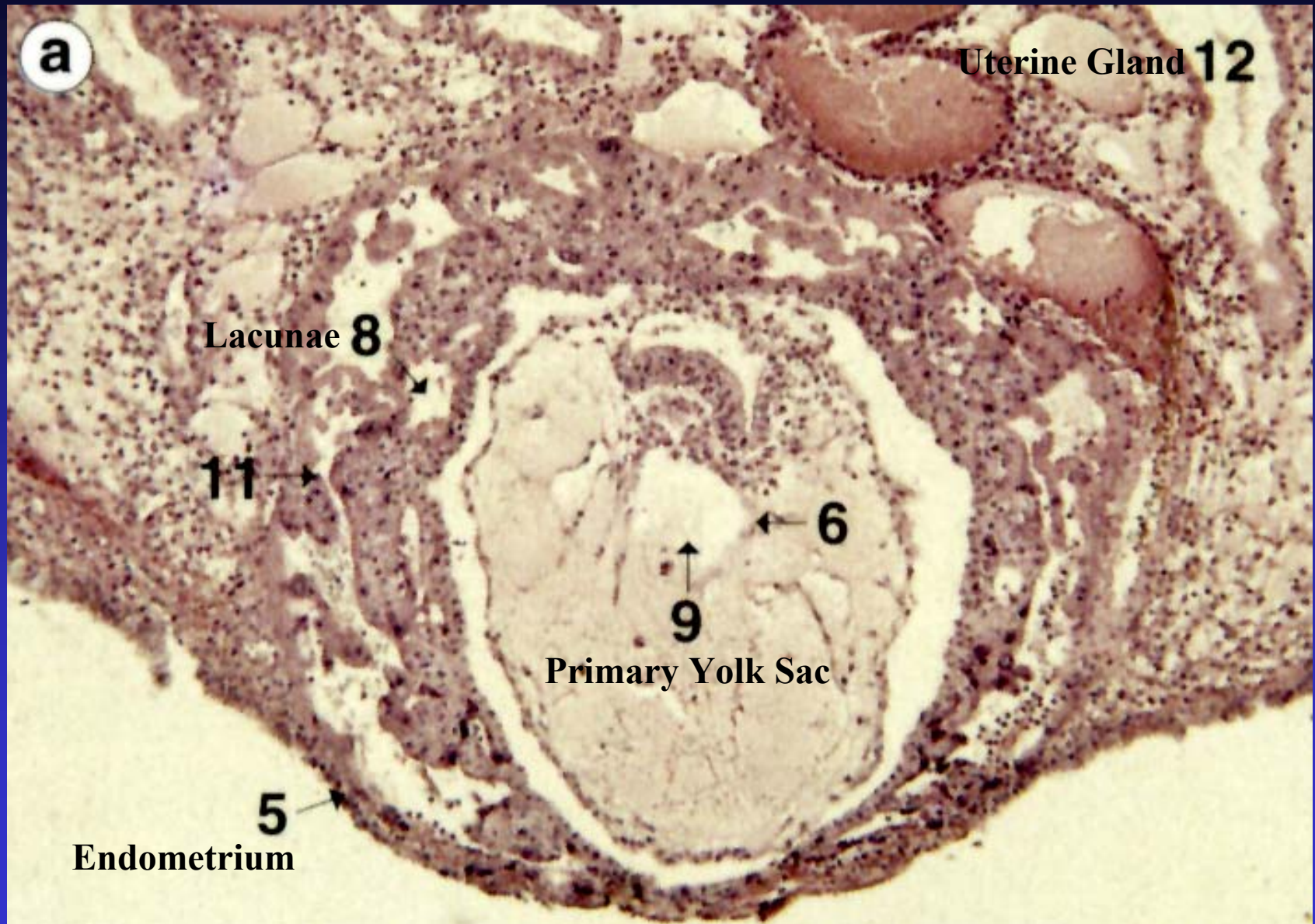
Yolk sac → extraembryonic mesoderm

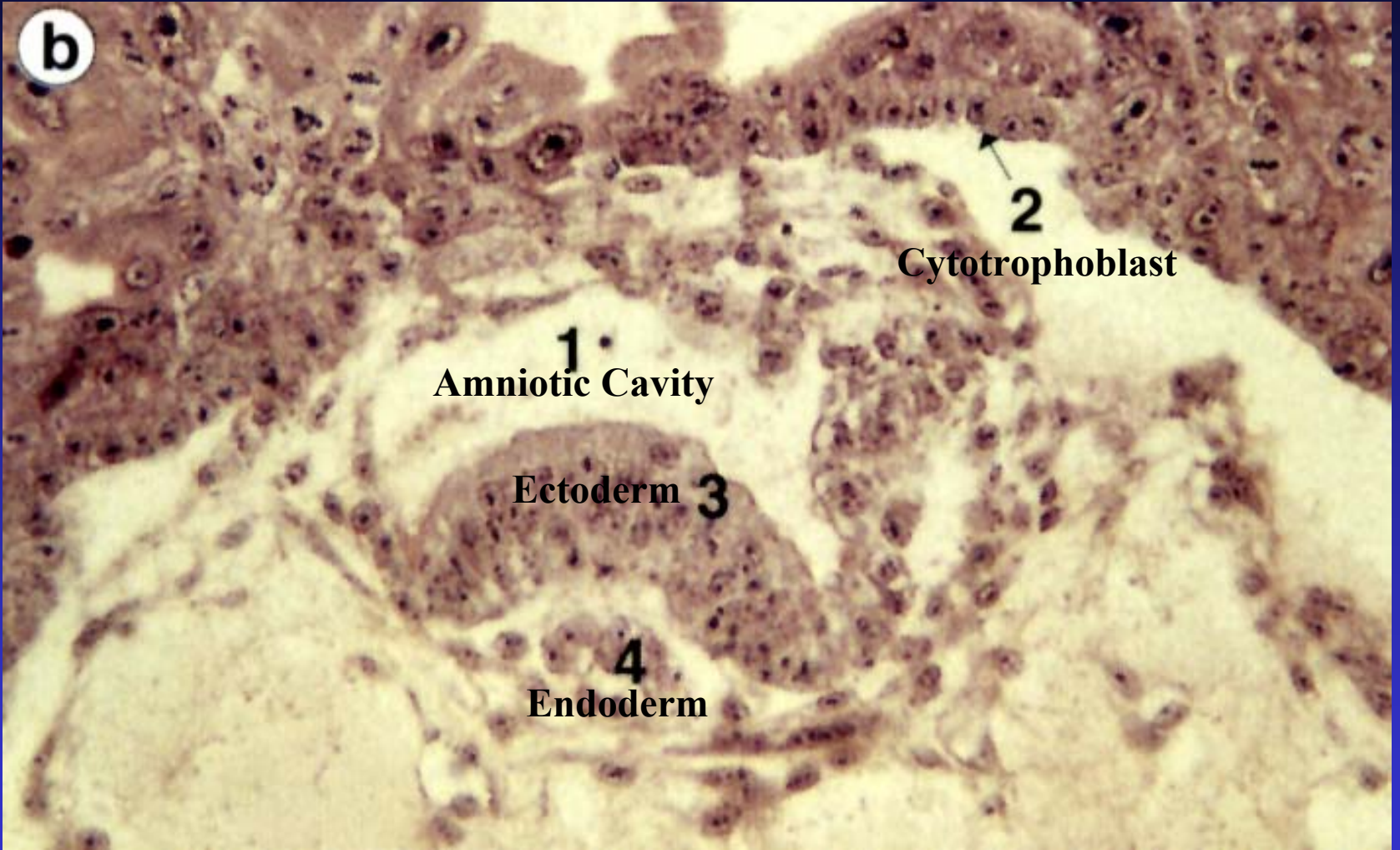
Extraembryonic Somatopleuric mesoderm - layer between amnion and cytotrophoblast

Extraembryonic Splanchnopleuric mesoderm - layer between Primary yolk sac and cytotrophoblast

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

Implantation

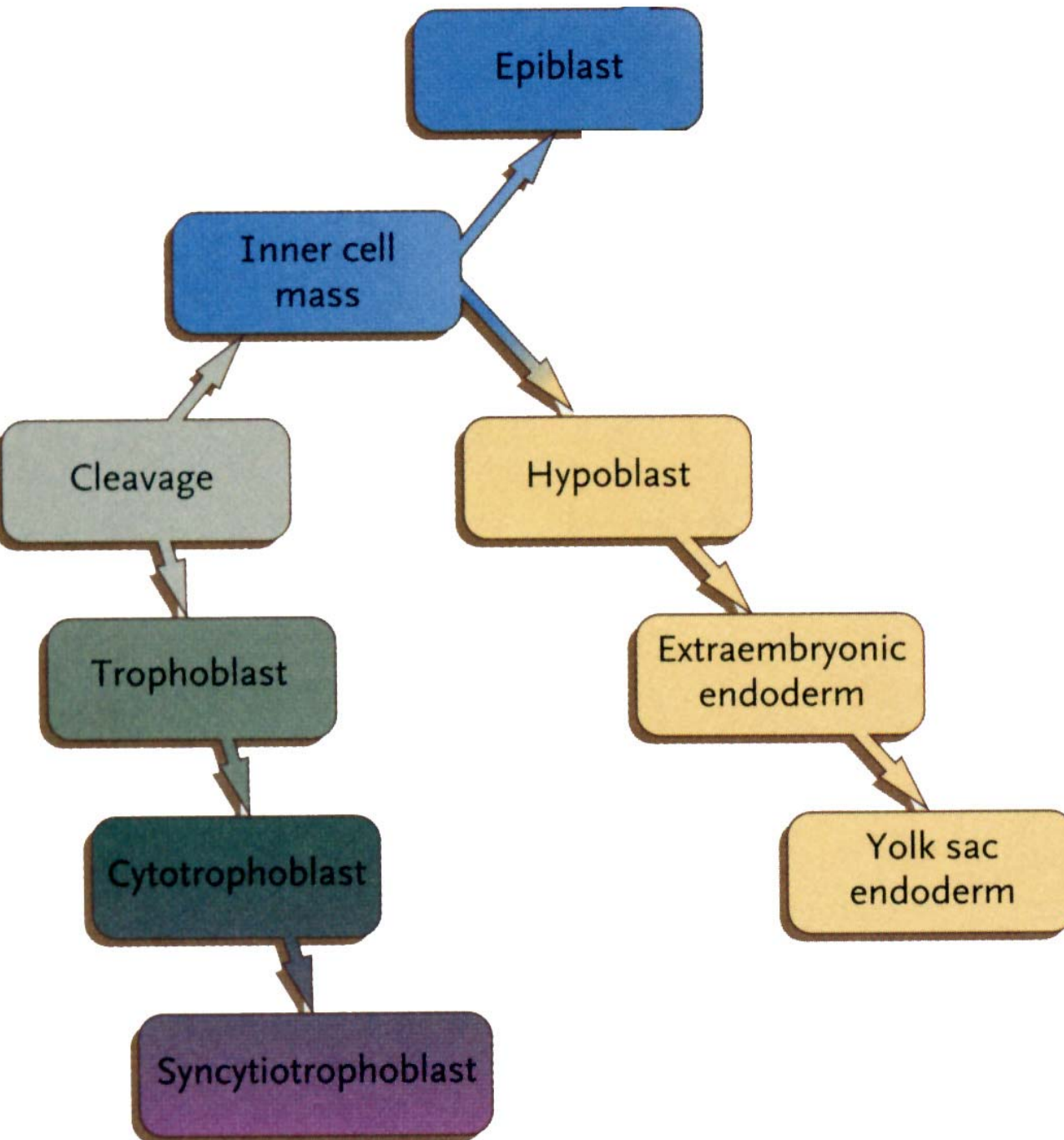




Summary

- 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

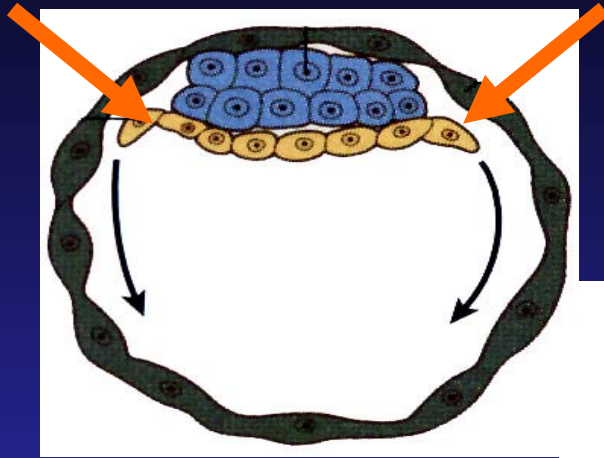
Early Cell Lineages



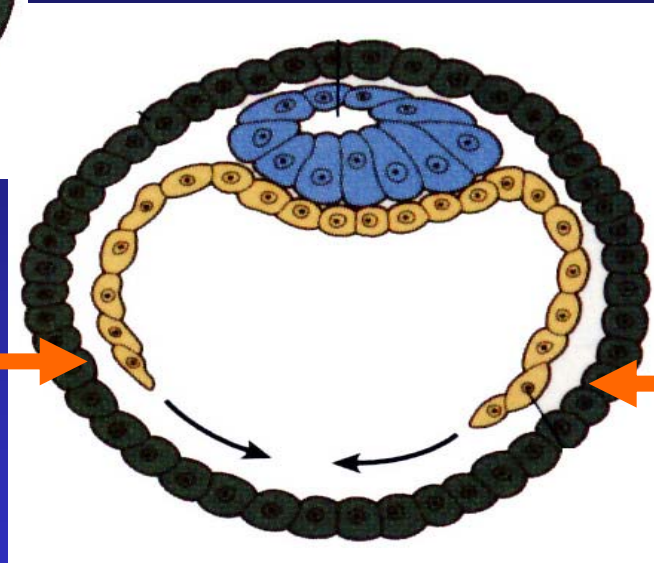
Extraembryonic
Somatopleuric
Mesoderm

Extraembryonic
Splanchnopleuric
Mesoderm

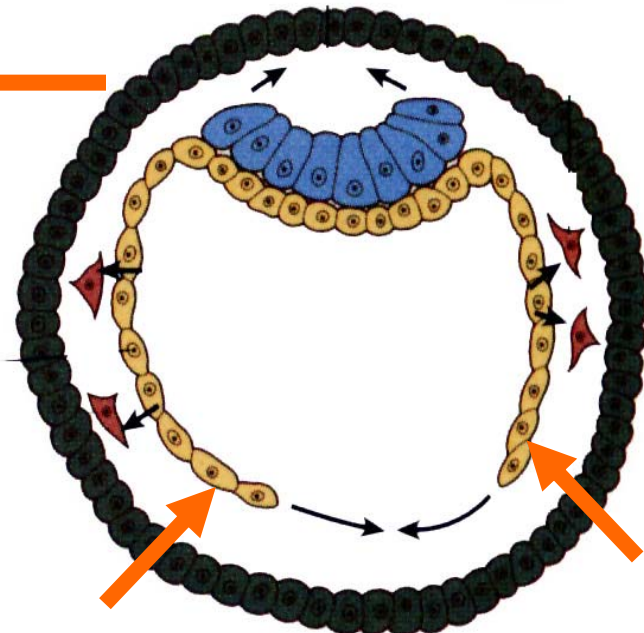
Extraembryonic Tissues



6 days

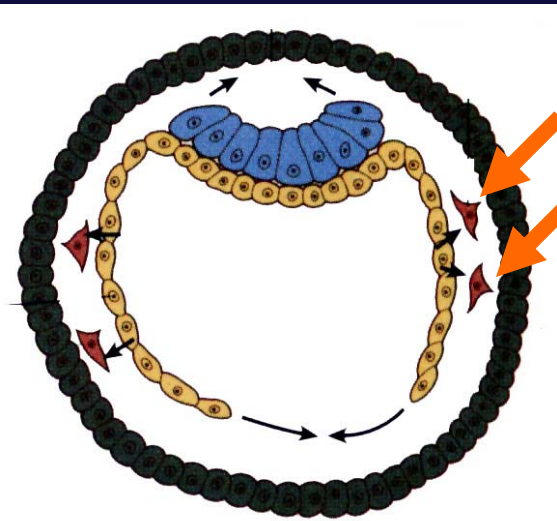


7 days

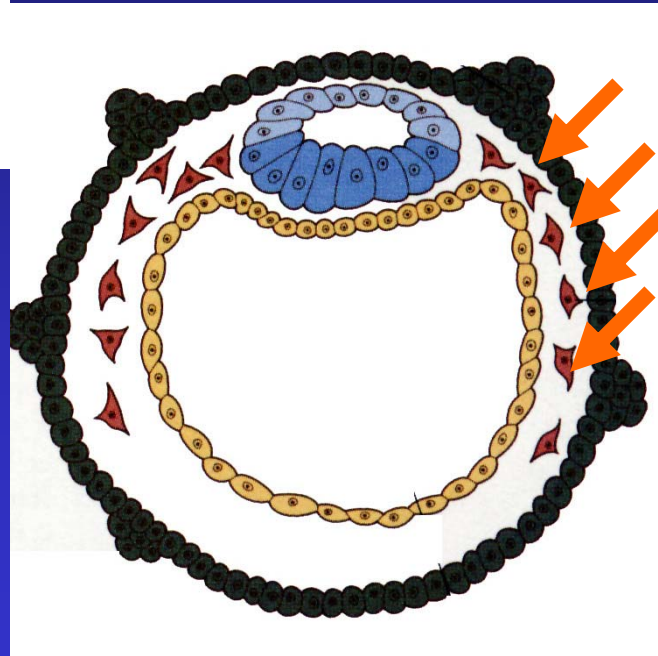


8 days

Extraembryonic Tissues



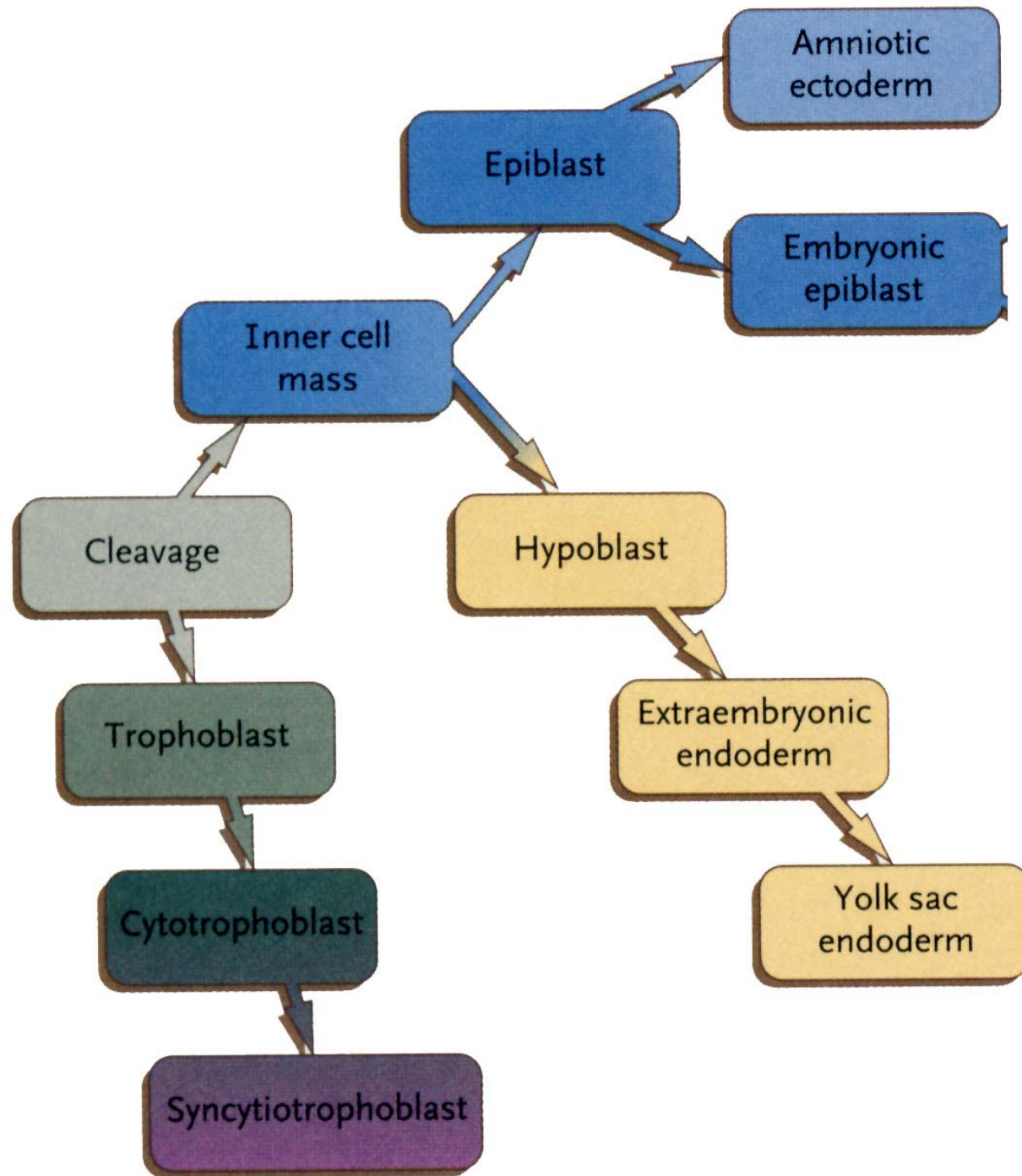
8 days



9 days



14 days



Amnion

Amnionic Cavity

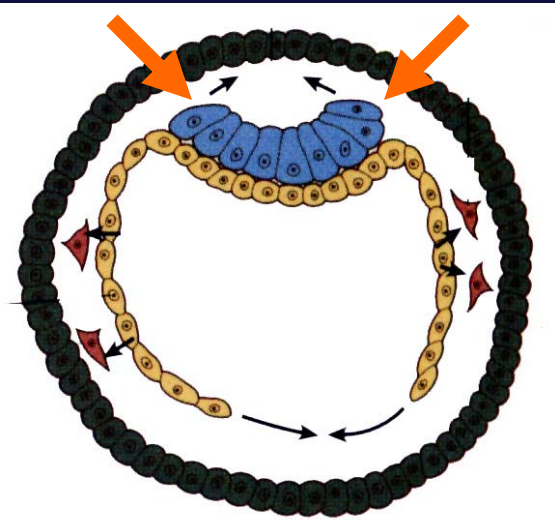
Cavitation

From BM Carlson, 1999

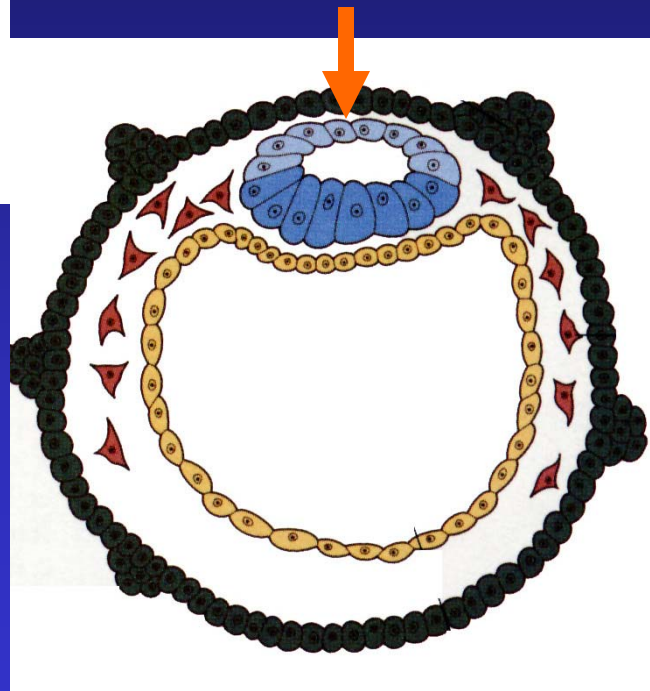
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Extraembryonic Tissues

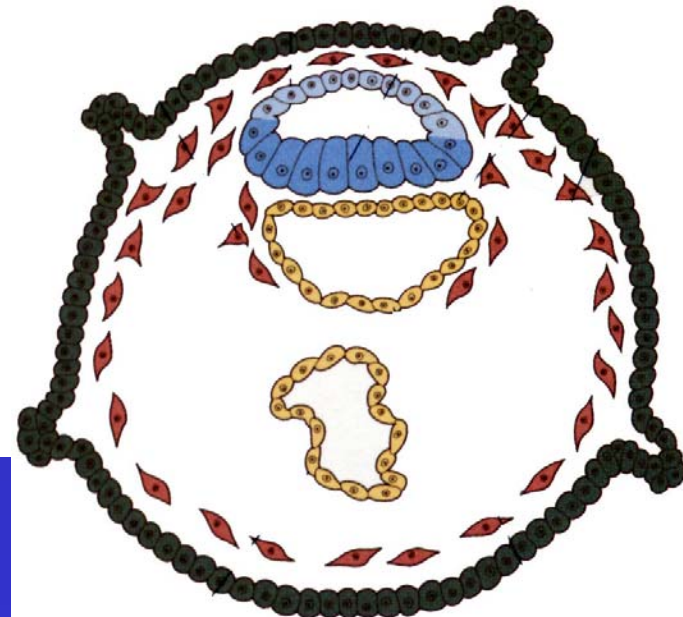


8 days



14 days

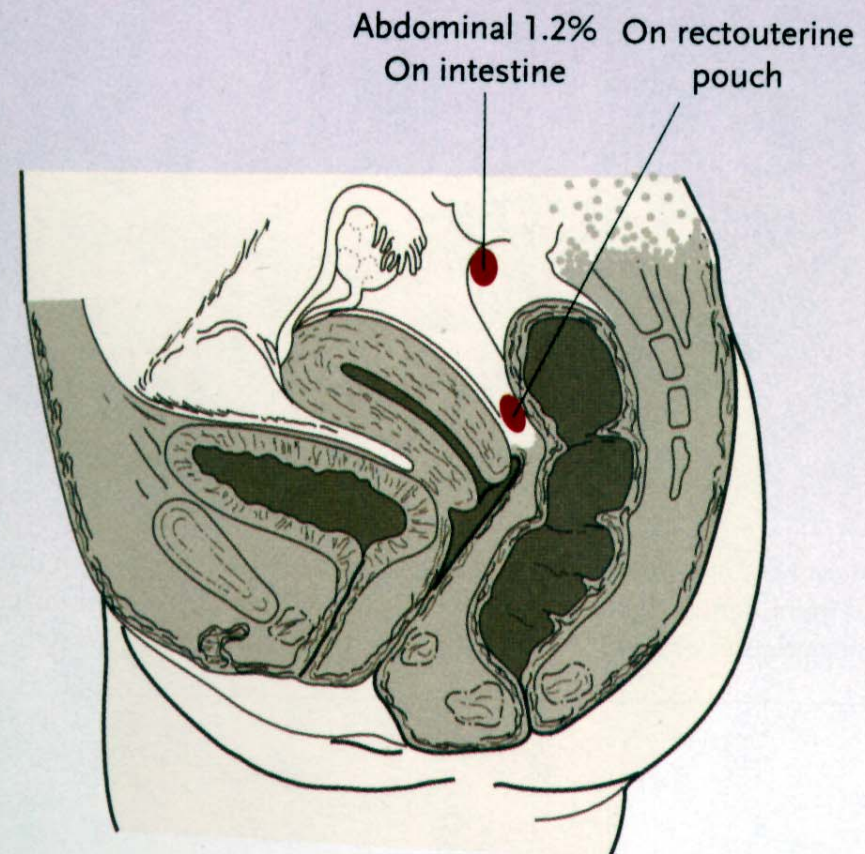
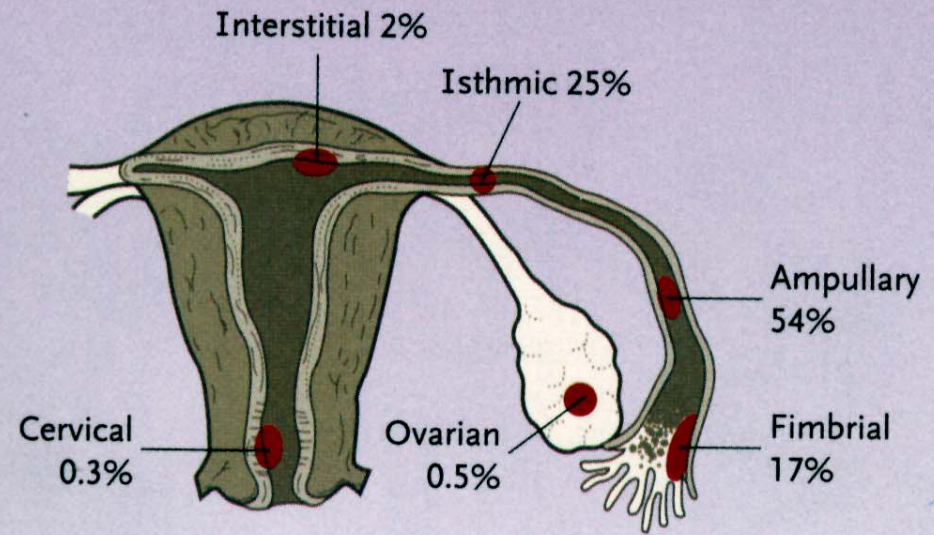
9 days



Implantation Sites

Typical - Mid-Uterus

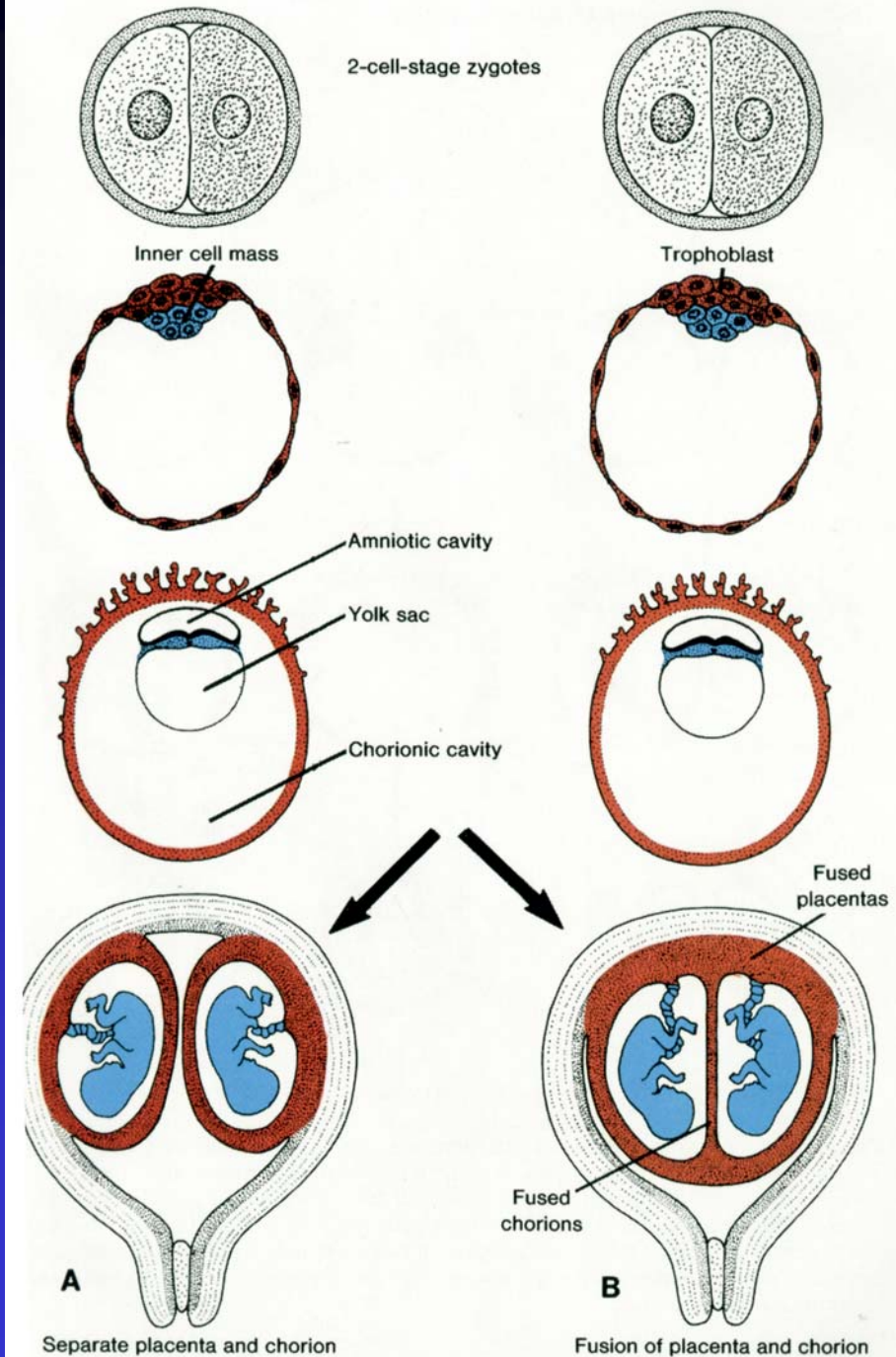
Distribution of atypical
implantation sites



Dizygotic Twins

Dichorial

Monochorial

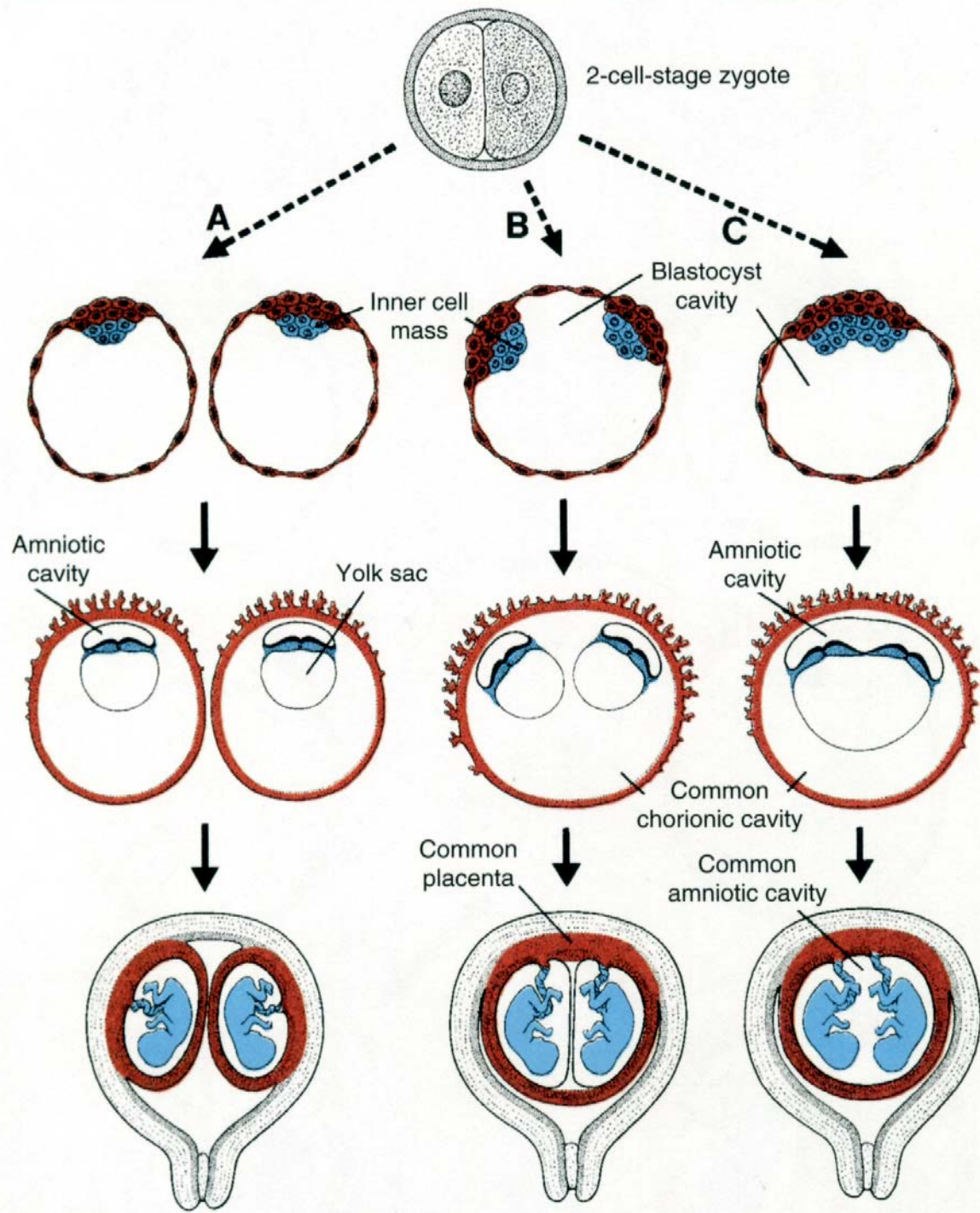


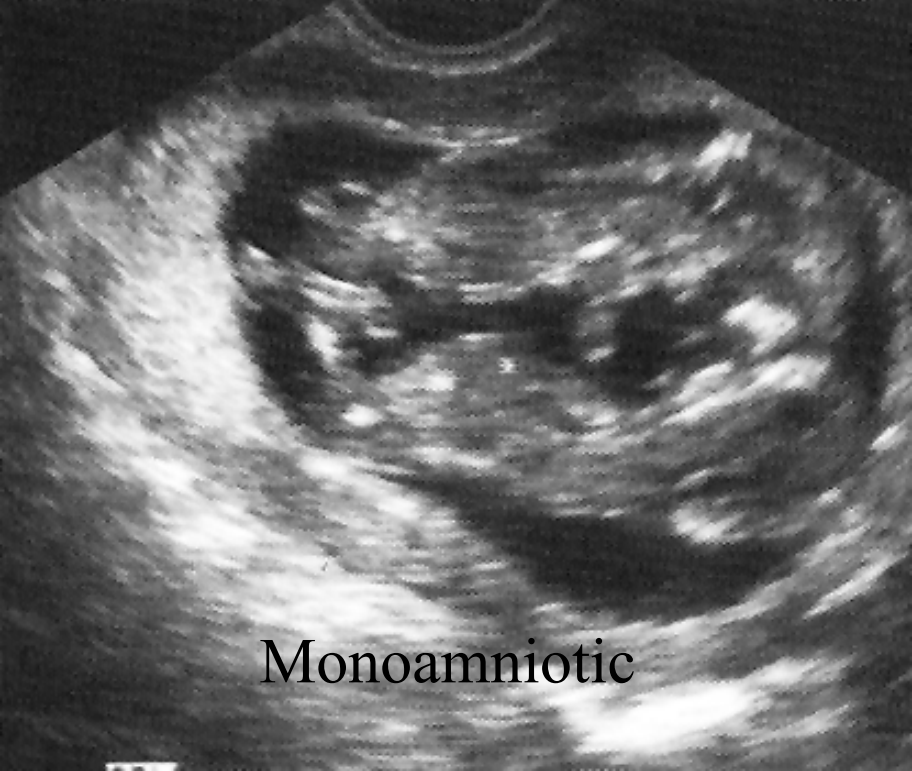
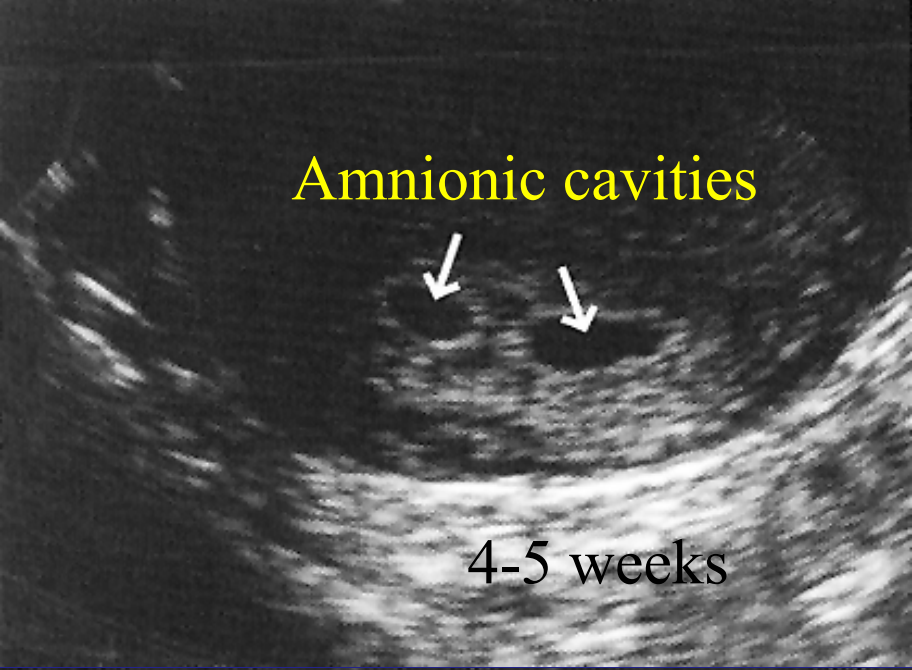
Monozygotic Twins

Dichorial/
Diamniotic (33%)

Monochorial/
Diamniotic (66%)

Monochorial/
Monoamniotic (rare)



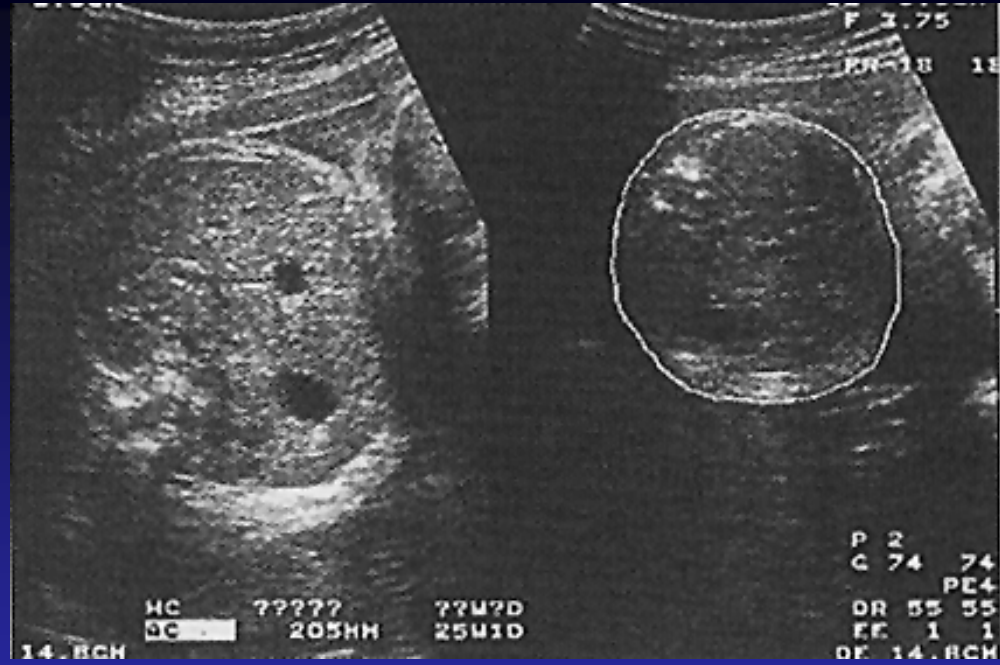




Vanishing twins (triplets)

20% of twin pregnancies

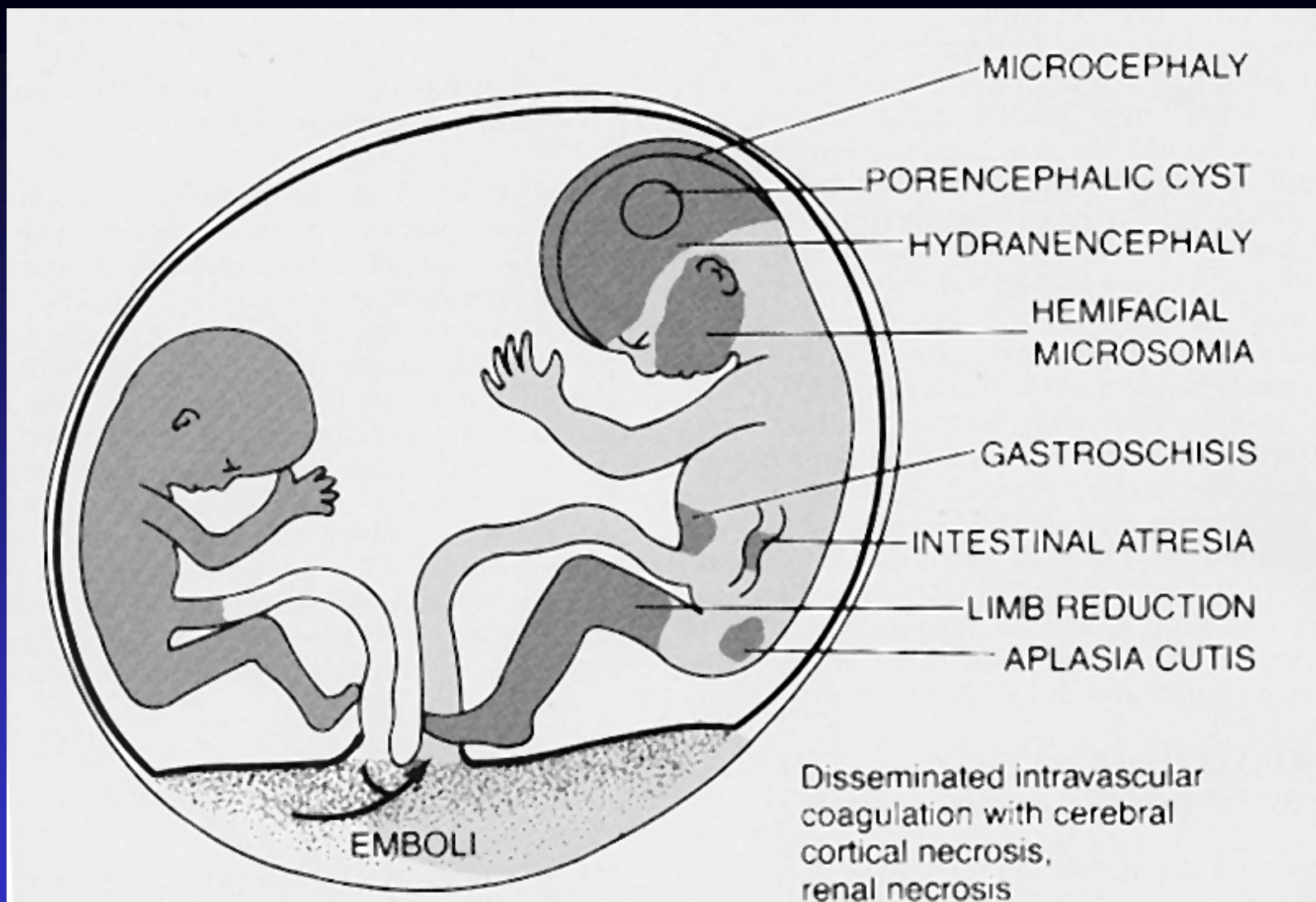
Chromosomal or Structural abnormalities



Twins, Discordant Growth

Abdominal circumference,
3rd Trimester

>25% - associated with
increased morbidity



Papyraceus – Death of a monozygotic 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

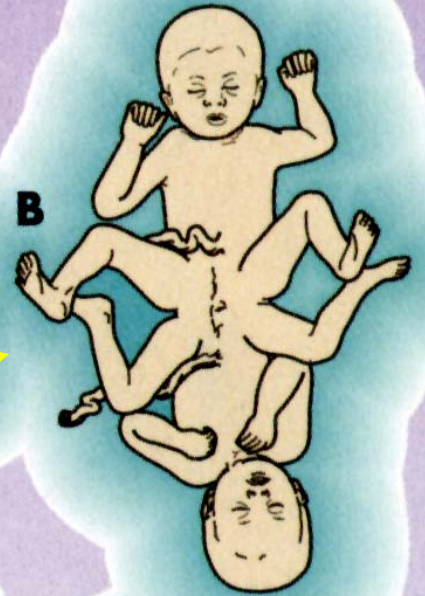
Conjoined Twins

Cephalopagus

A

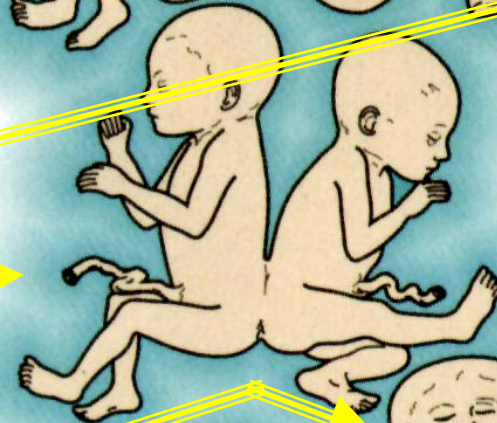


B



Pygopagus

C



D

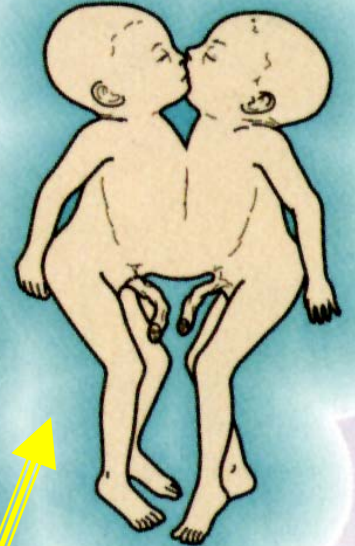


E

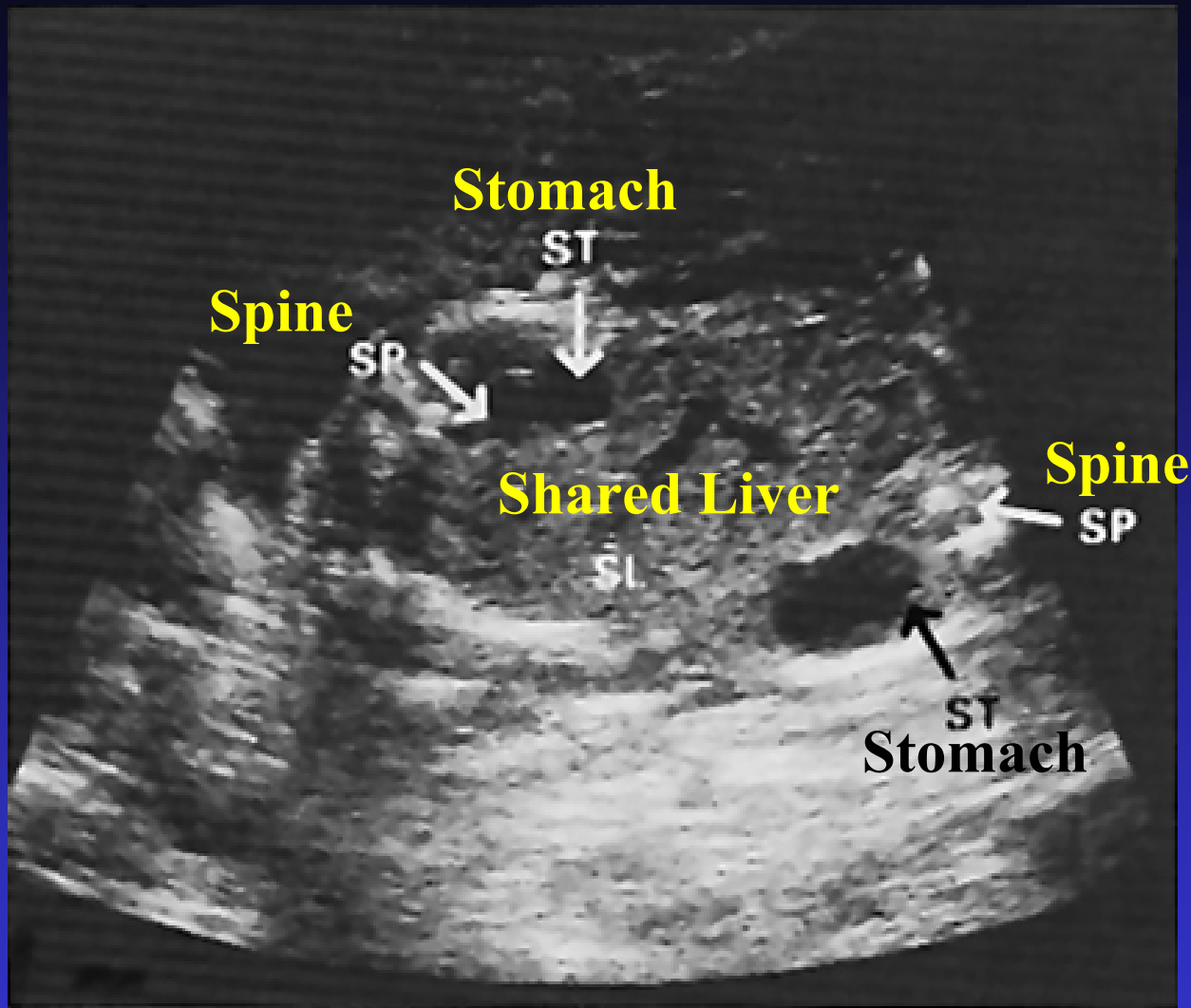


Cephalothoracopagus

F



Thoracopagus



Ultrasound of conjoined twins

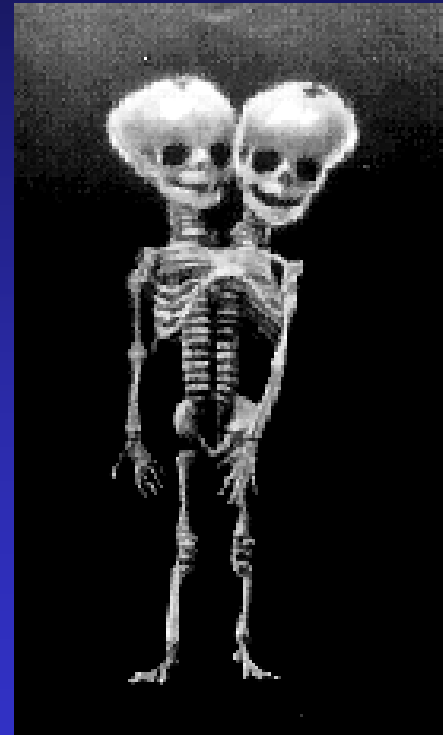
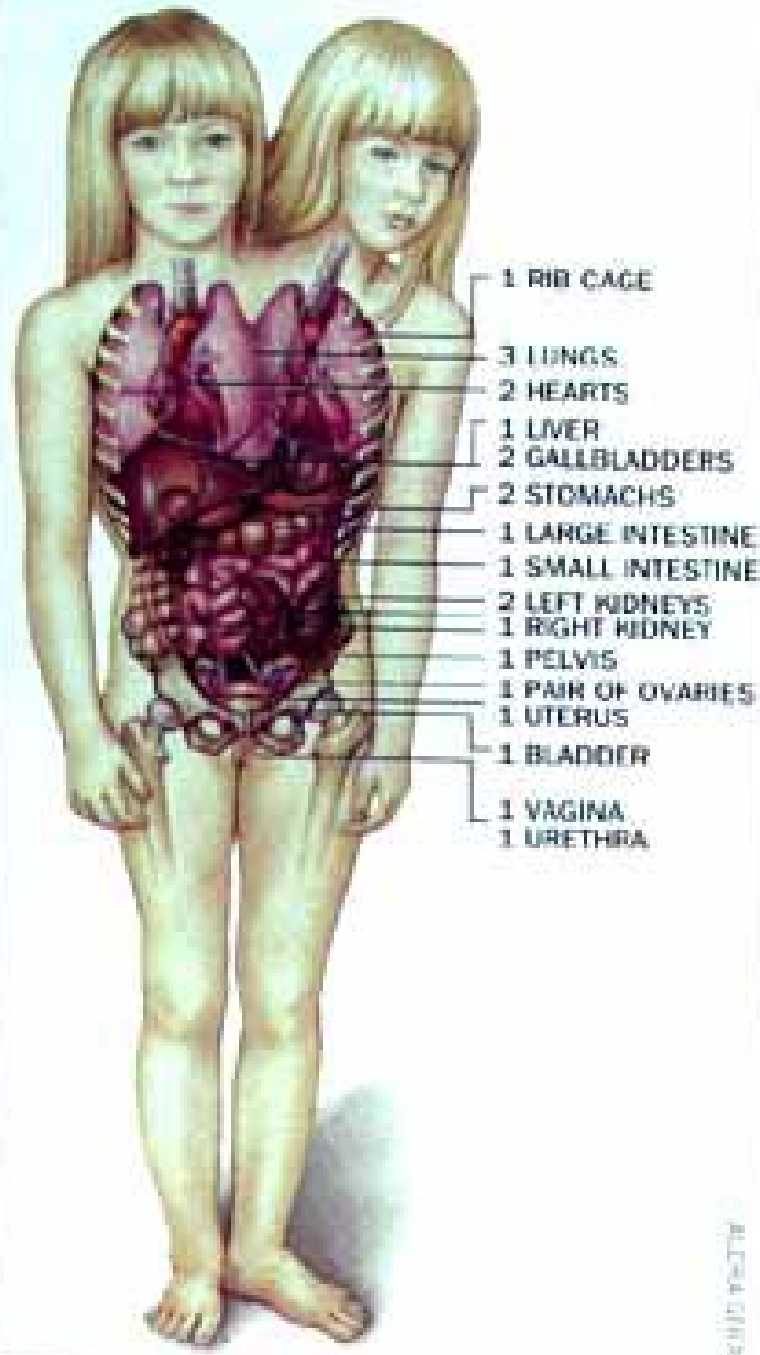


Daisy and Violet ~ English Siamese Twins

Pygopagus

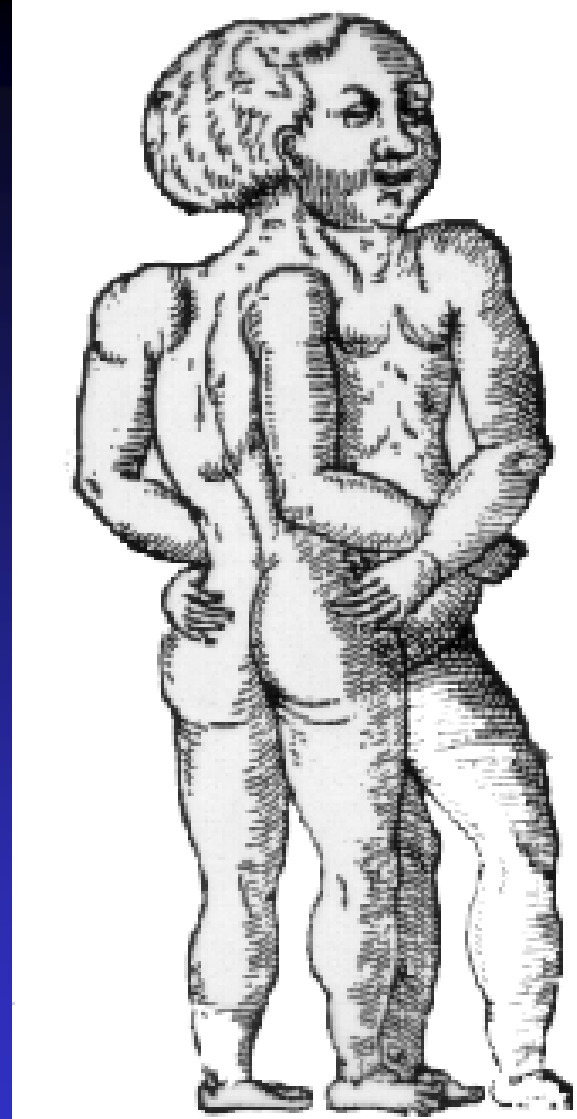
Posterior union of the rump
19% of all conjoined twins.

Parapagus



Lateral union of the lower half

Cephalopagus



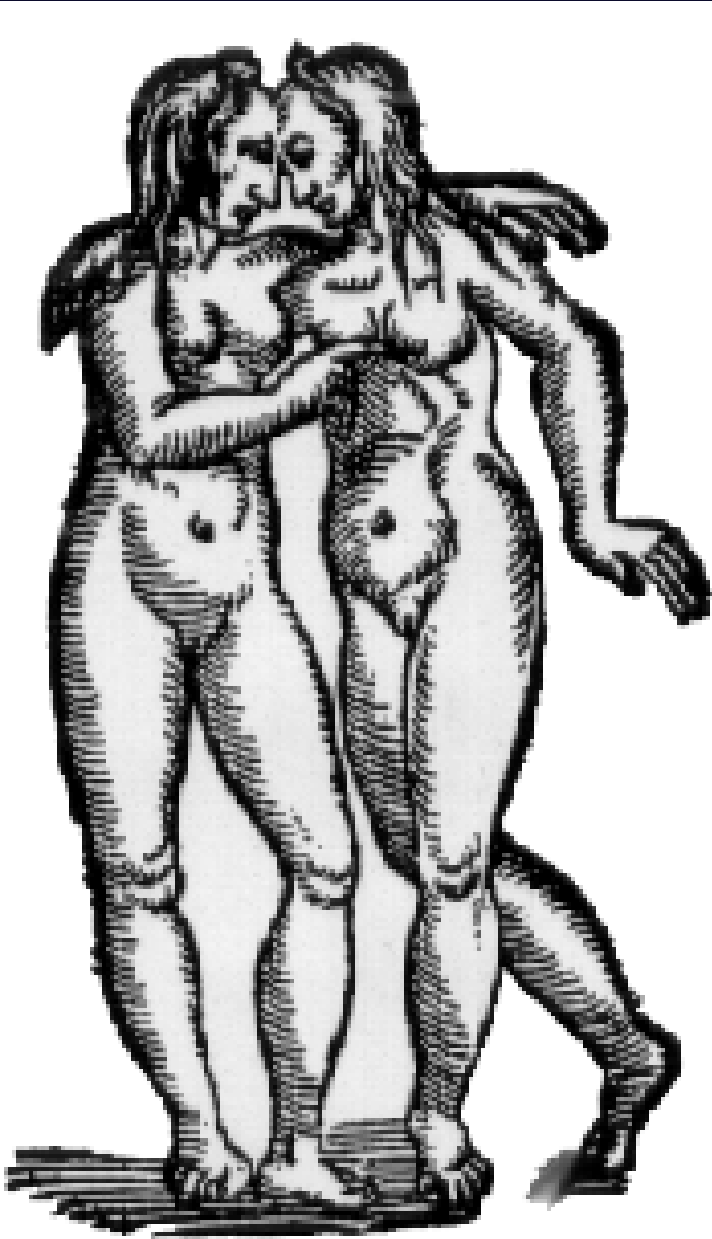
Anterior union of the upper half of the body with two faces on opposite sides of a conjoined head. The heart is sometimes involved.

Cephalothoracopagus

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



Craniopagus



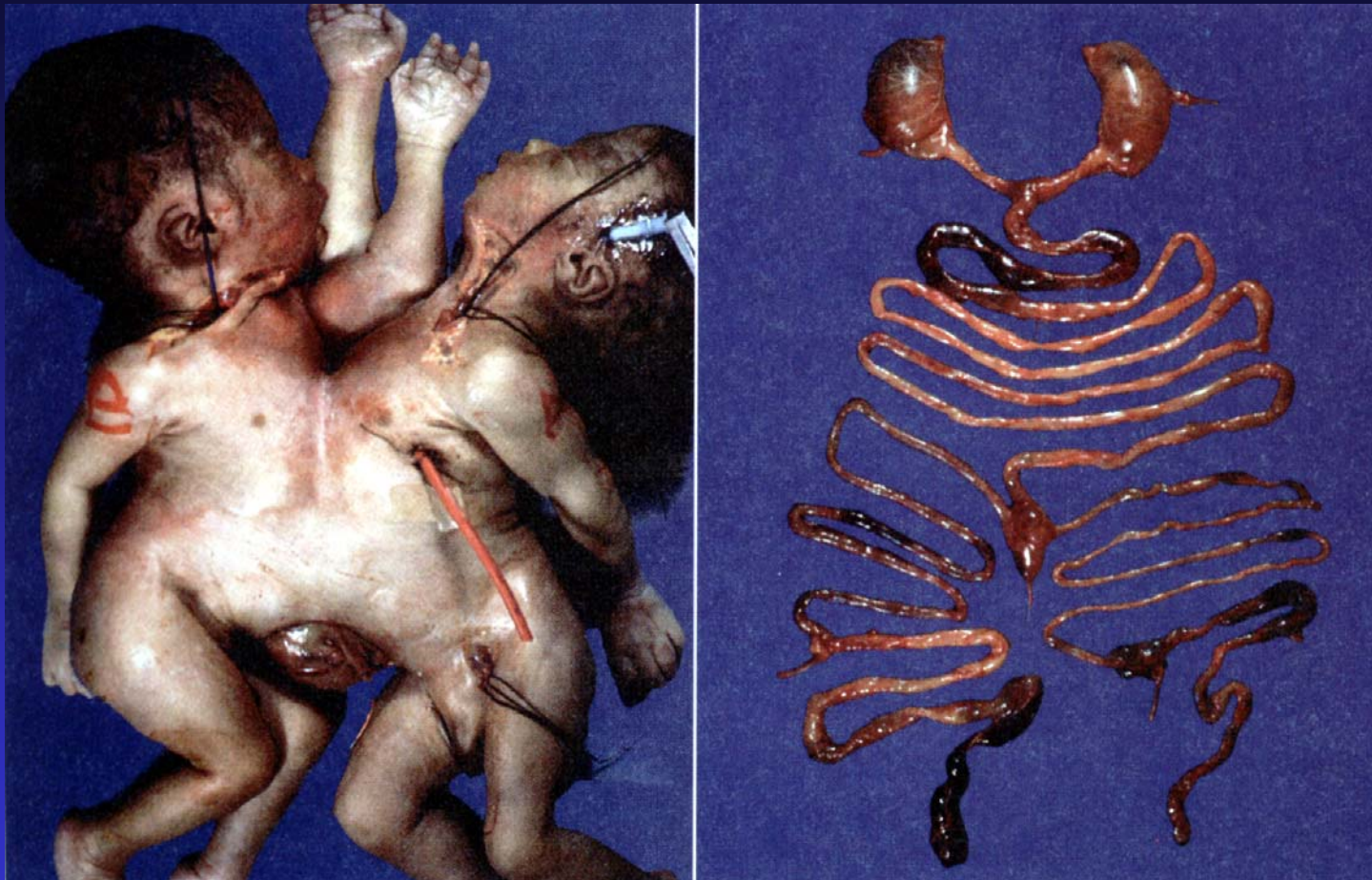
Cranial fusion only

Parasitic Conjoined Twins



One twin without brain or heart

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)



Imprinting

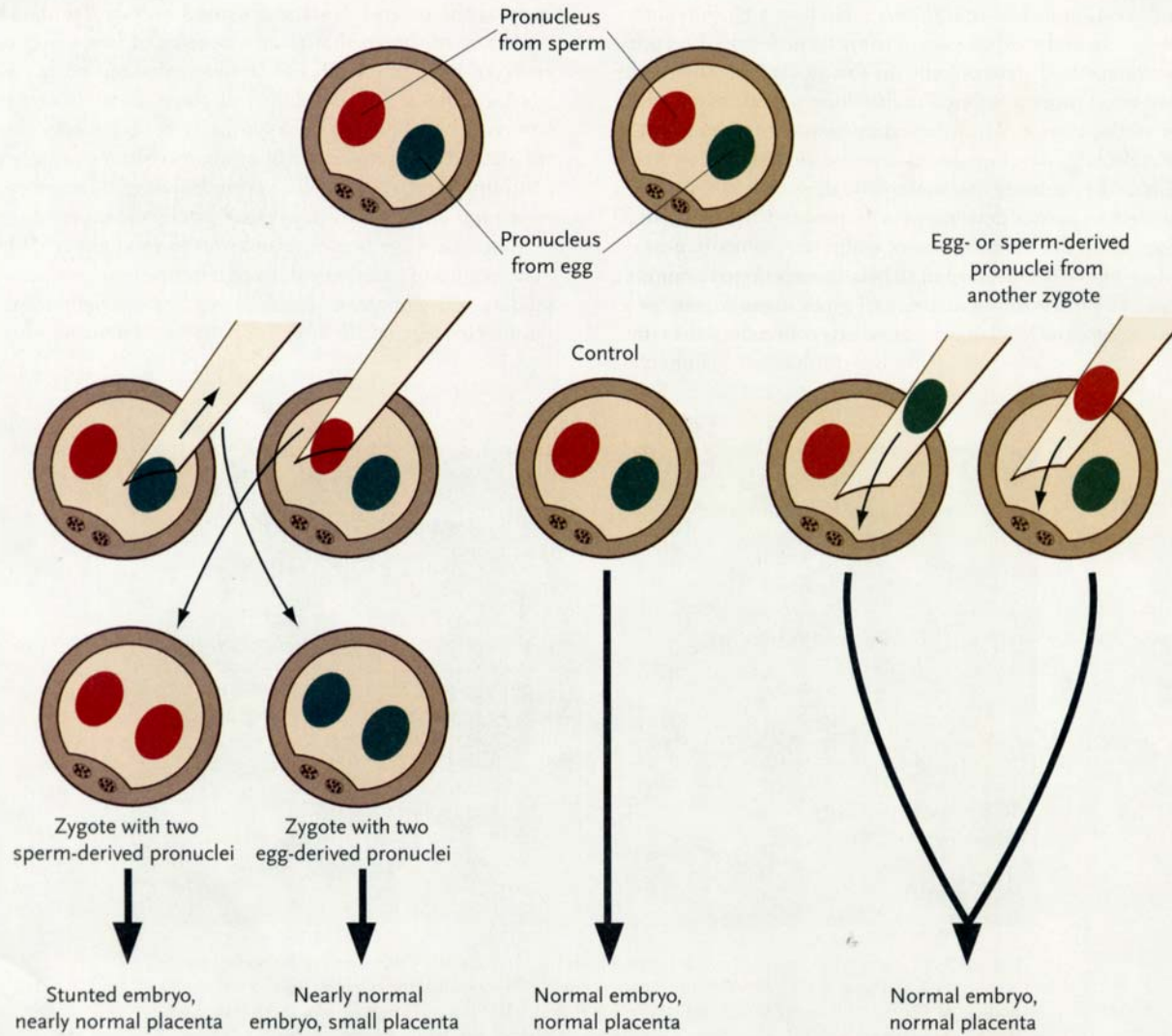


Figure 3-5 Experimental demonstrations of parental imprinting by the use of pronuclear transplants.

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

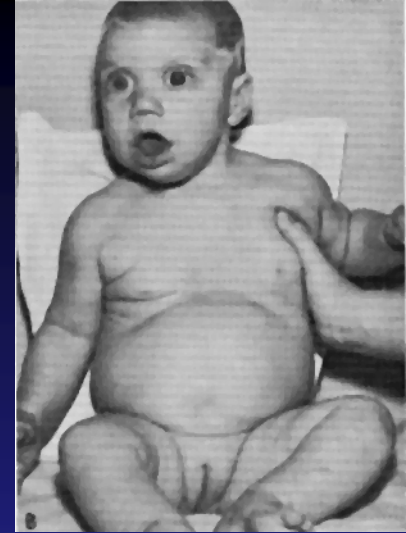
Beckwith-Wiedemann syndrome - *Igf2*

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 ocular 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

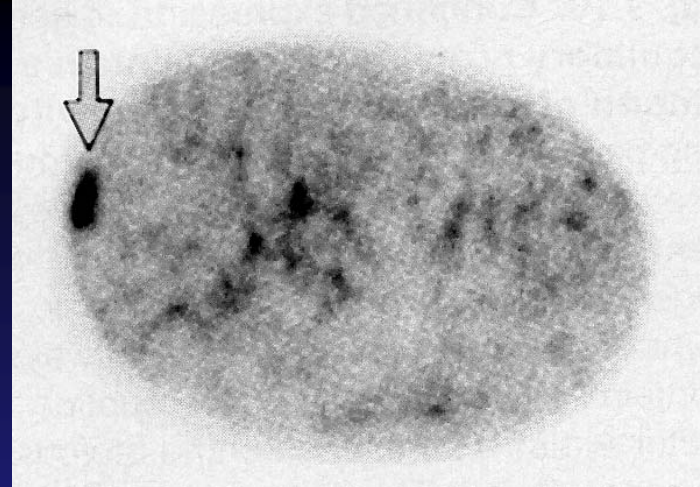
Very small hands, feet, genitalia

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

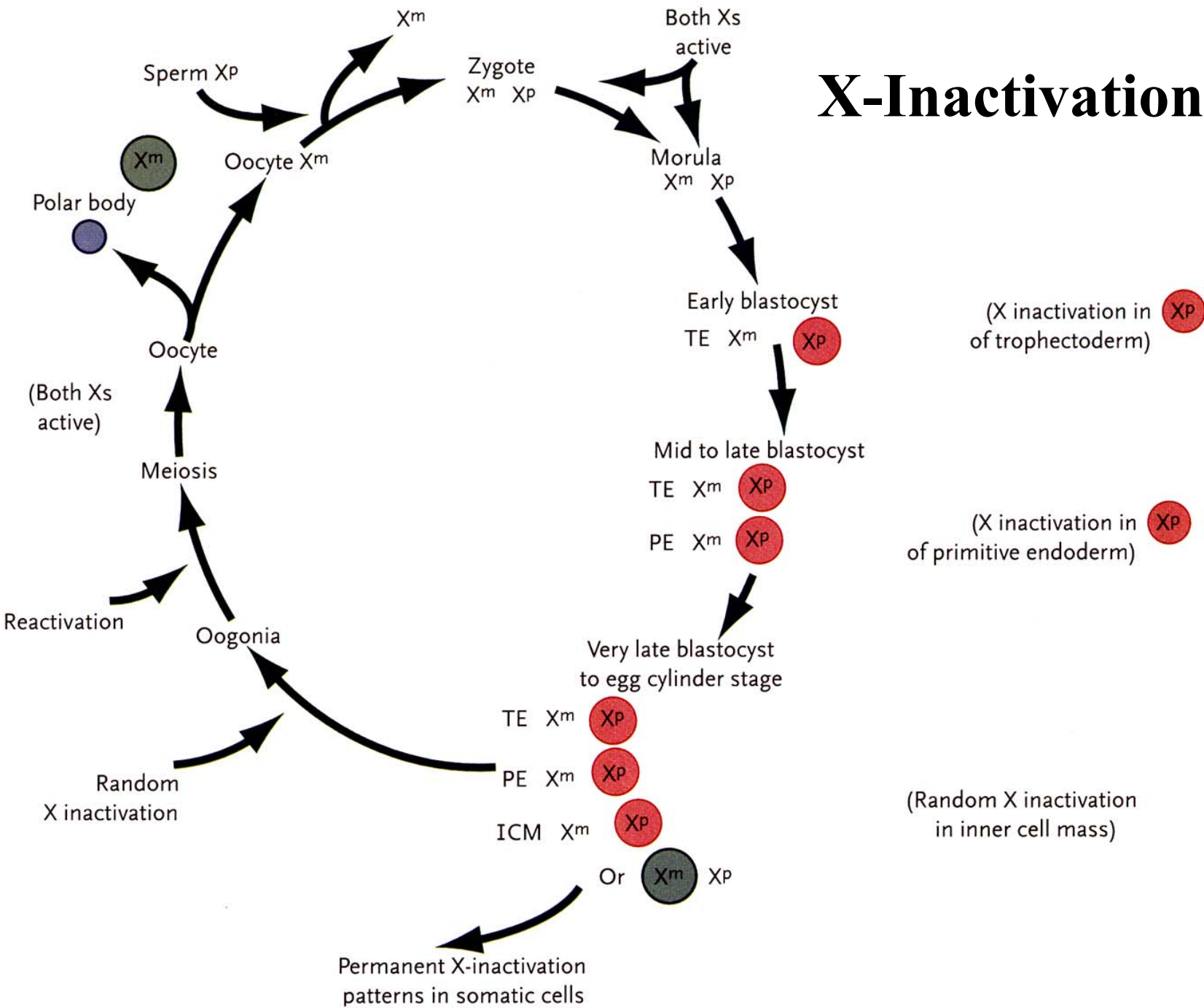
Blastocyst - Trophoblast – paternal X inactivated

Inner Cell Mass – both are active

Egg cylinder stage – differential X inactivation in
cell lineages

Oogenesis – both Xs become active

X-Inactivation



Regulative Development

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

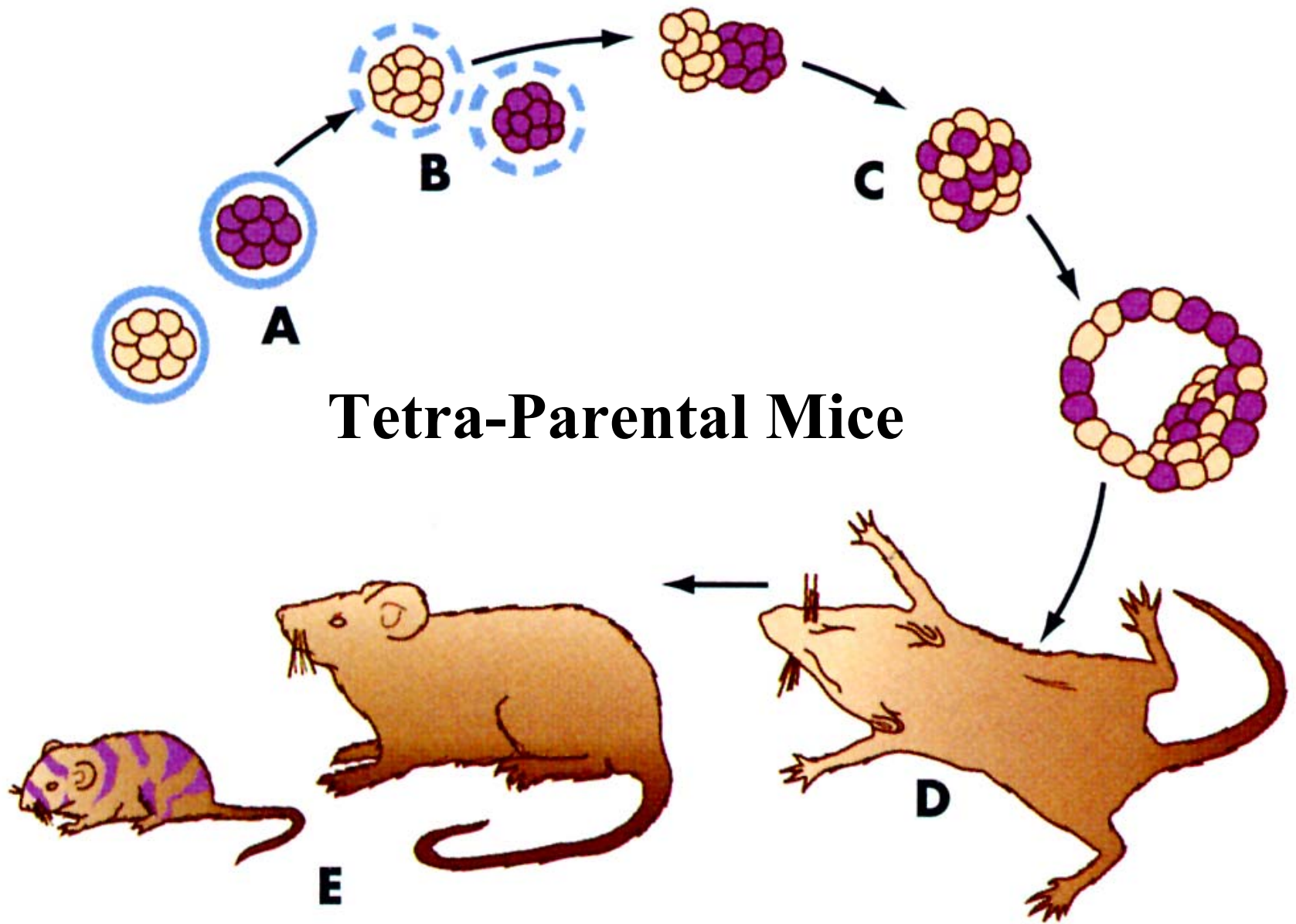
Fate of cells is not irreversibly fixed – influenced by environment

Contrast Mosaic Development

Fate Mapping studies

Developmental Potency – Totipotency

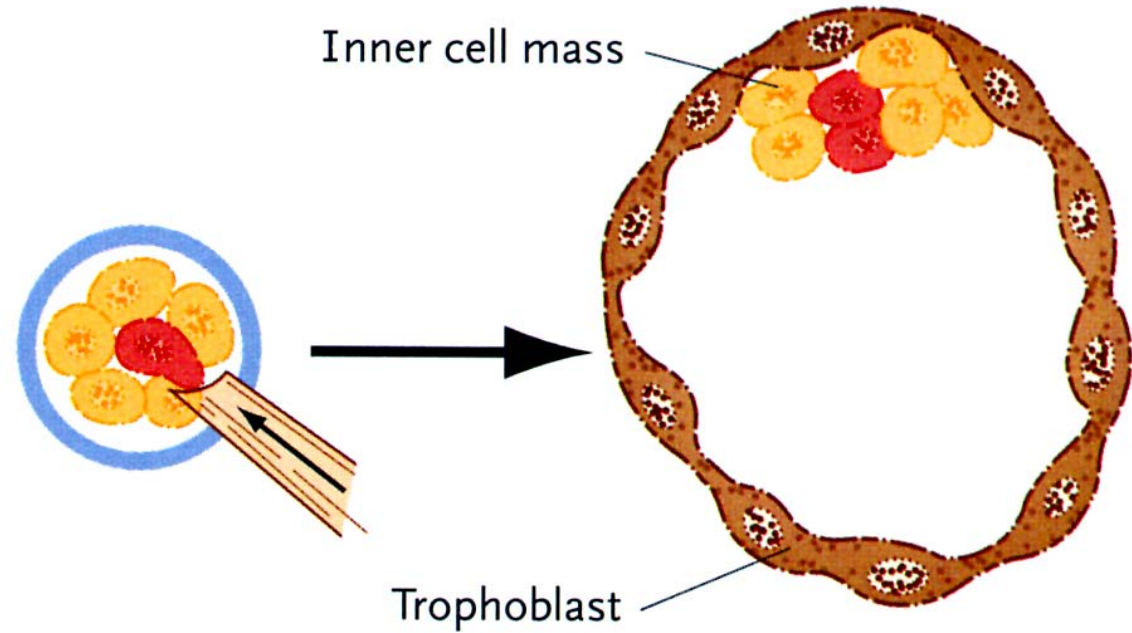
Stem Cells



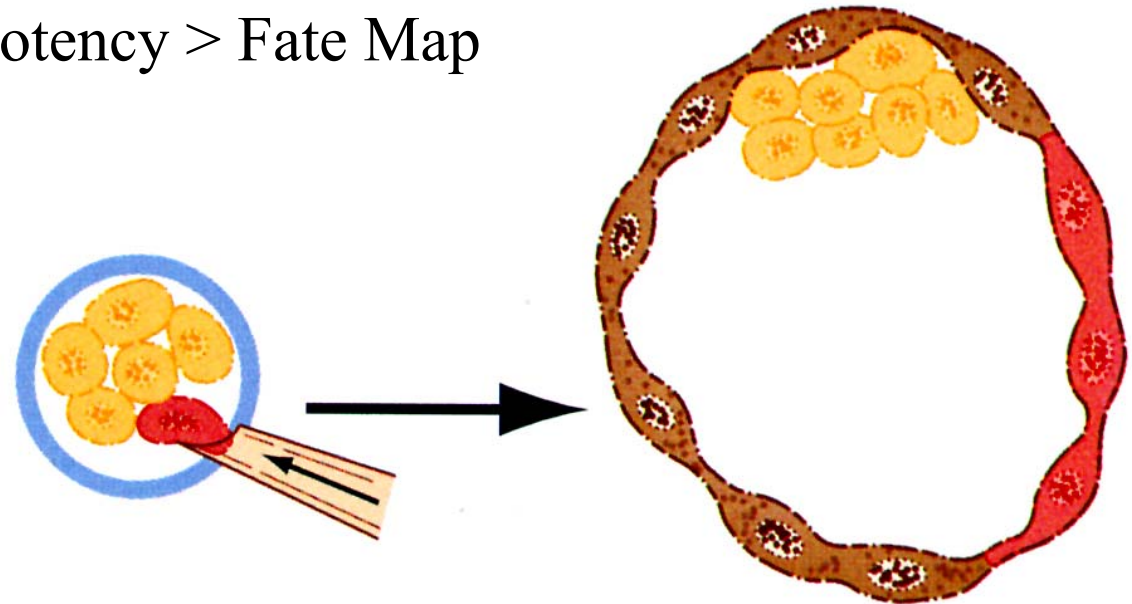
Position-Specific Differentiation

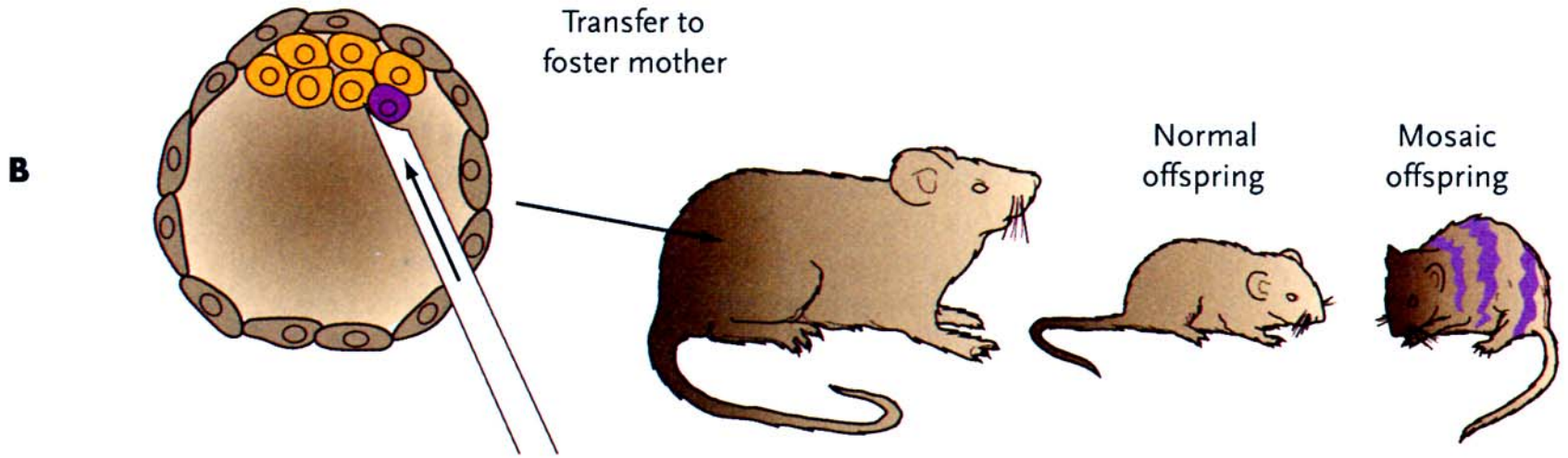
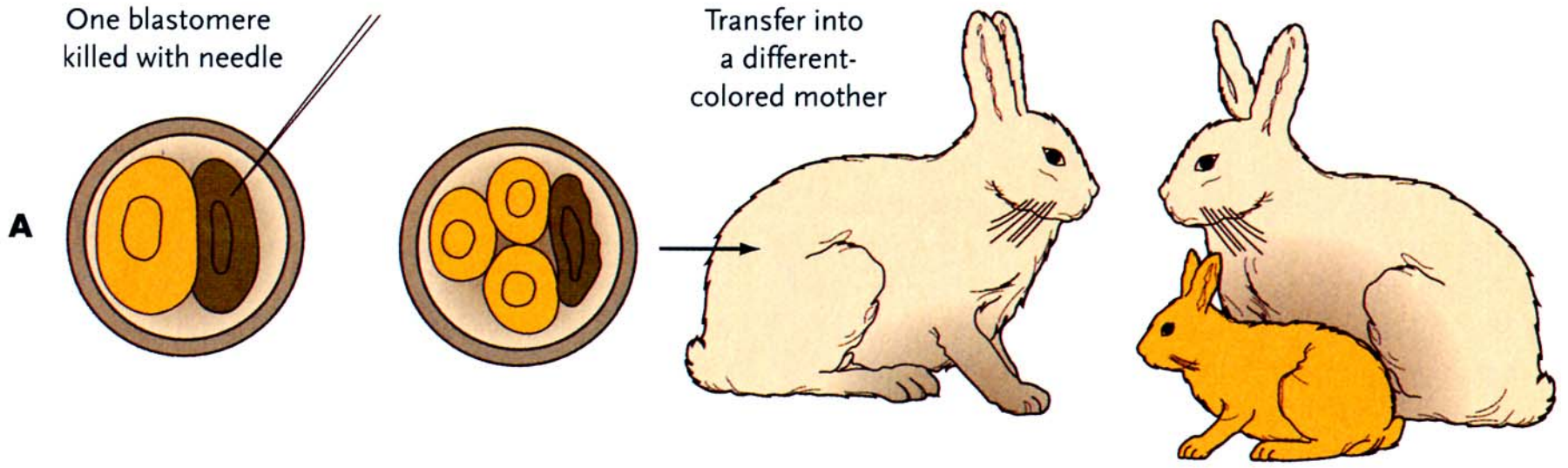
Inside-Outside Hypothesis

8-16 Cell Stage -
Totipotent

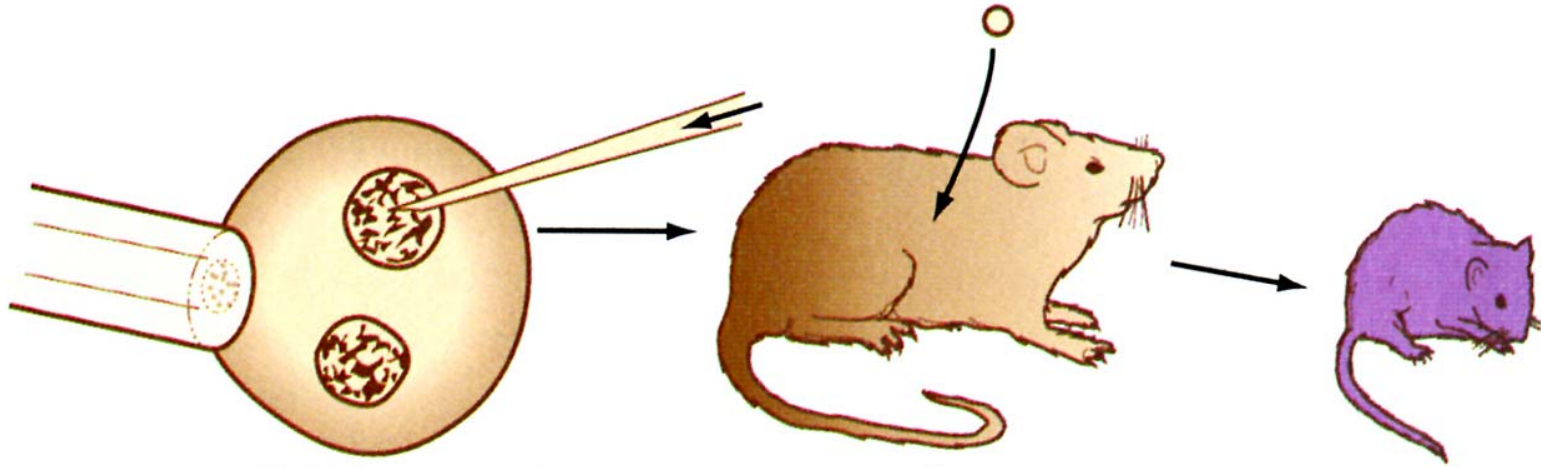


Potency > Fate Map





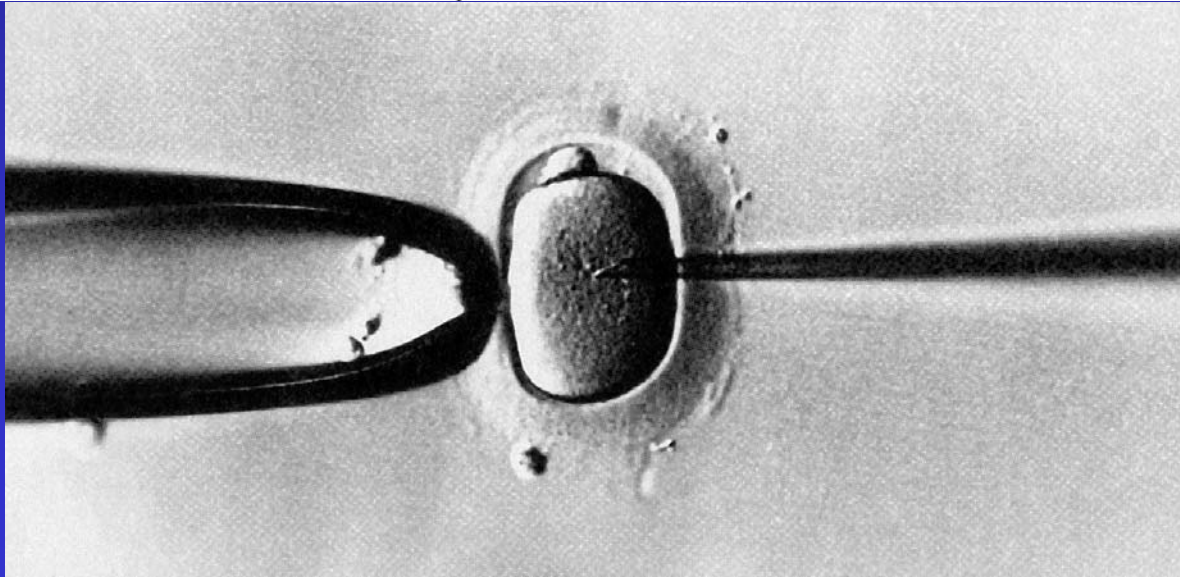
Transgenic Mice

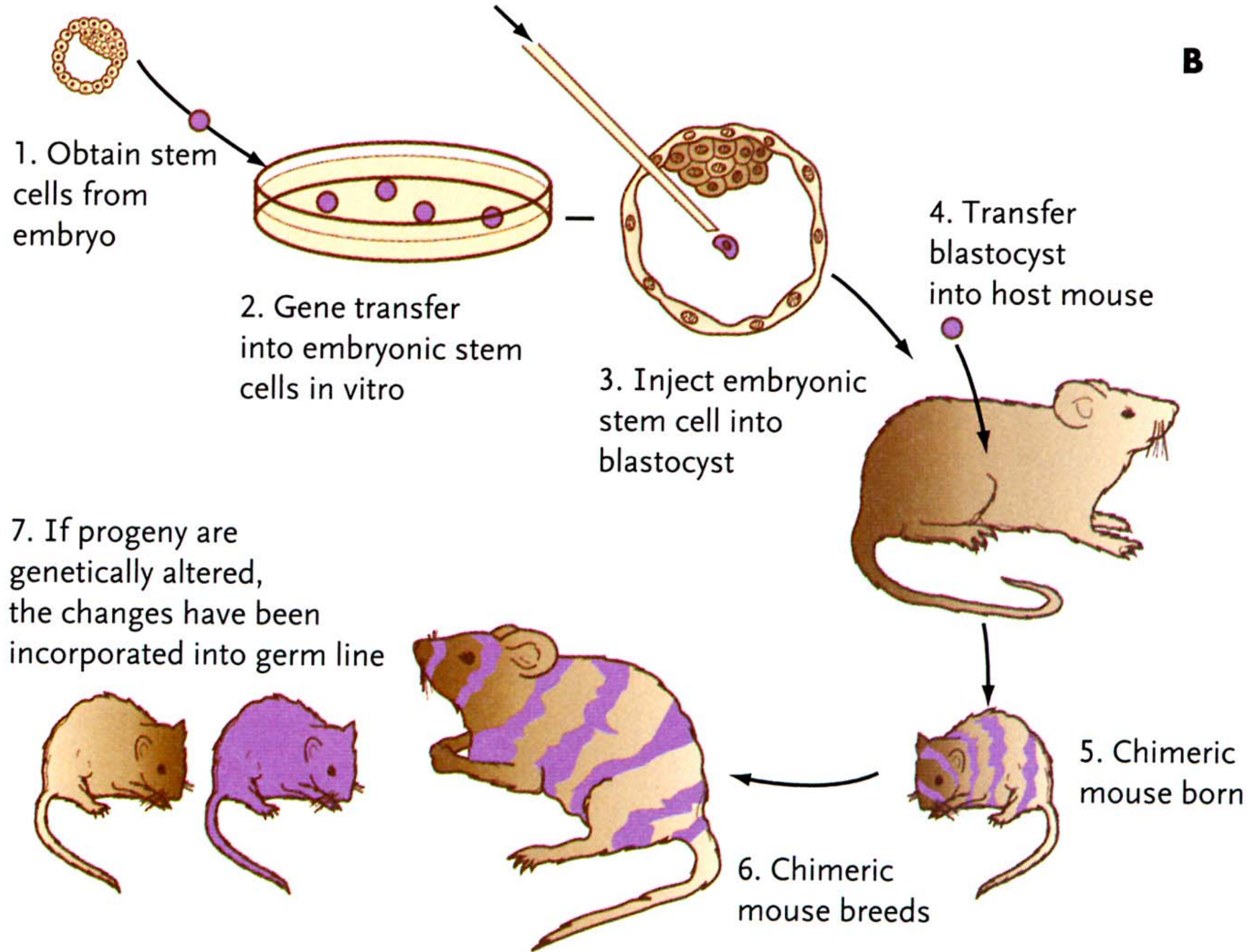


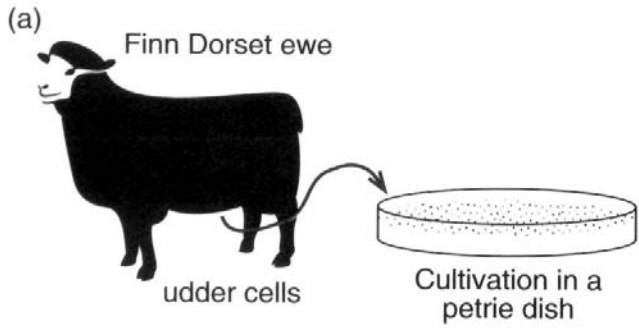
1. Inject gene into pronucleus of a fertilized egg

2. Transfer zygote into host mouse

3. Transgen mouse born



B



Cloning Dolly

