

Human Embryology-6

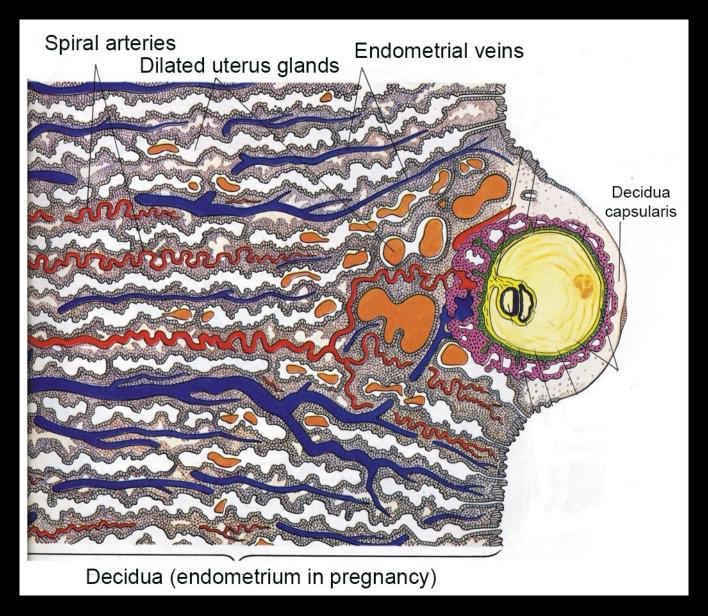
- ✓ Placenta
 - ✓ Amnion
- ✓ Umbilical Cord
- ✓ Multiple Births

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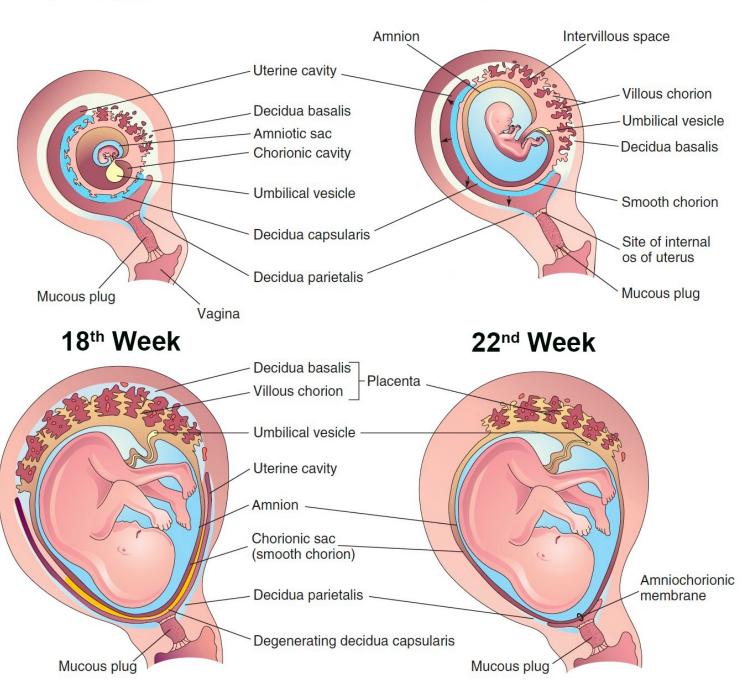
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Placenta = Decidua Basalis + Villous Chorion (Maternal part) (Fetal part)



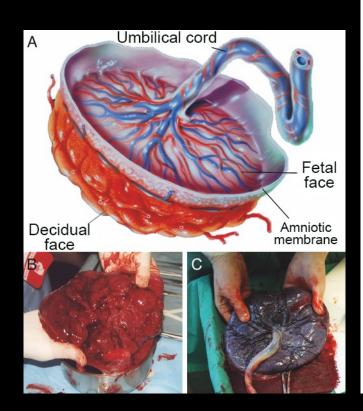
5th Week

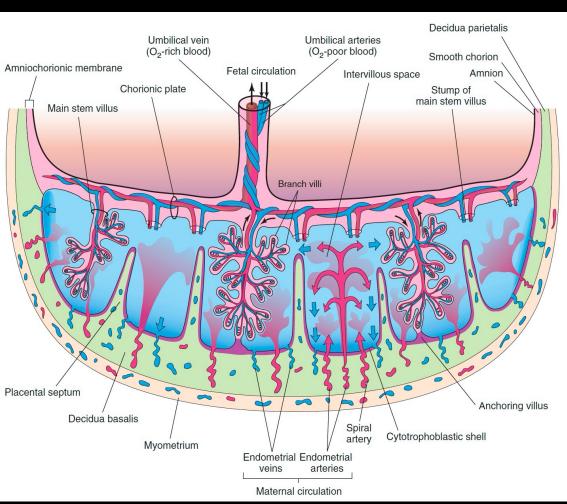
12th Week



Term Placenta

- Disc shape
- 15-20 cm in diameter
- 3 cm thickness
- 500-600 g in weight
- 15-20 cotyledons

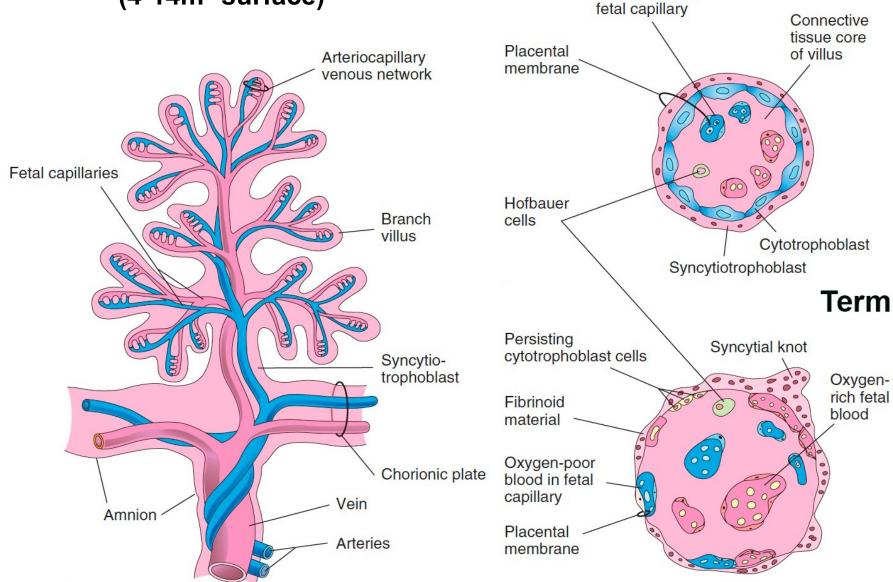


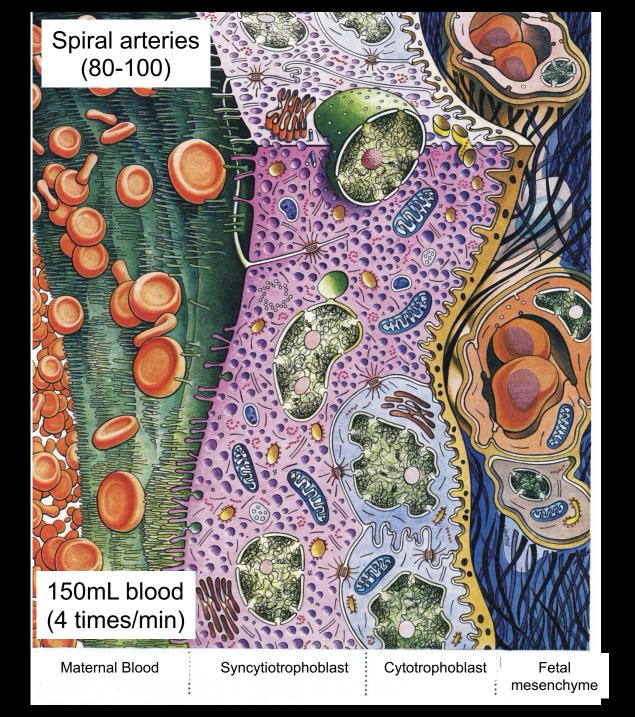


10th Week

Endothelium of

Chorion villi (4-14m² surface)



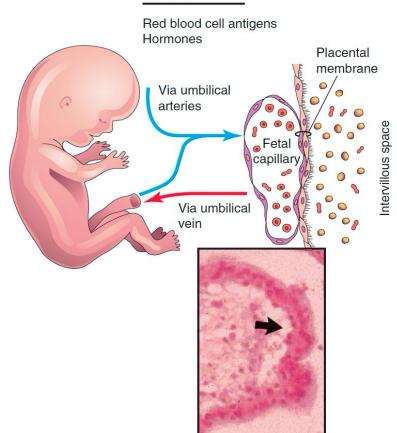


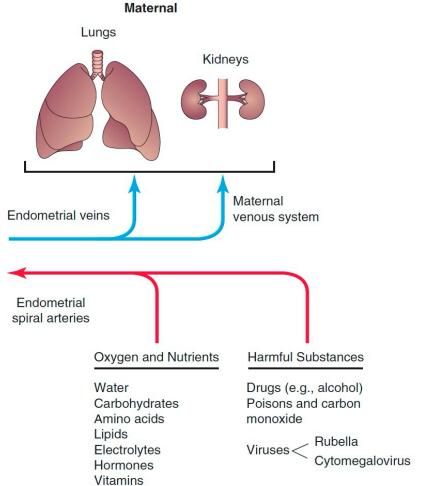
Transfer across Placenta barrier

Waste Products

Carbon dioxide, water, urea, uric acid, bilirubin

Other Substances





Toxoplasma gondii

Other Substances

Trace elements

Iron

Antibodies, IgG, and vitamins

Nontransferable Substances

Bacteria, heparin, IgS, and IgM

Endocrine Placenta

(Production of protein hormones by syncytiotrophoblast)

- hCG (human Chorionic Gonadotropin) (LH-like)
 - First secreted during the second week, peaks in the 8th week and then declines.
 - Detection in maternal serum and urine indicates the pregnancy.
 - Maintains the corpus luteum, preventing the onset of menstrual periods.
 - Also assists the male fetus by stimulating the testes to produce testosterone.
- hC Somatomammotropin (Placental Lactogen)
 - Helps to develop fetal metabolism, growth and development.
 - Works with Growth Hormone to stimulate Insulin-like growth factor production.
- hC Thyrotropin.
- hC Corticotropin.

Placental Steroid Hormones

(Production of protein hormones by syncytiotrophoblast)

Progesterone (PG)

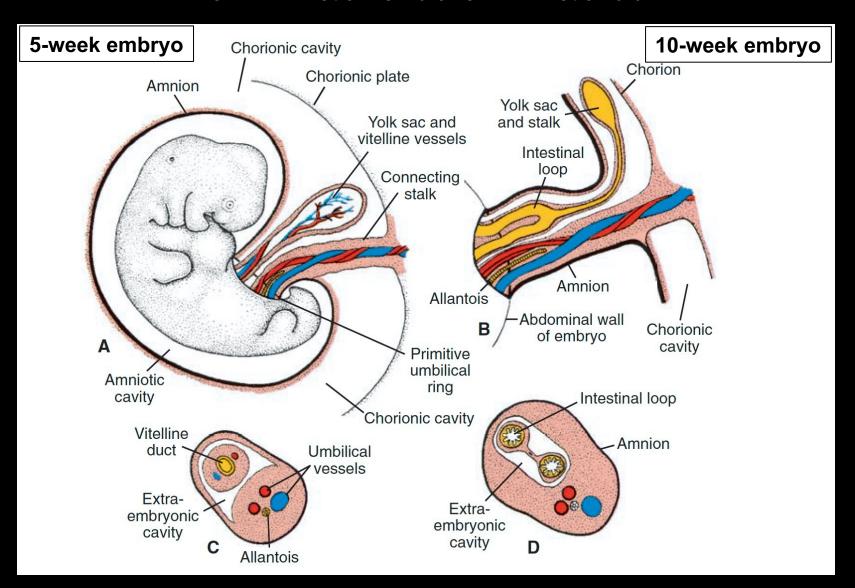
- Placenta forms PG from maternal cholesterol and pregnenolone.
- Secreted in all stages of pregnancy indicating that PG is essential for the maintenance of pregnancy
- Necessary to prevent spontaneous abortion because it prevents contractions of the uterus and is necessary for implantation

Estrogen

- Produced in large quantities by syncytiotrophoblast
- Proliferation effect involves the enlargement of the breasts and uterus, allowing for growth of the fetus and production of milk. Estrogen is also responsible for increased blood supply towards the end of pregnancy through vasodilation.

Amnion and Umbilical Cord

Amnion = Amniotic membrane + Amniotic fluid



<u>Umbilical cord (Chorda umbilicalis)</u>

Outer Layer

Amniotic membrane

Inner Layer (Stroma)

- Subamniotic stroma
- Intervascular stroma
 - (Wharton's jelly)
- Perivascular stroma

Core (Umbilical blood vessels)

- Umbilical arteries (2)
- Umbilical vein (1)

Multiple Pregnancies (1.5-2.9%)

Dizygotic (freternal) (1:35-100)

Monozygotic (identic) (1:350)

- Trizygotic-tetrazygotic
- 15 zygotic !!!

<u>Helin's Rule</u>

Twin: 1:80¹

Triplet: 1:80²=1:64.000

Quadruplet: 1:80³=1:512.000

Dizygotic (freternal)

(2 ova 2 spermatozoa)

Twinning

1/3 girl/girl 1/3 girl/boy 1/3 mix

Triplets

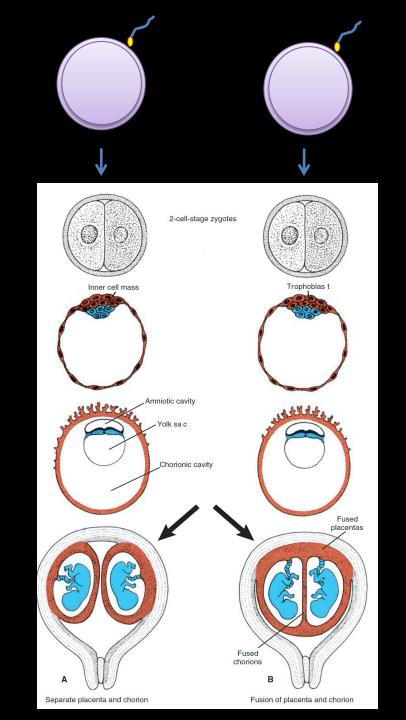
18% all boys 21% all girls 61% mix

Quadriplets

5% all boys 10% all girls 87% mix

Quintiplets

4% all boys 4% all girls 92% mix



Monozygotic (identic)

(1 ovum 1 spermatozoon)

Twinnings

More in boys

Triplets

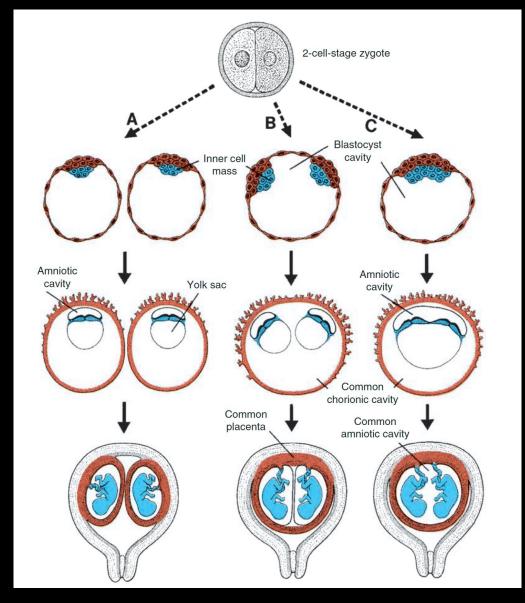
6% monozygotic (identic)
28% trizygotic (fraternal)
66% mix (identic and fraternal)

Quadriplets

3% monozygotic36% trizygotic62% mix

Quintiplets

0% monozygotic 11% trizygotic 89% mix



Dichorionic Diamniotic (30%)

Monochorionic Diamniotic (60-70%) Monochorionic Monoamniotic (1-2%)

Conjoined twins = Siamese twins

- If the embryonic disc does not divide completely or adjacent embryonic discs fuse, various types of conjoined monozygotic twins may form
- It occurs due to <u>separation defect</u> in around 8th day
- They are in the same sex
- The incidence of conjoined twins is 1 in 50,000 to 100,000 births.
- More frequent in boys
- Some conjoined twins can be successfully separated by surgical procedures
- More frequent in India and Africa



Siamese Twins Chang and Eng Bunker (1811-1874)

Separation Defects in Conjoined Twins

