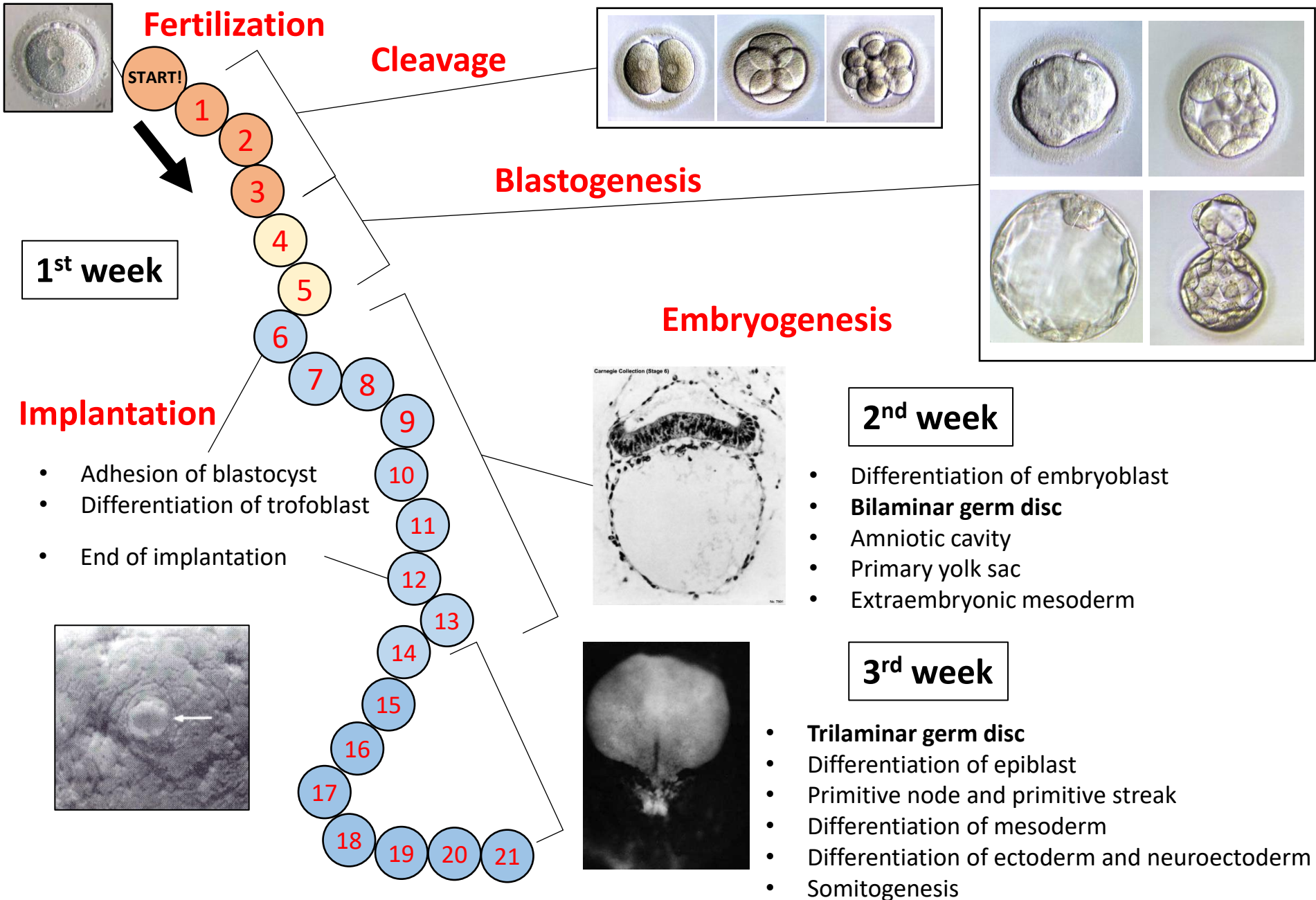
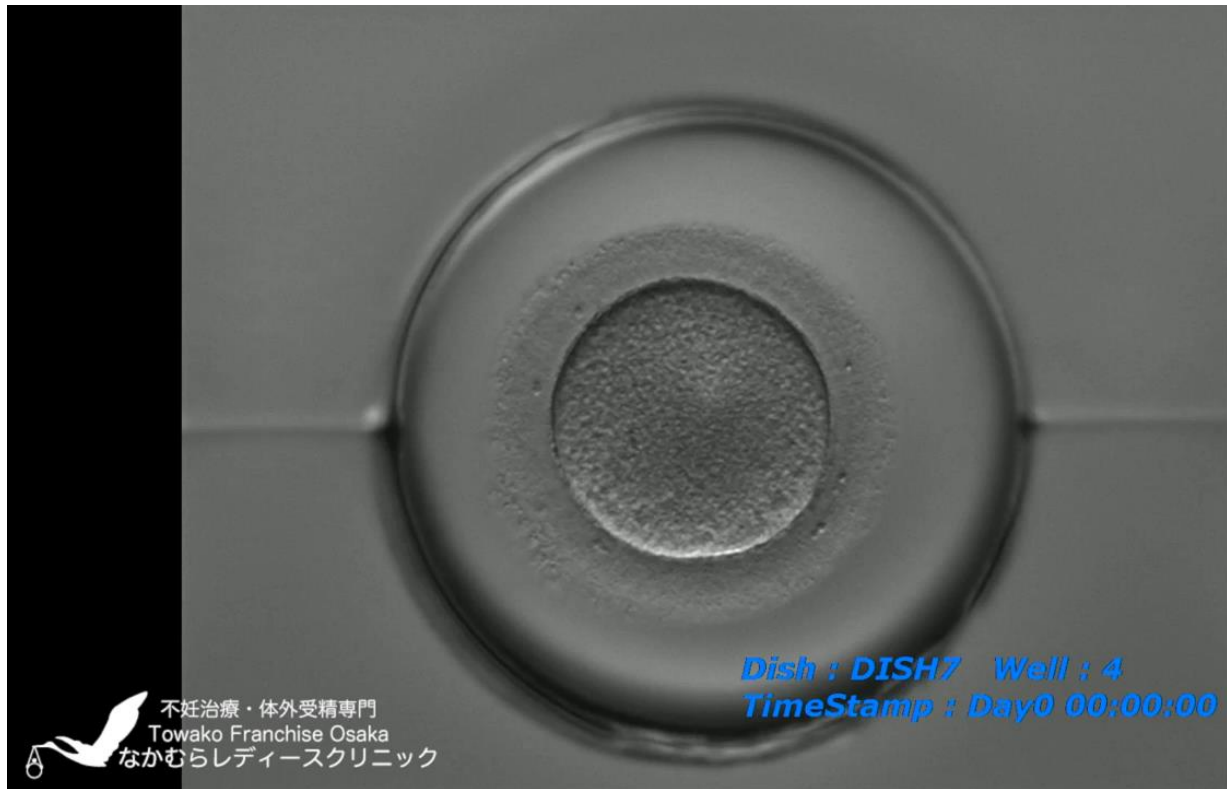


Introduction to embryology III

FIRST EVENTS IN HUMAN LIFE



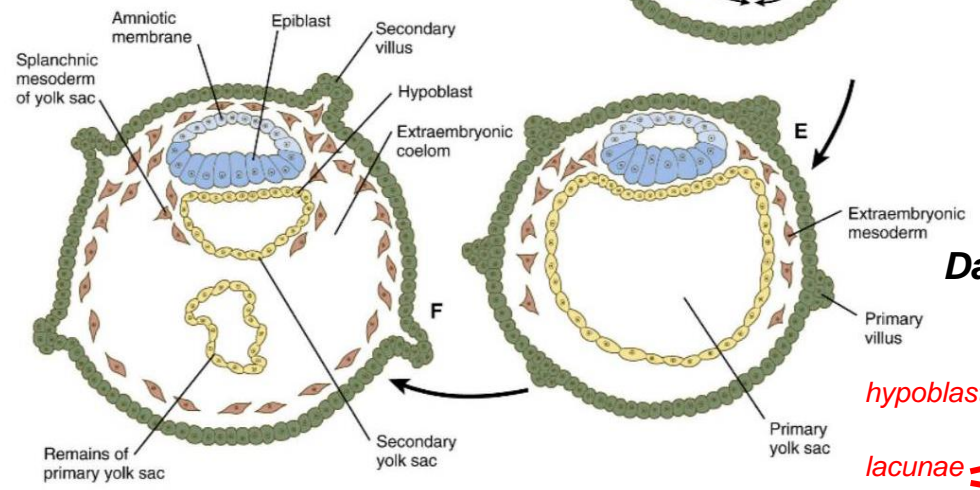
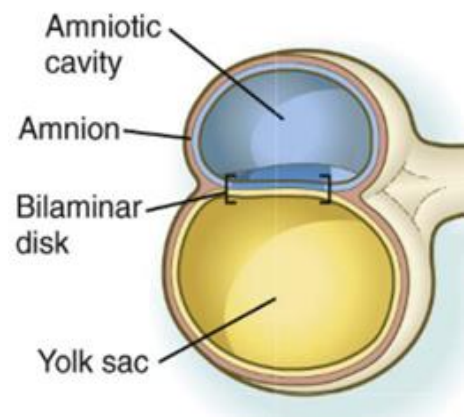
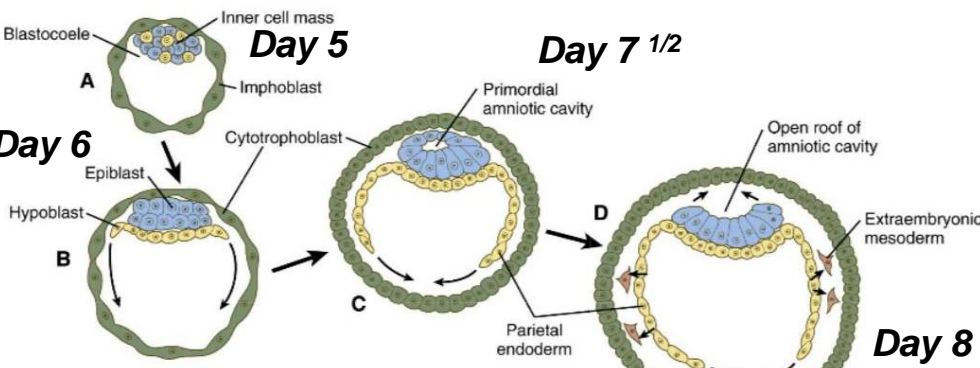
1st week



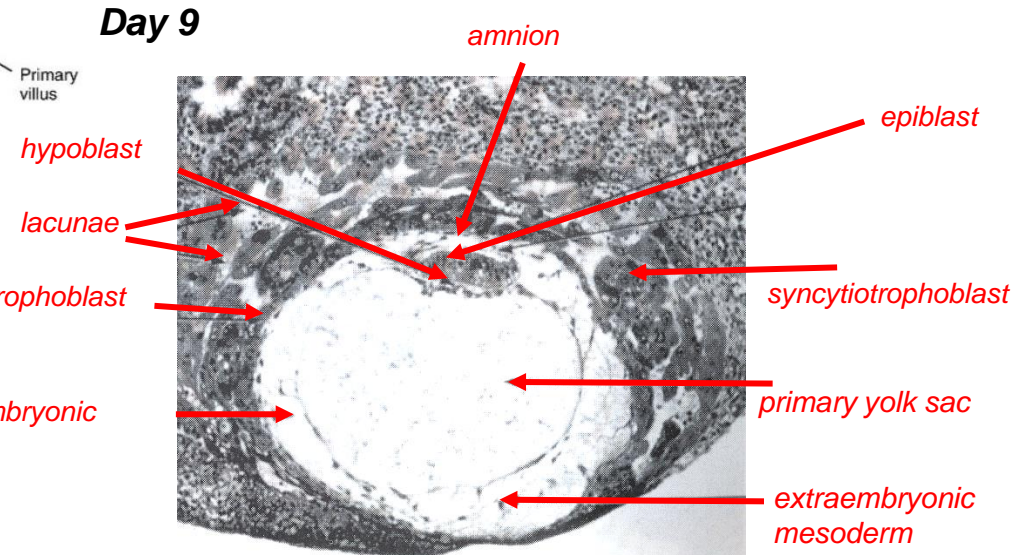
不妊治療・体外受精専門
Towako Franchise Osaka
なかむらレディースクリニック

1st-2nd week

BILAMINAR GERM DISC



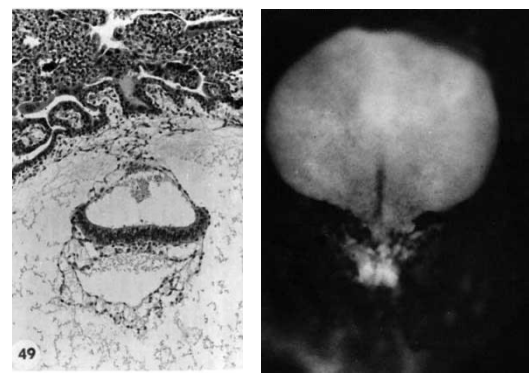
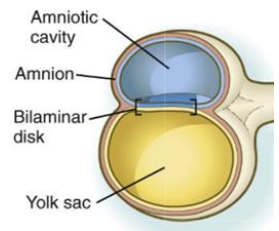
end of 2nd week



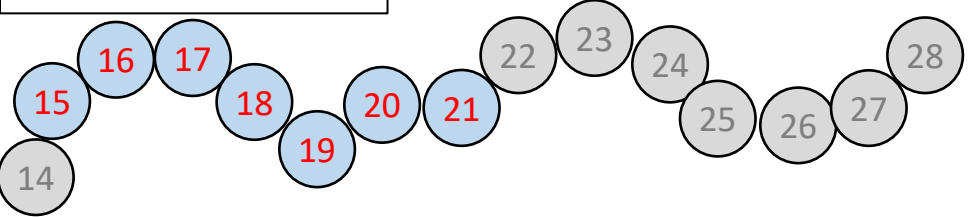
TRILAMINAR GERM DISC

PRIMITIVE STREAK AND PRIMITIVE NODE

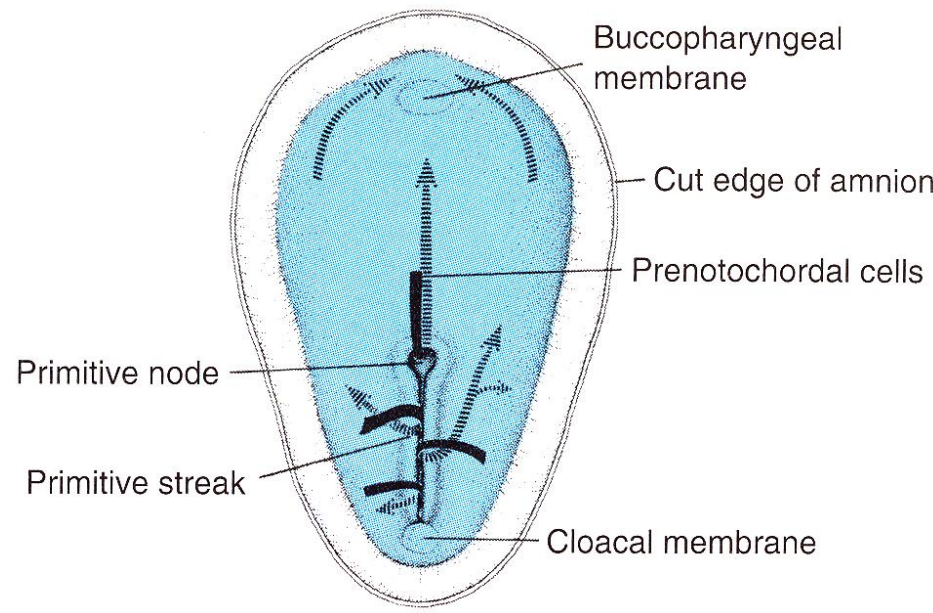
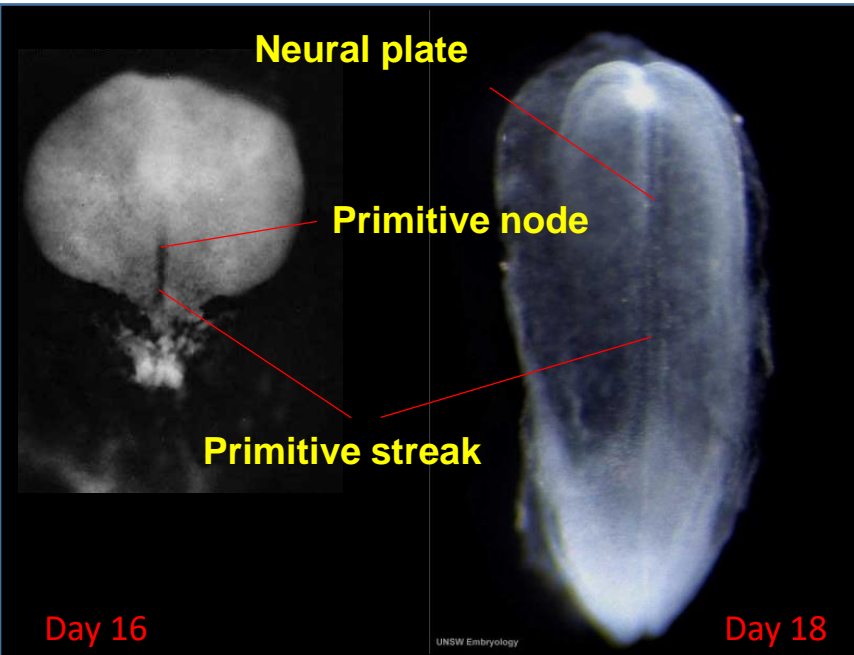
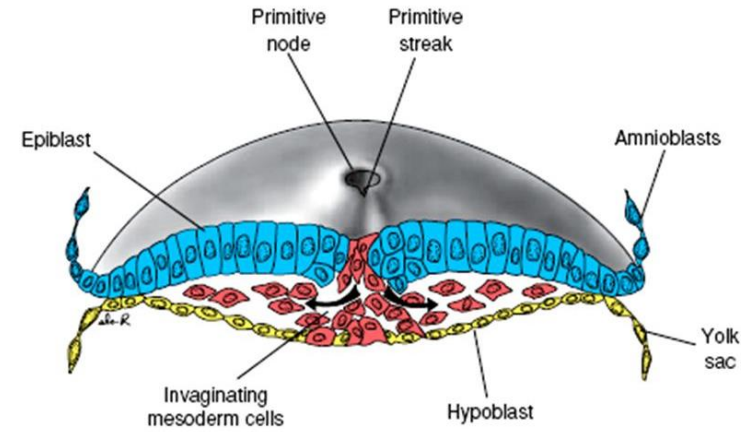
2nd week ends



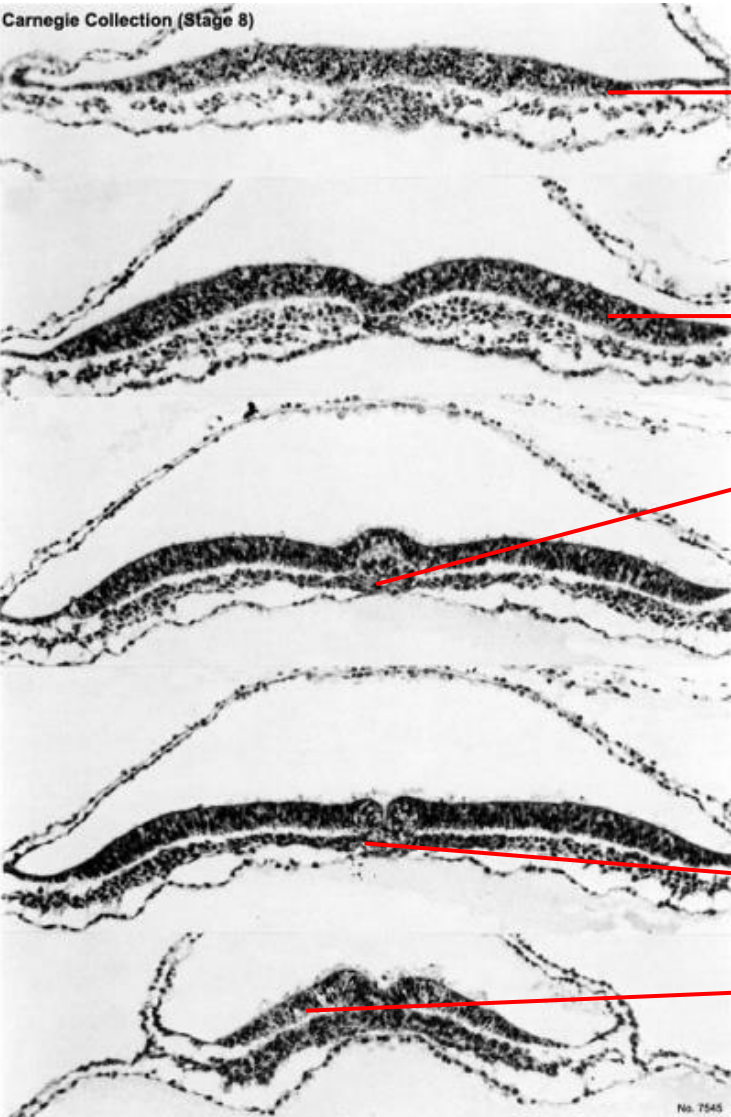
3rd week begins



NEW STRUCTURES



3rd week



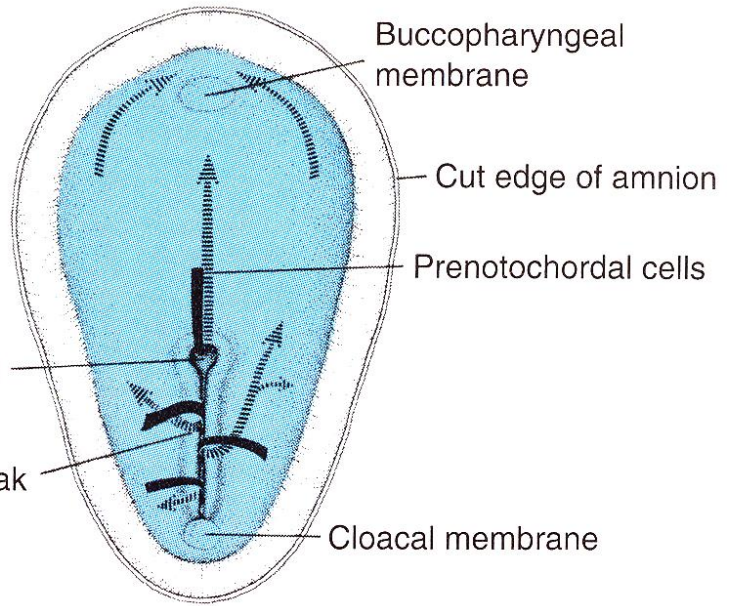
Prechordal plate

Neural plate

Notochordal process

Primitive node

Primitive streak



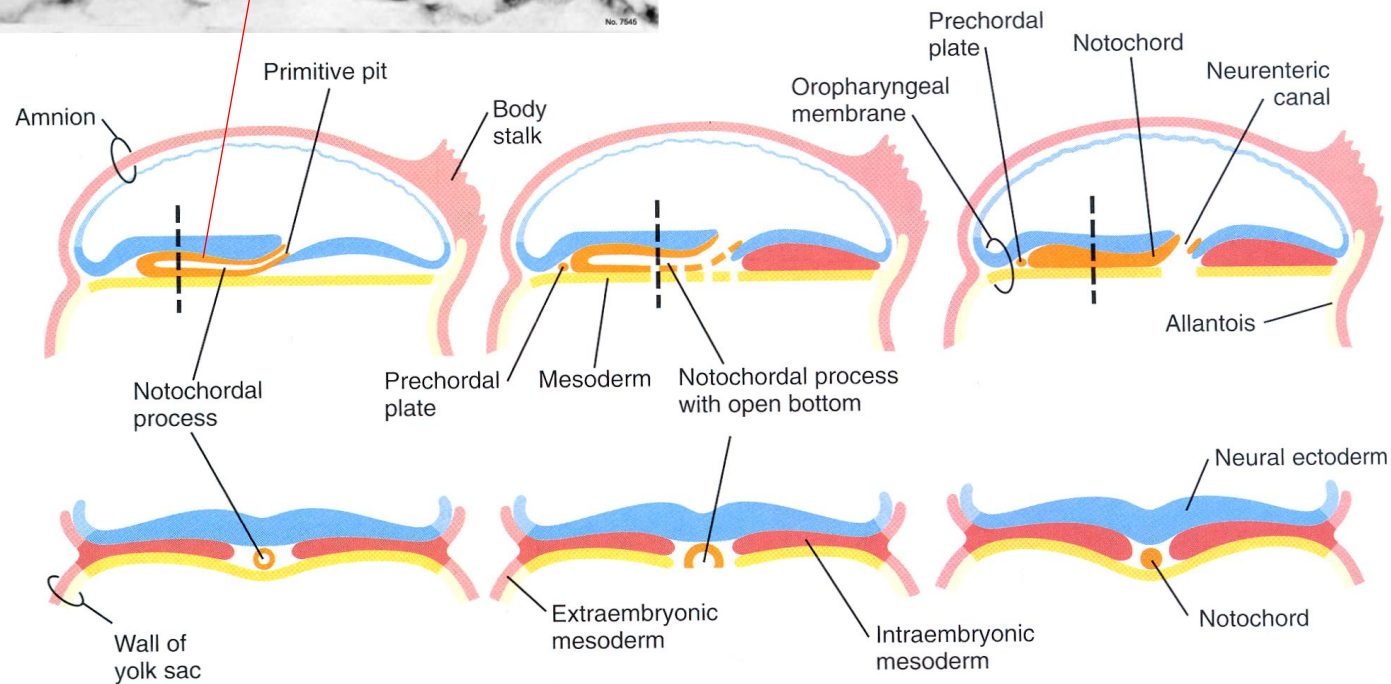
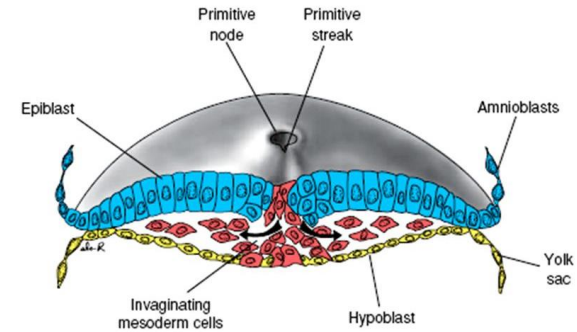
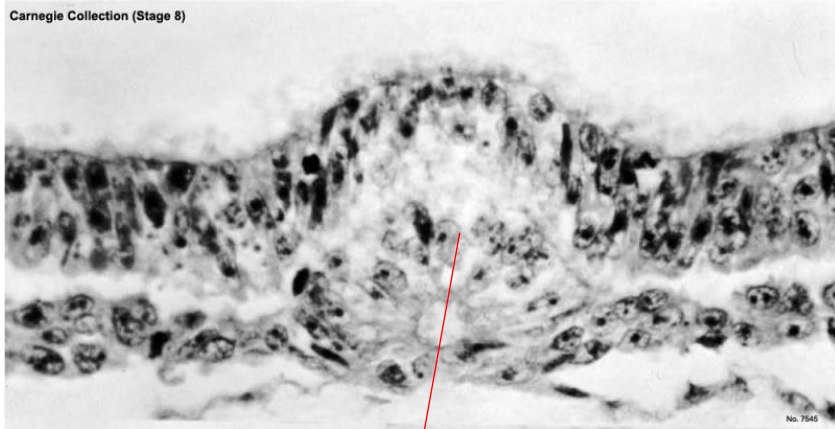
Buccopharyngeal membrane

Cut edge of amnion

Prenotochordal cells

Cloacal membrane

3rd week

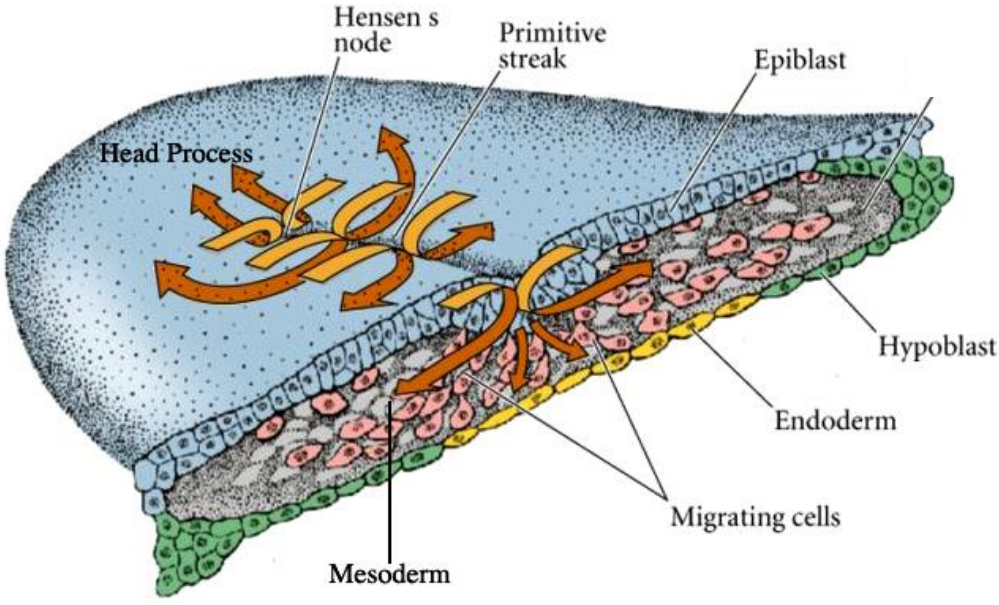


Day 17

Day 18

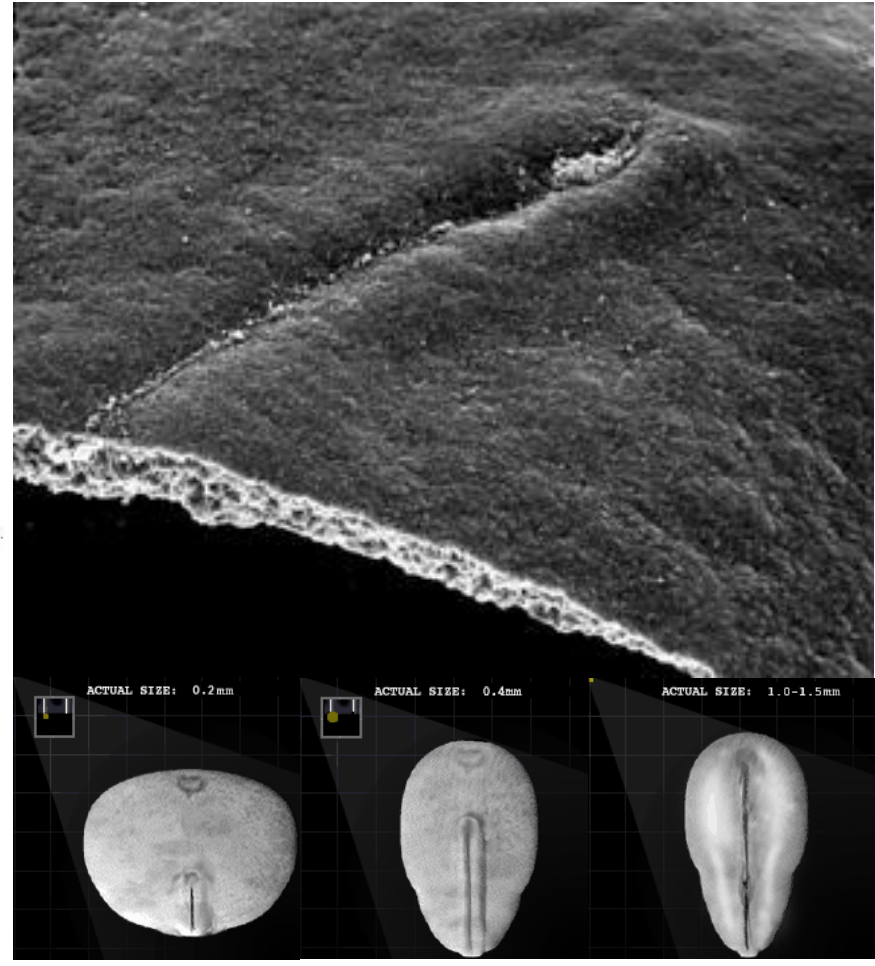
Day 19

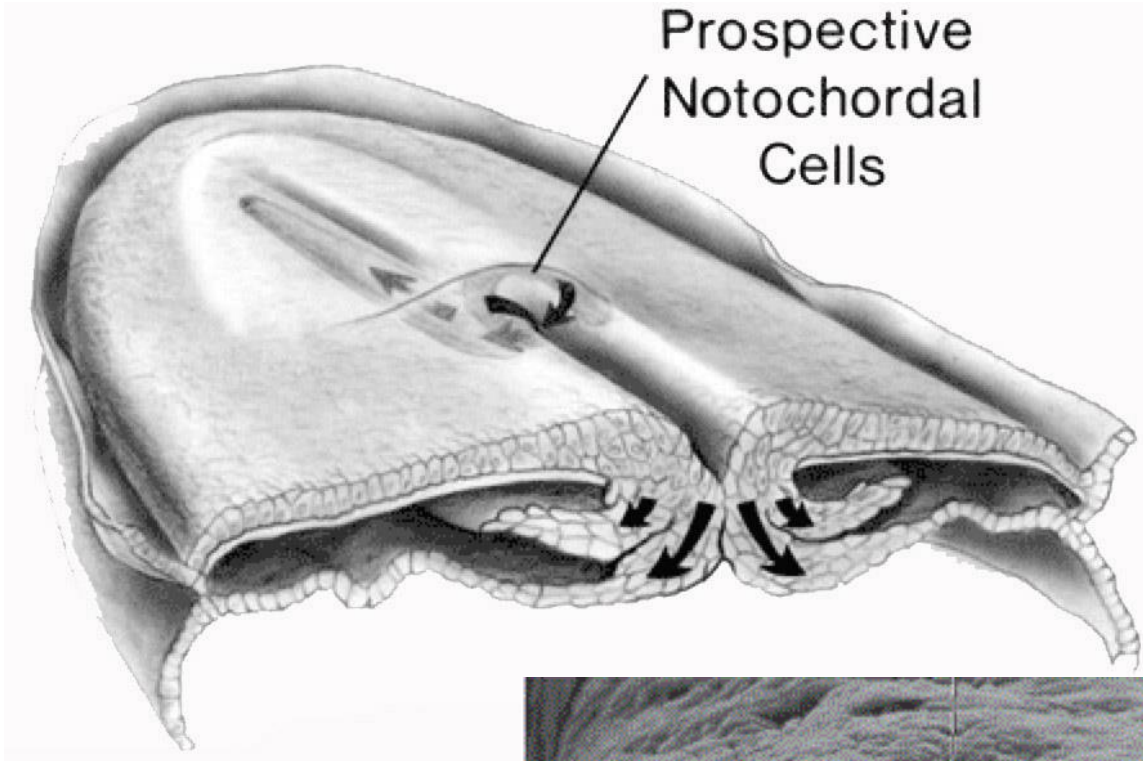
3rd week



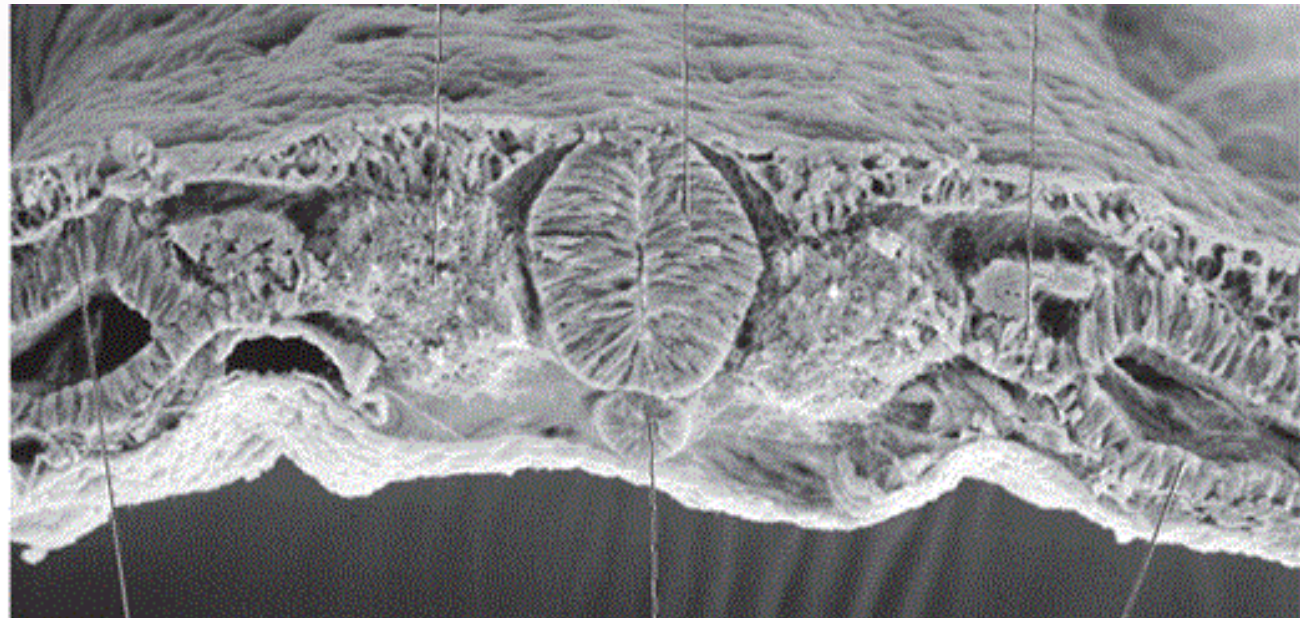
© 2000 Sinauer Associates, Inc.

A new cell population appears - MESODERM

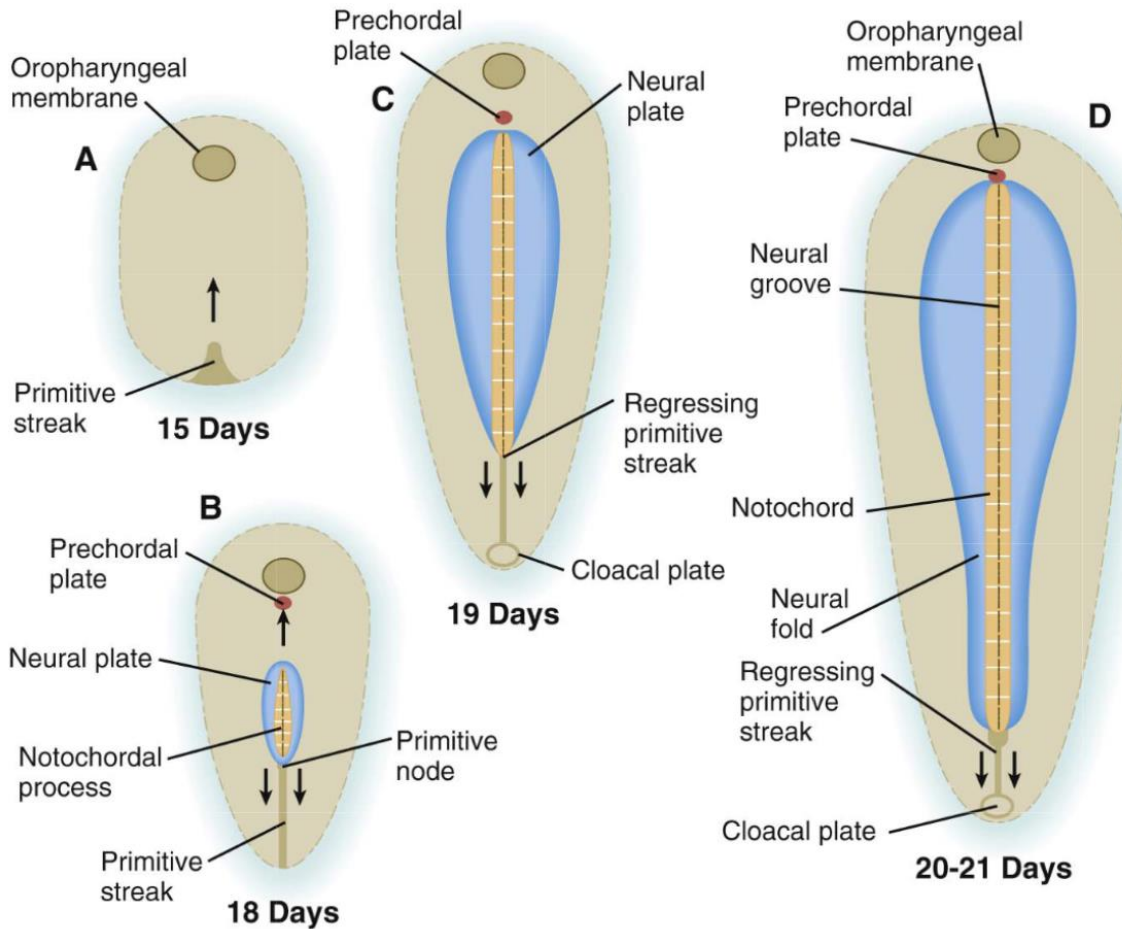




End of 3rd week



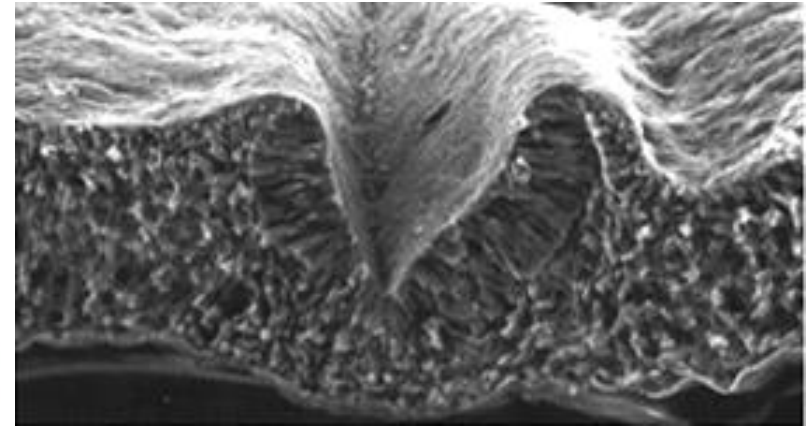
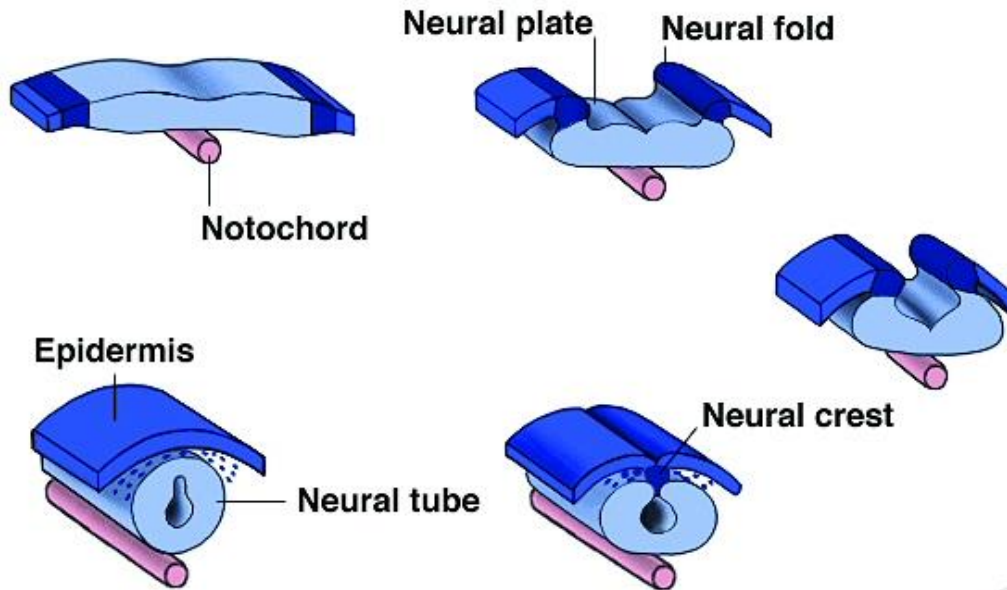
3rd week



Notochord induces differentiation of ectoderm – cellular basis of nerve system is established – **NEUROECTODERM**

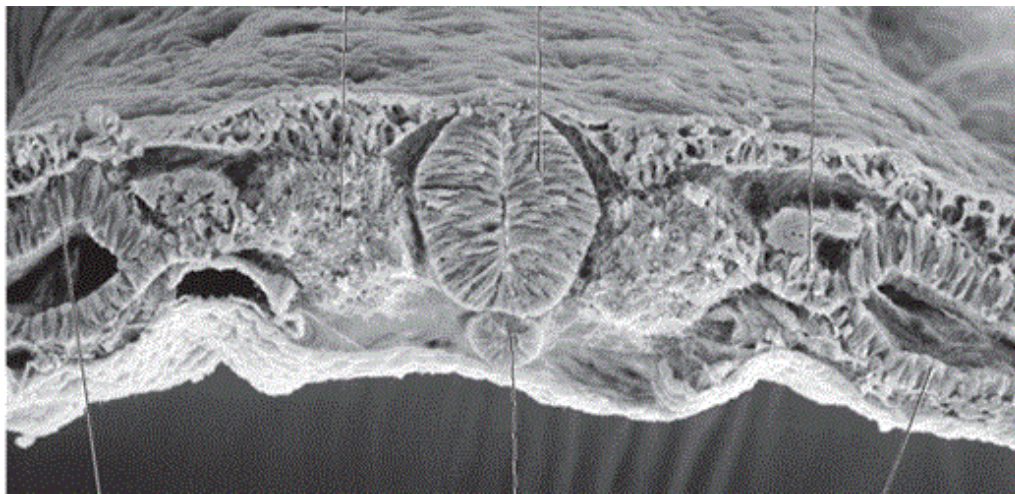
3rd week

Neurulation



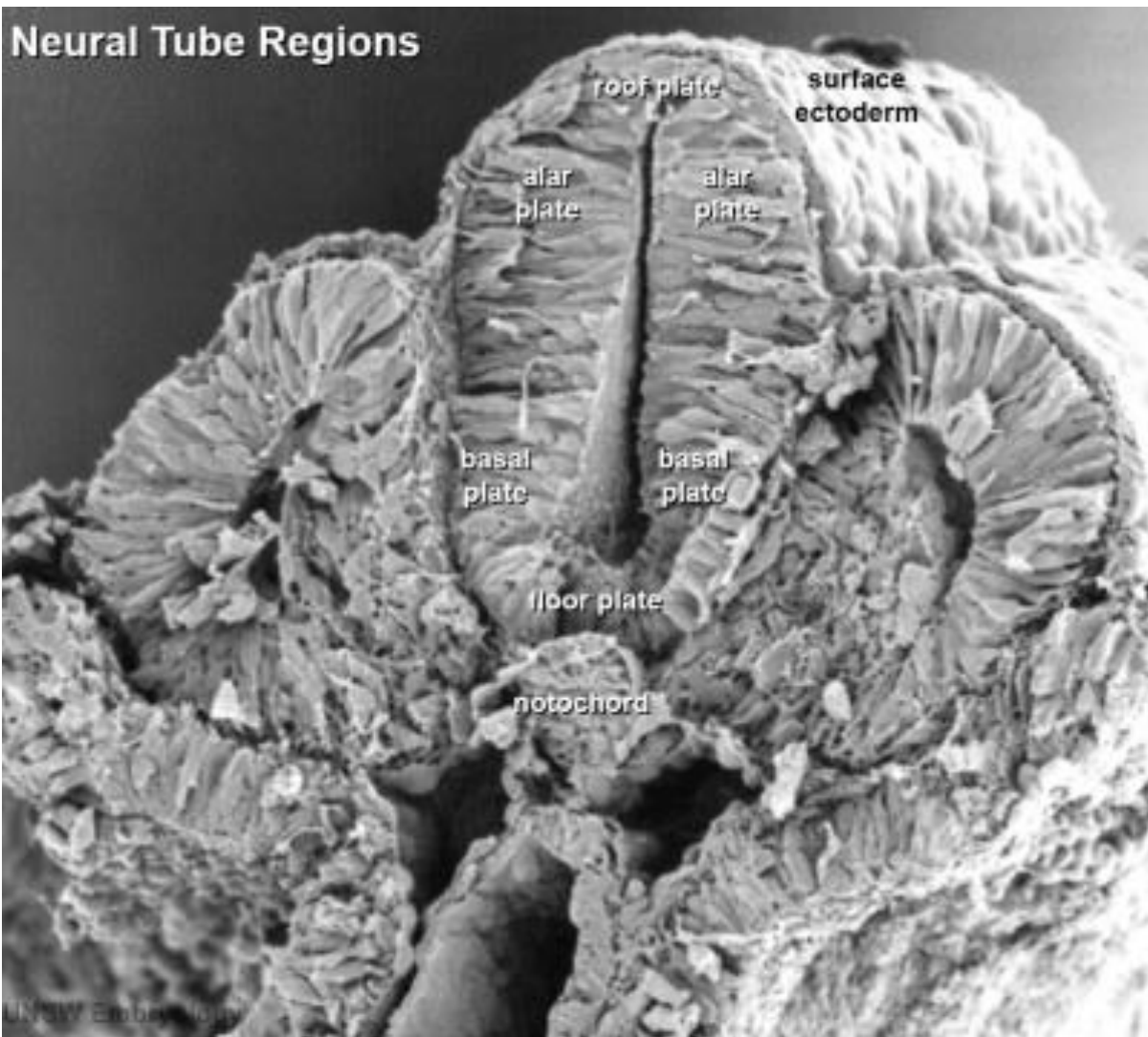
- Neural plate
- Neural folds
- Neural tube

- Neural crest

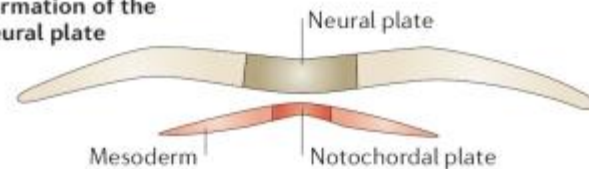


3rd – 4th week

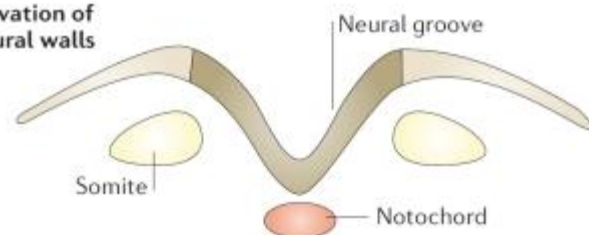
Neural Tube Regions



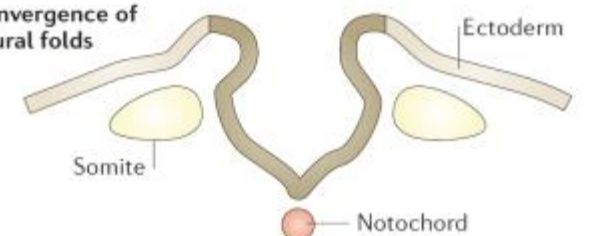
B Formation of the neural plate



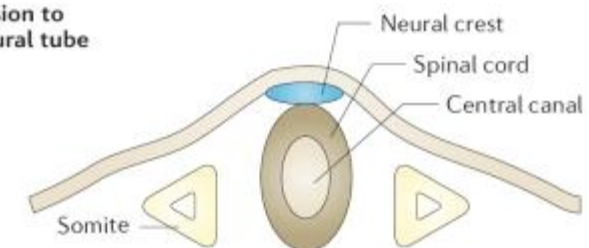
Elevation of neural walls



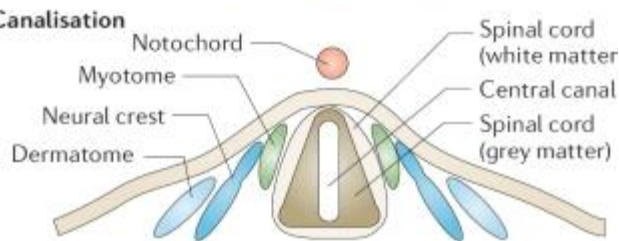
Convergence of neural folds

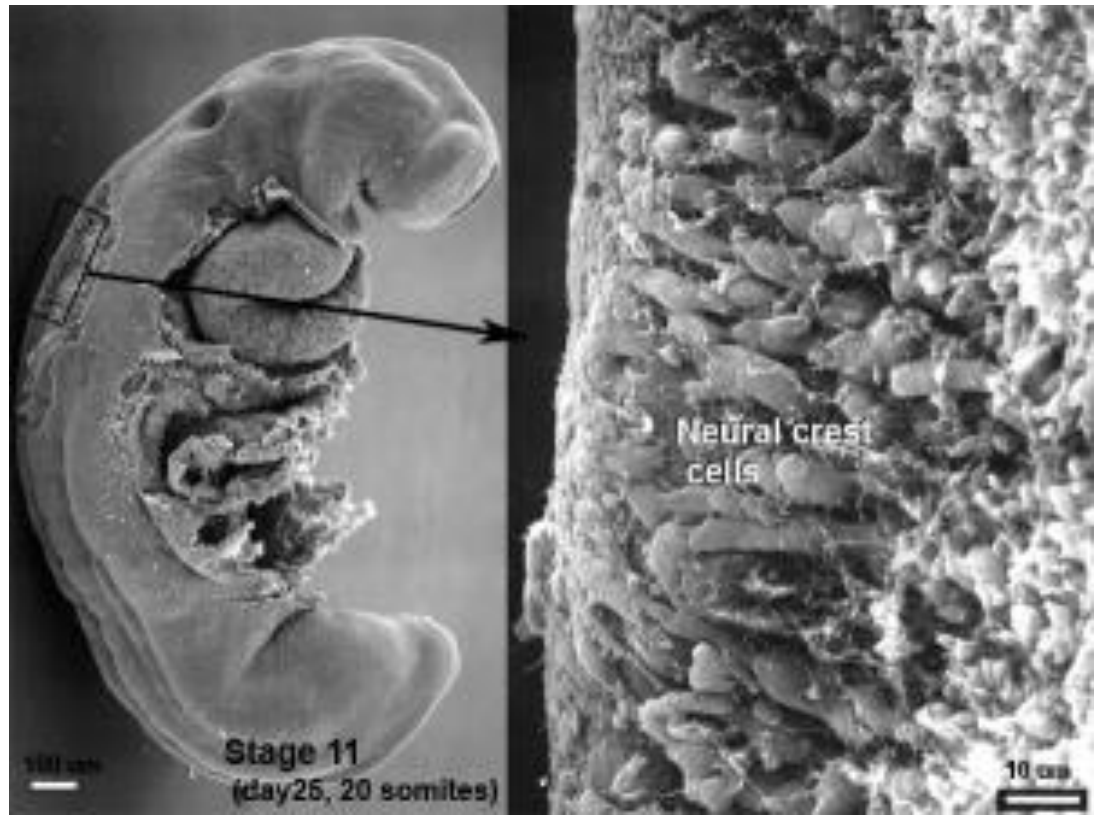
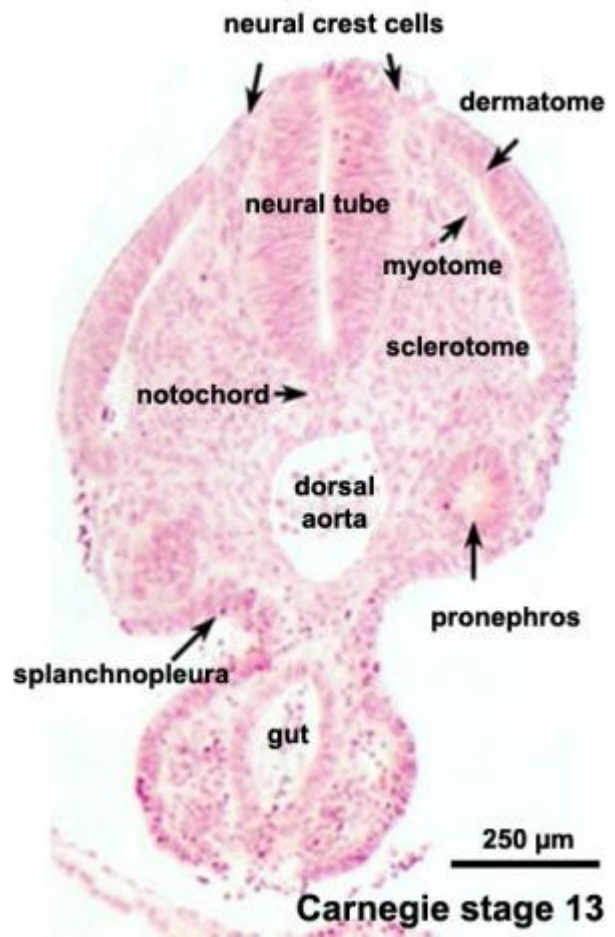


Fusion to neural tube



Canalisation

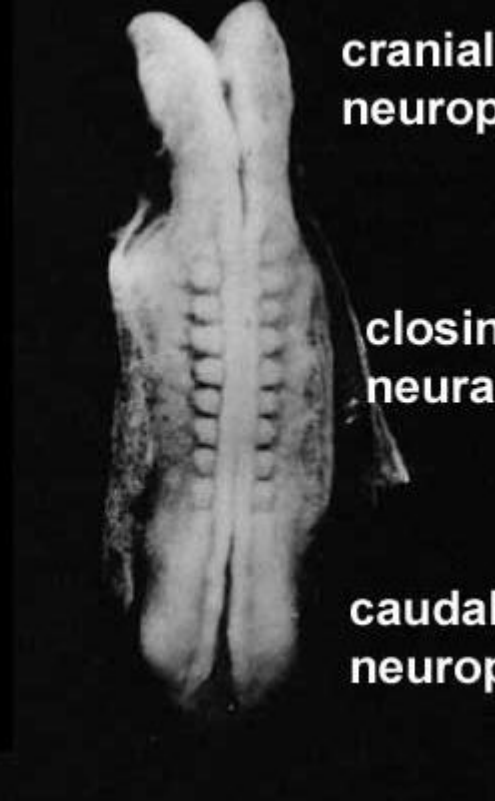






brain
fold

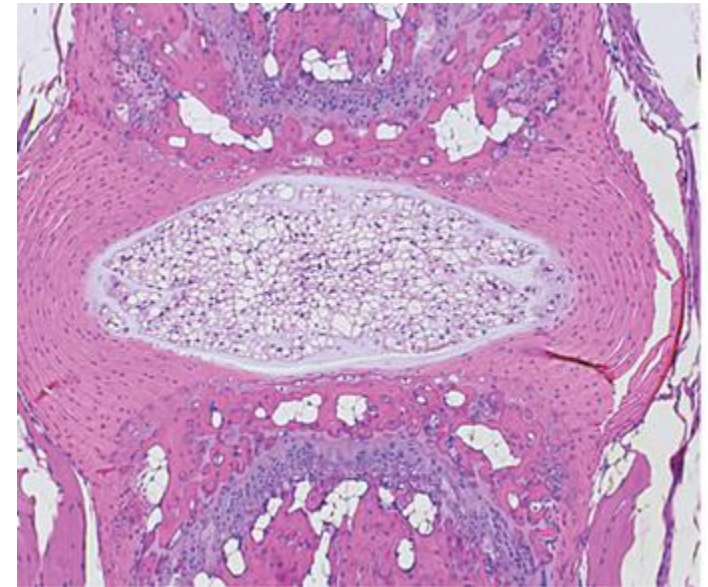
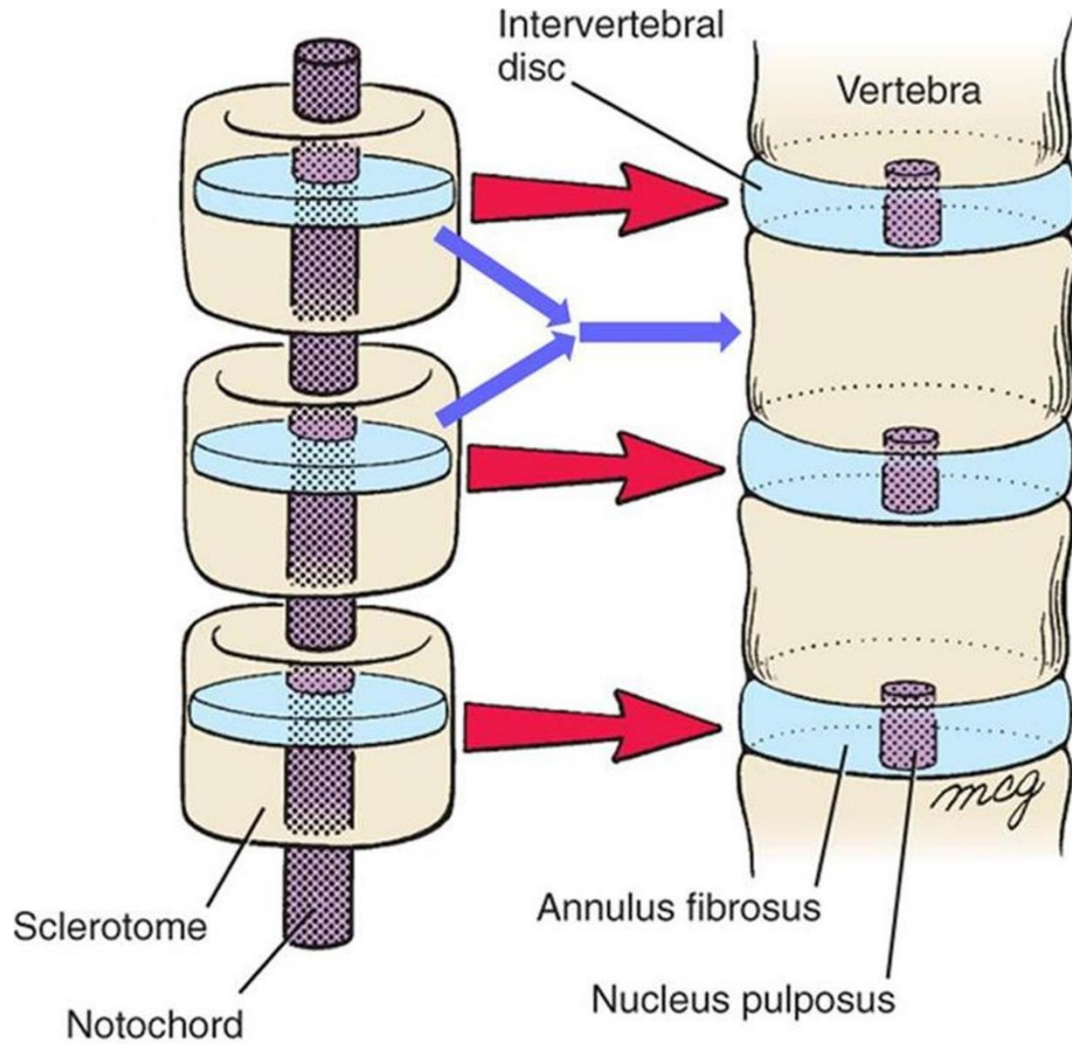
neural
groove



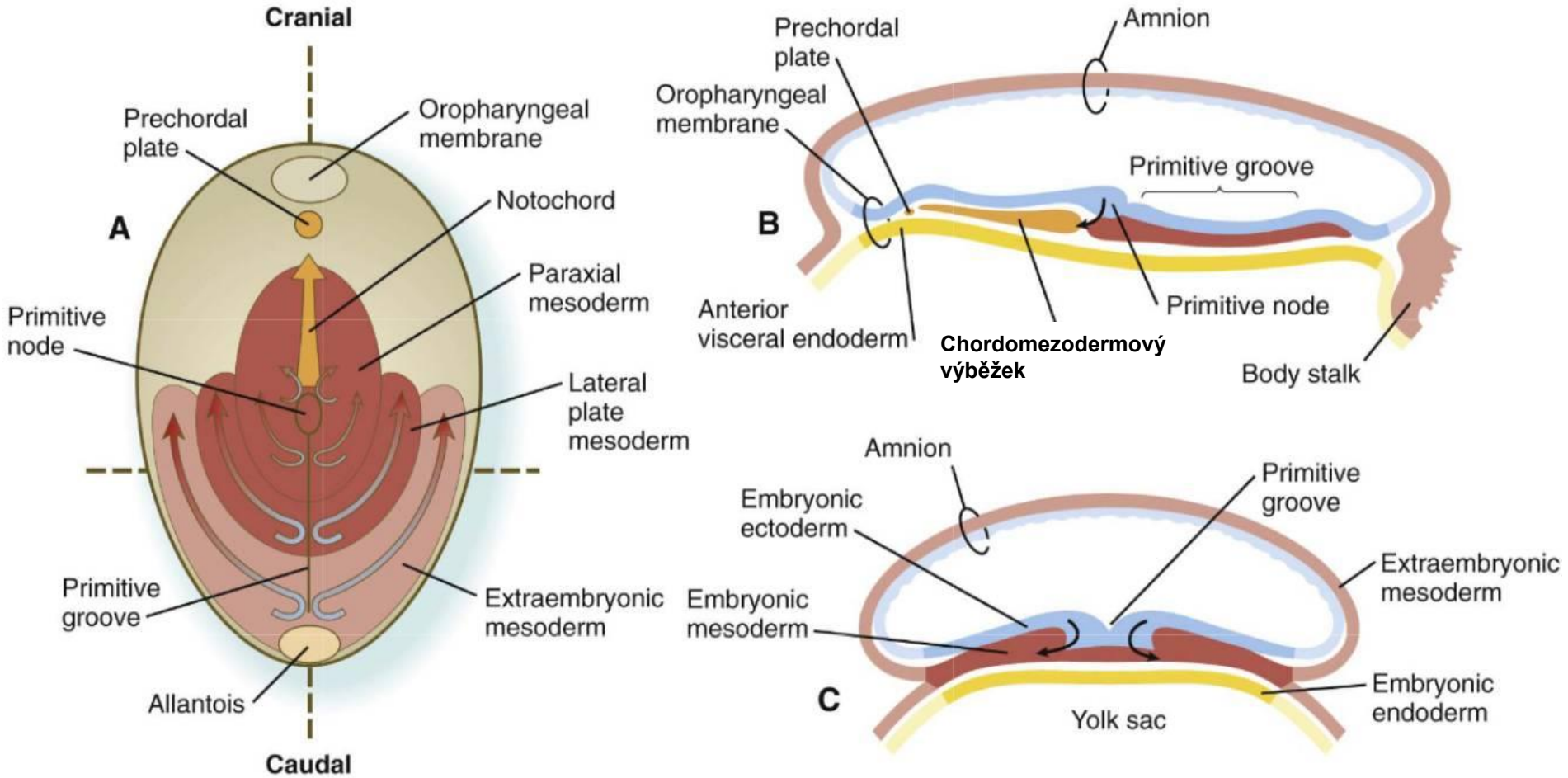
cranial
neuropore

closing
neural tube

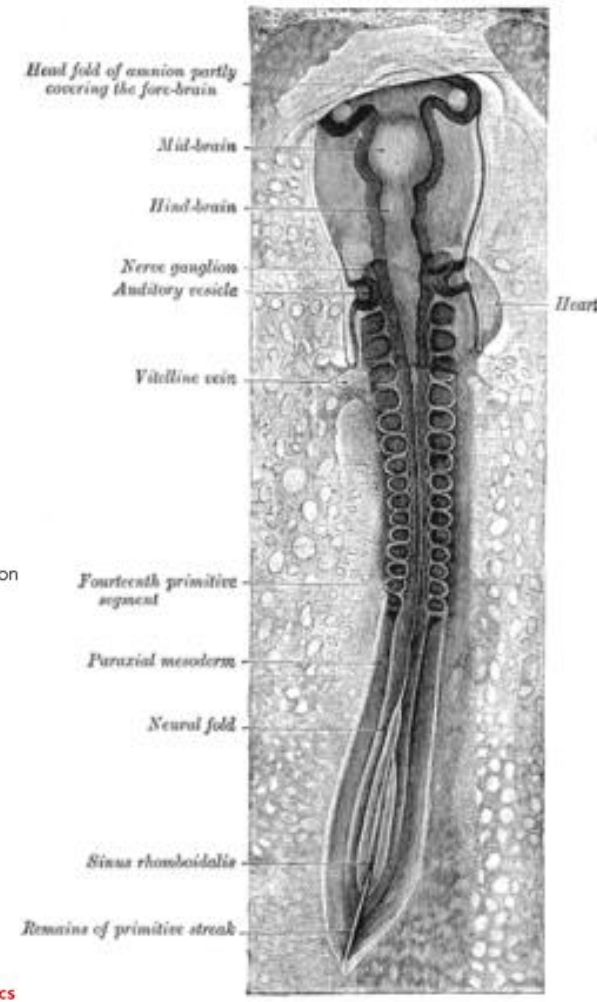
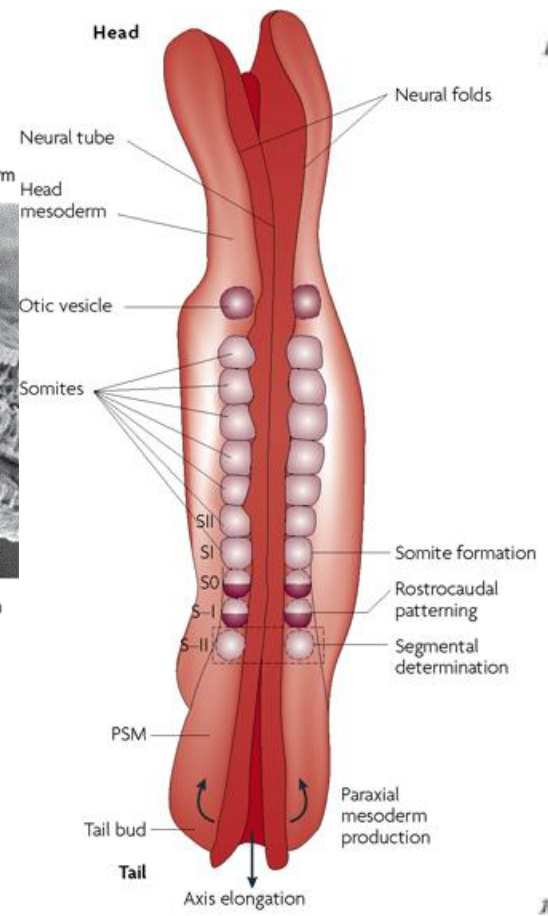
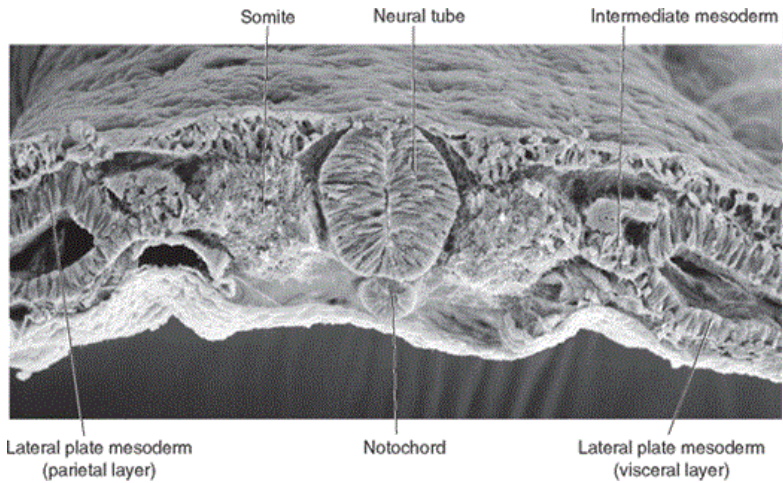
caudal
neuropore

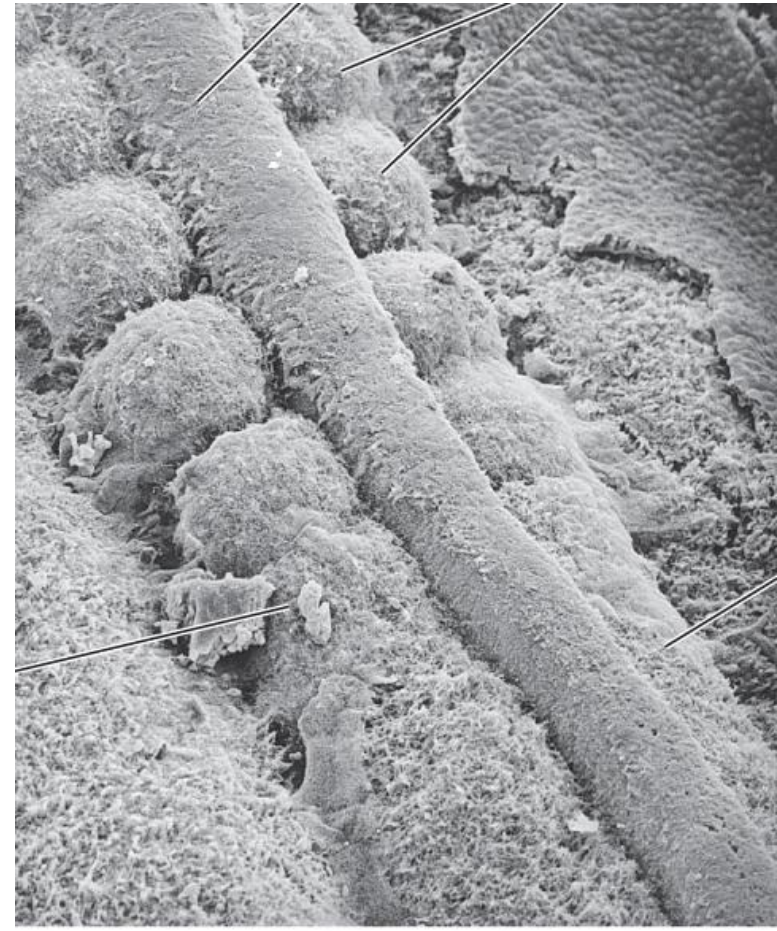
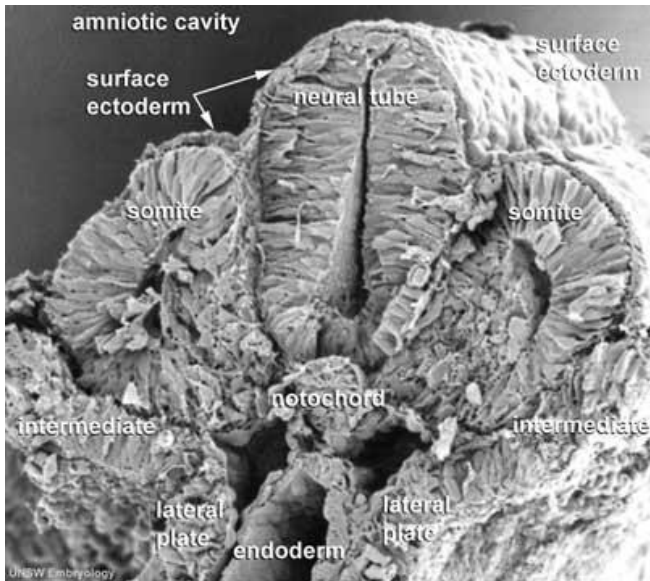
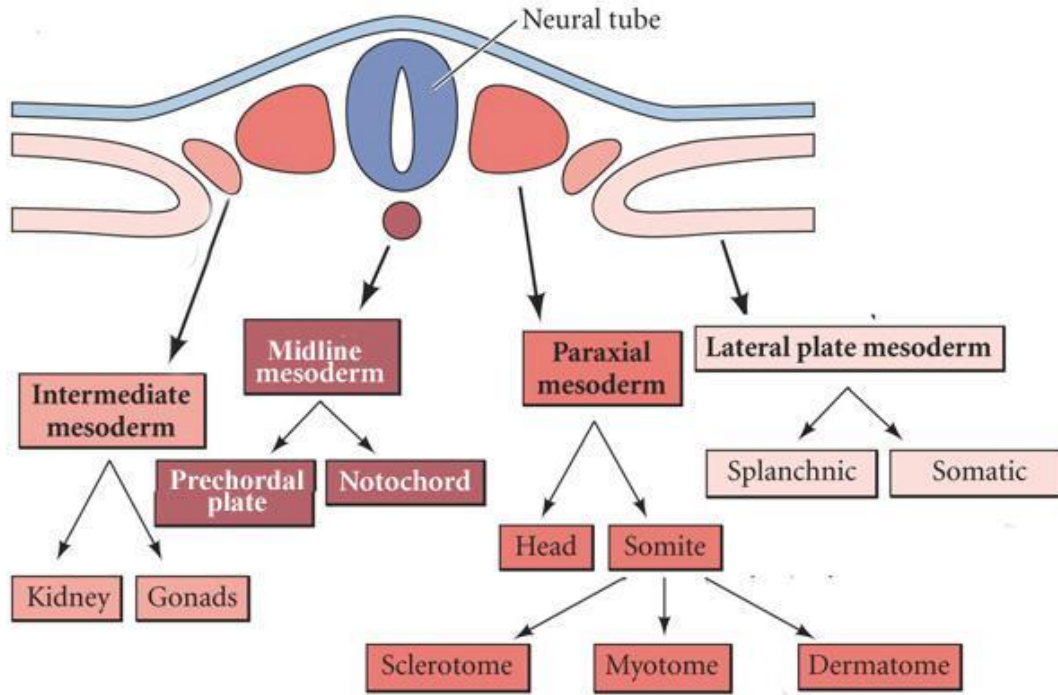


3rd week



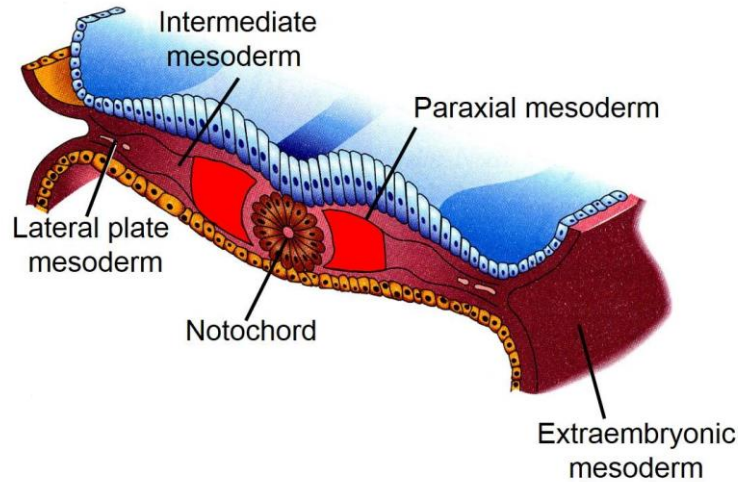
3rd – 4th week



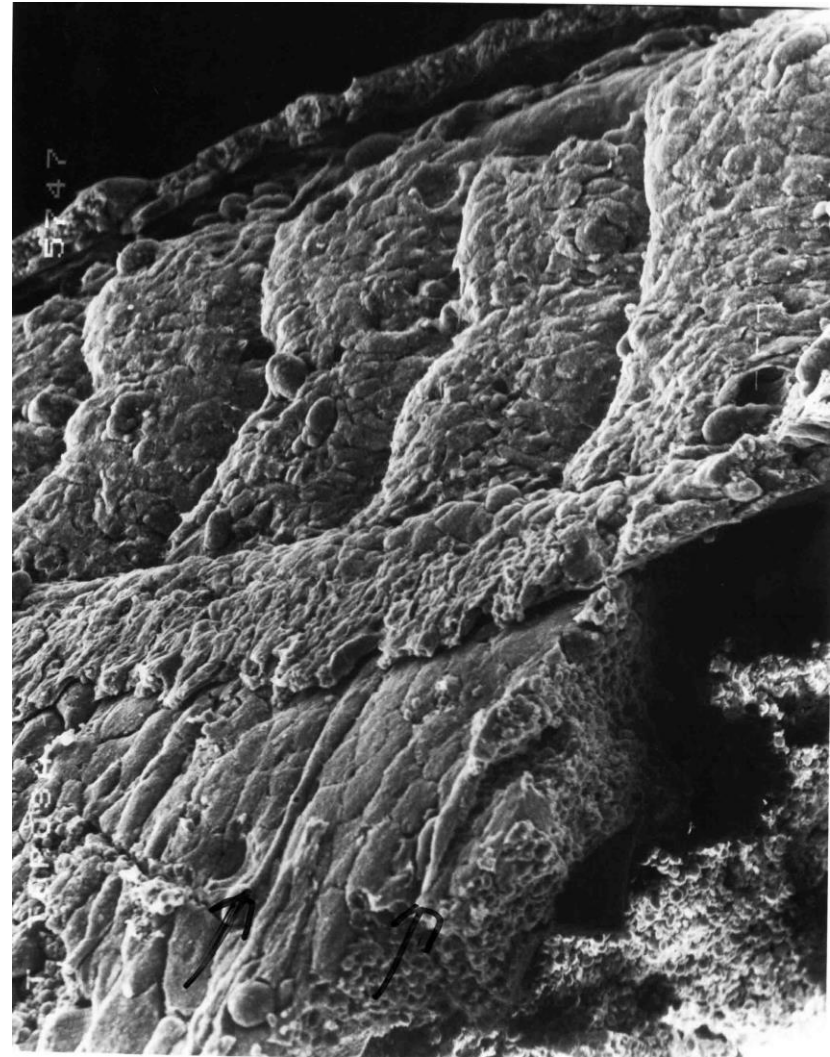


OTHER DERIVATIVES OF MESODERM

3rd – 4th week



- heart, cardiovascular system
- urogenital system
- muscle and skeletal system
- hematopoietic and lymphatic systems
- connective tissue, dermis
- mesothelium



DEVELOPMENTAL DISORDERS DURING GASTRULATION

- Primitive streak is a temporary embryonic structure. Persistent primitive streak causes **sacroccocgyeal teratoma**.



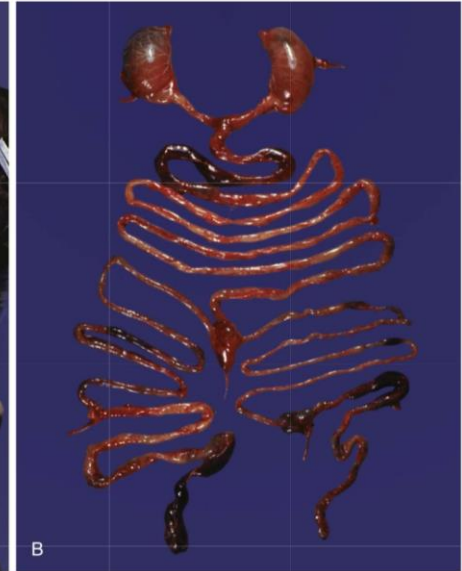
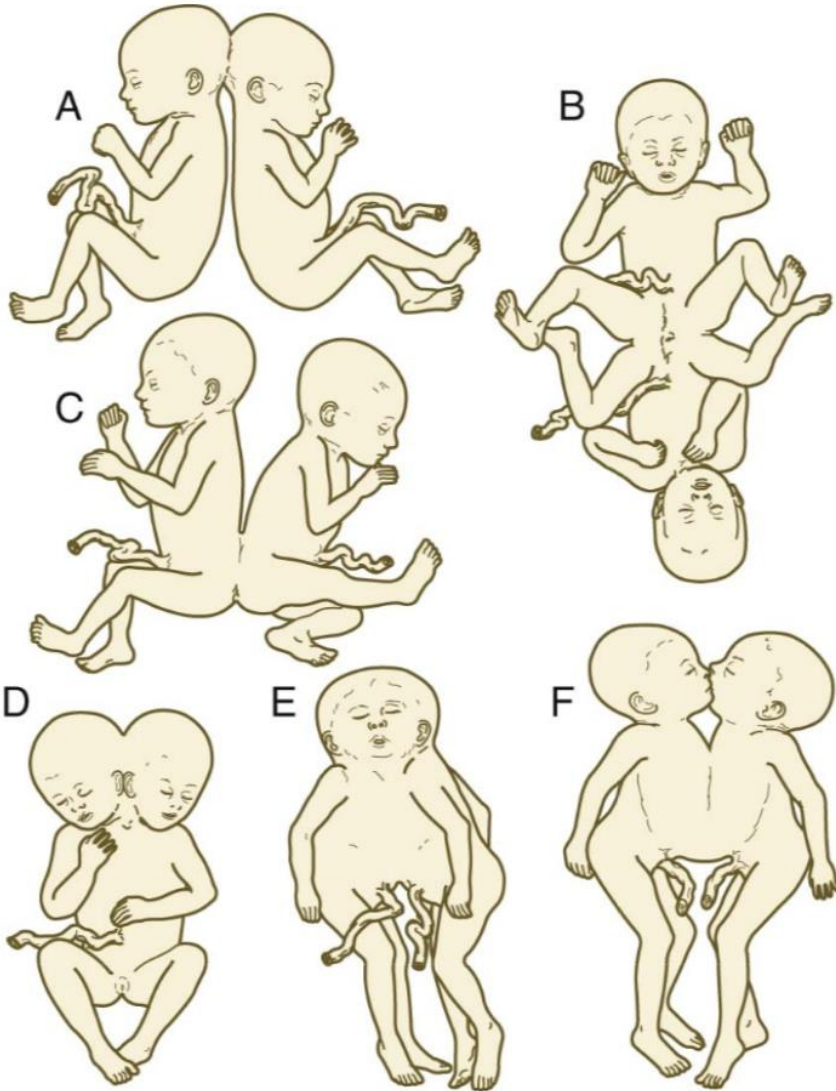
- Failure of primitive streak leads to absence of mesoderm in affected region - **sirenomelia**

- limbs
- urogenital system
- GIT

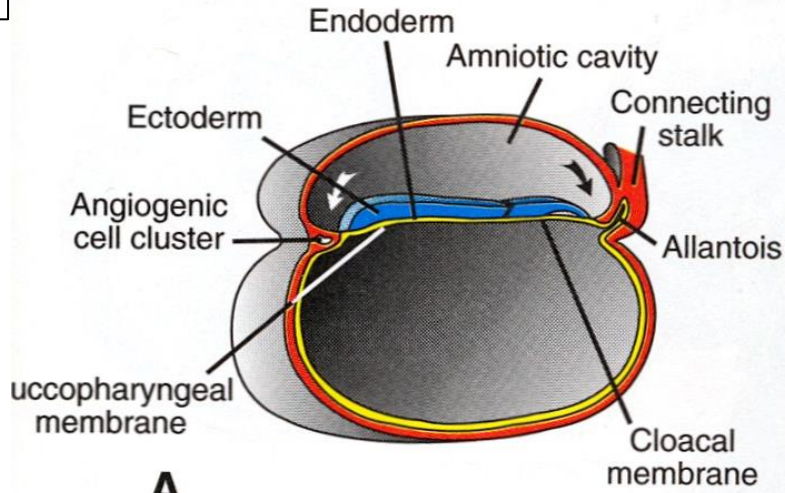


DEVELOPMENTAL DISORDERS DURING GASTRULATION

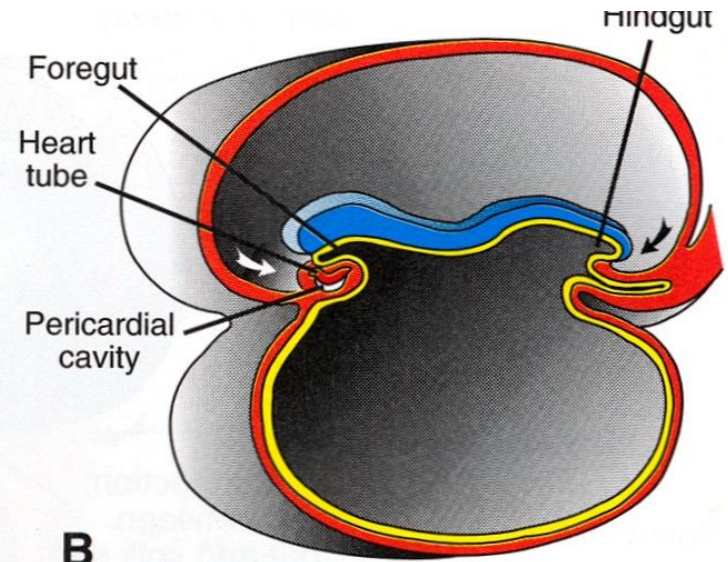
- If two primitive streaks form, conjoined twins may develop



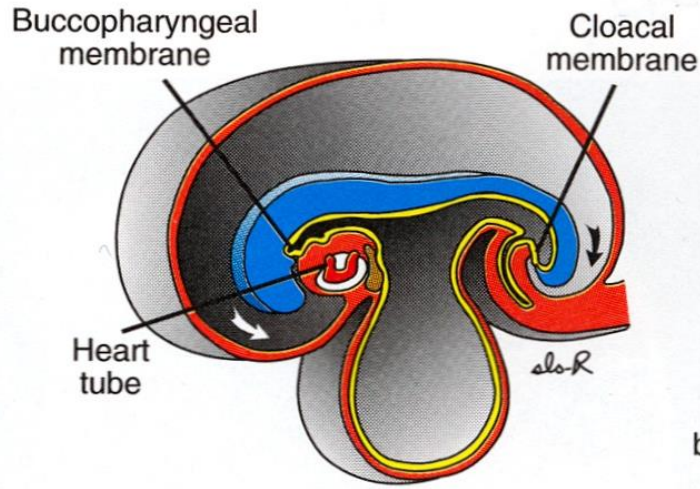
4th week



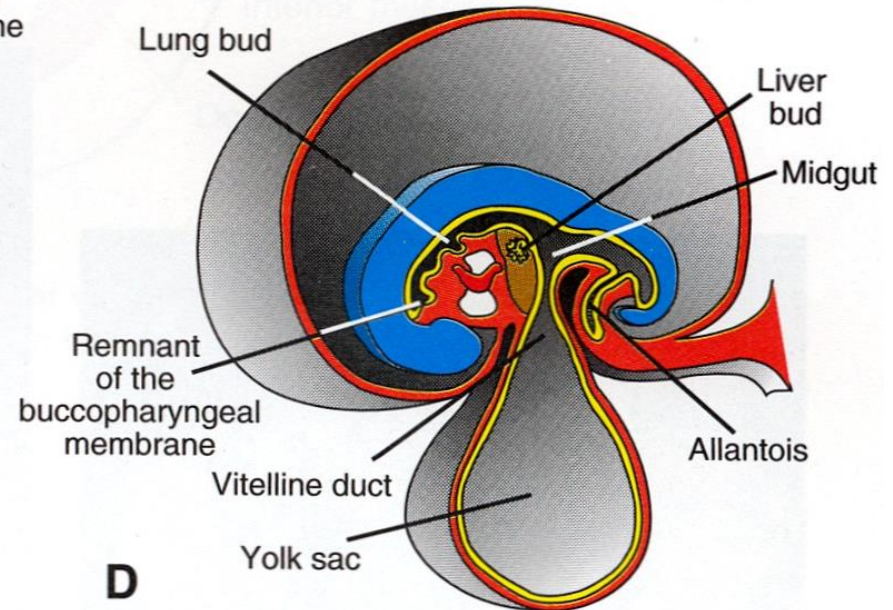
A



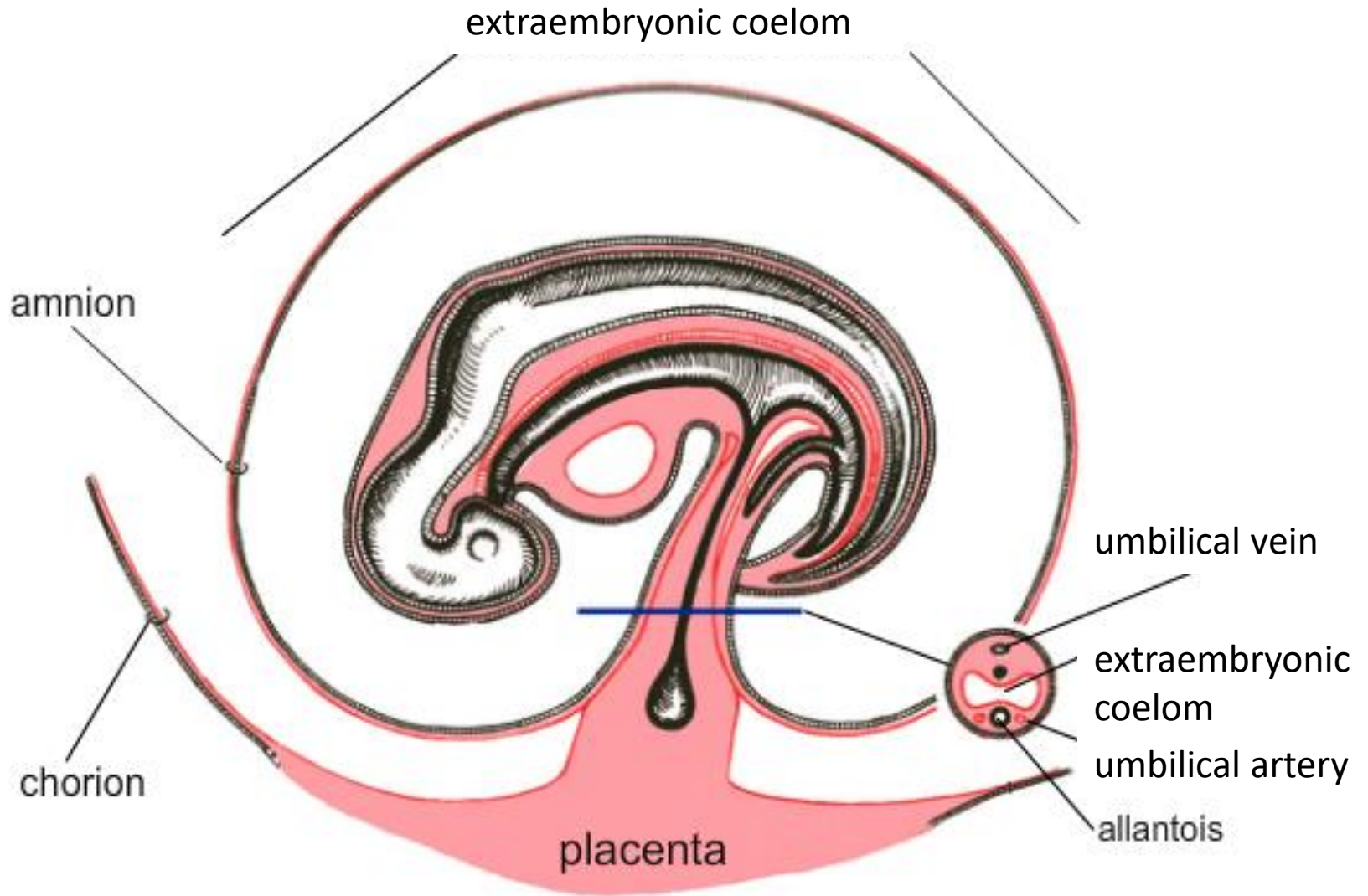
B

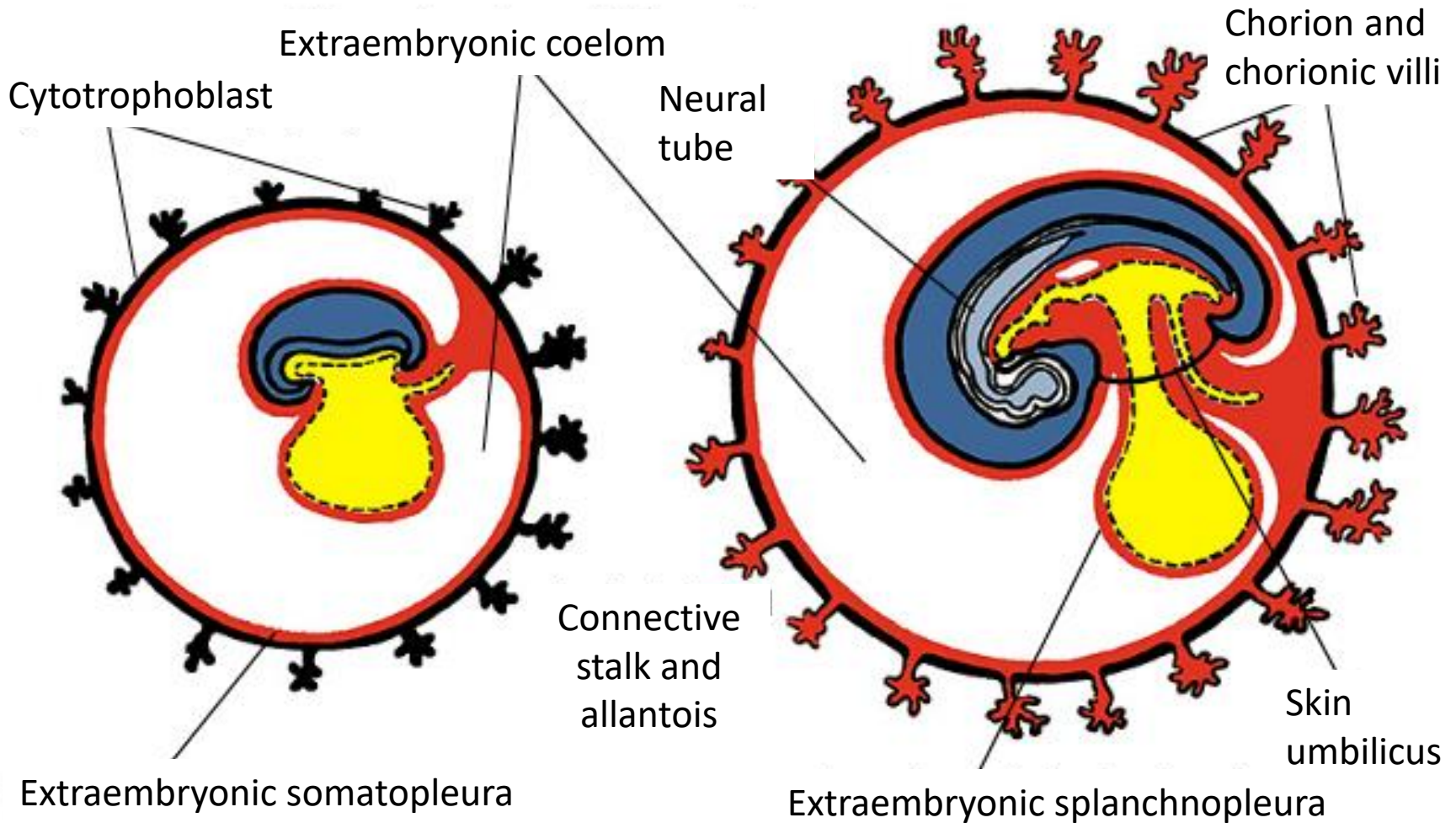


C



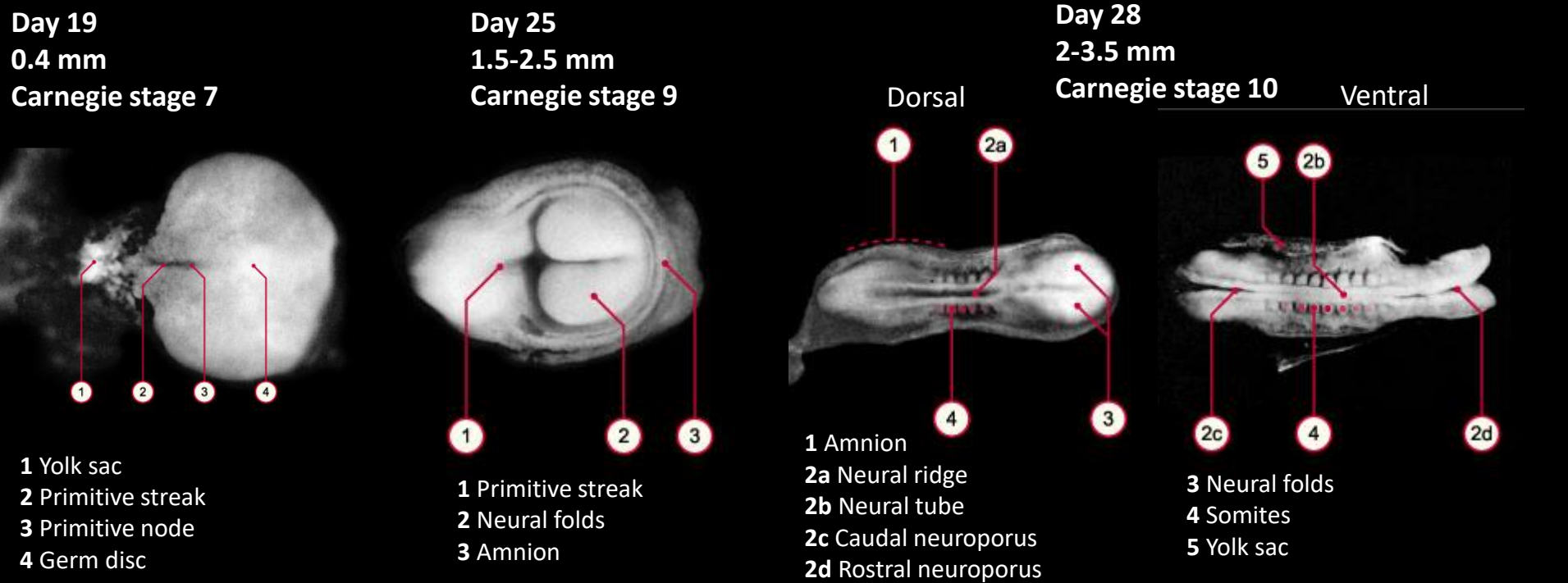
D





- bilaminar → trilaminar germ disc
- cephalocaudal and lateral flexion of embryo

<http://www.embryology.ch/anglais/iperiodembry/carnegie03.html#st710>





4W

5W

6W

- Mesoderm segmentation
- Primitive gut
- Esophagotracheal diverticulum
- Heart (starts beating day 22-23)
- Limb buds
- Primary brain vesicles, closing of neuropores
- Differentiation of neural crest
- Origin of thyroid and anterior pituitary
- Ectodermal placodes, optic vesicle
- Liver diverticulum
- Septum transversum

- Segmentation of mesoderm continues
- Posterior pituitary
- Heart septation begins
- Lung buds branch - pseudoglandular stage of lung development
- Cochlea grows
- Lens vesicle, nasal placodes
- Fourth brain ventricle forms
- Pharyngeal arches, ridges and pouches
- Limb buds grow
- Hematopoiesis in liver
- Retinal pigment

- Derivatives of endodermal pharyngeal pouches (parathyroid, thymus)
- Adrenal gland
- Heart and lungs descended to thorax
- Innervation of limbs, differentiation of myoblasts
- Face development – maxillary and mandibular processes, palatine, choans
- Telencephalon stratifies – archicortex, paleocortex and neocortex. Choroid plexus
- Rotation of stomach
- Pancreatic diverticula fuse



- Secretion from endocrine pancreas
- Growth of liver, growth and luminization of bile ducts
- Ossification of limbs begin
- Development of brain nuclei



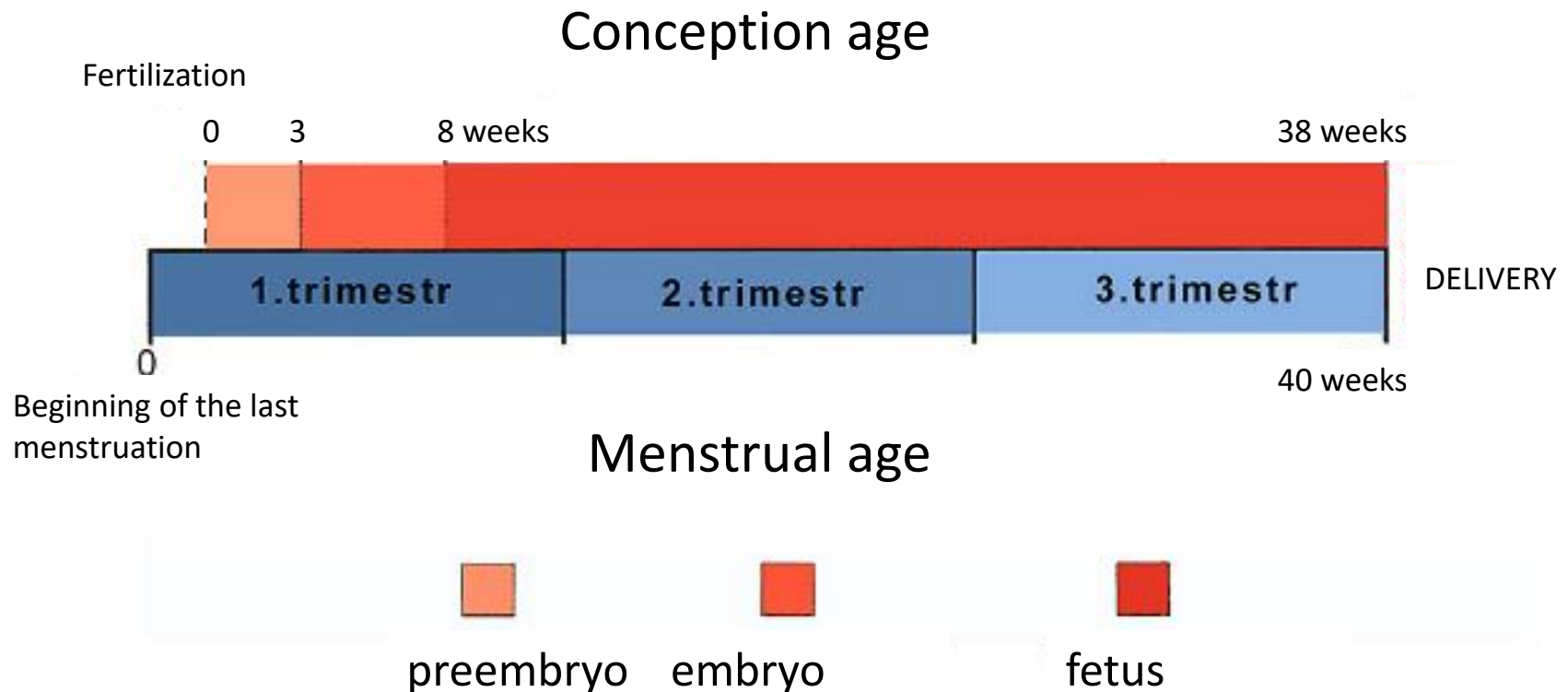
- Joints of upper and later lower limbs allow rotation
- Fingers grow
- Stratification of cerebellar cortex
- Perforation of anal membrane
- Herniation of intestinal loops
- Testes produce testosterone
- Nose, meatus, eyelids, developer, external ears start to grow
- Backbone - 33-34 cartilaginous vertebrae
- Embryonic tail diminished

LENGTH OF PREGNANCY

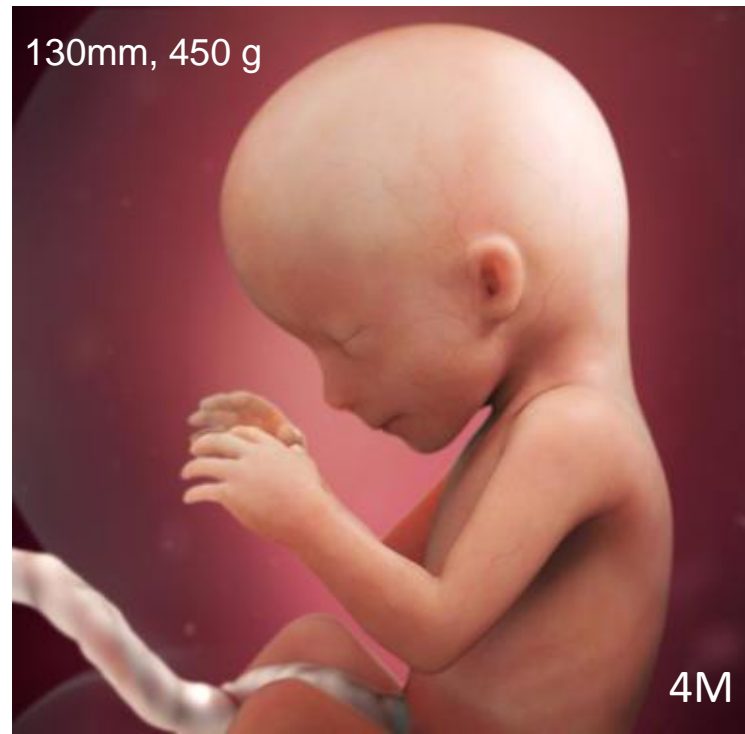
280 days (= 40 weeks = 10 lunar months) from the first day of the last **menstruation**

266 days (= 38 weeks) **from ovulation** (gestation age)

Calculation of term: First day of the last **menstruation + 1 year– 3 months + 7 days**



60-70mm, 150 g

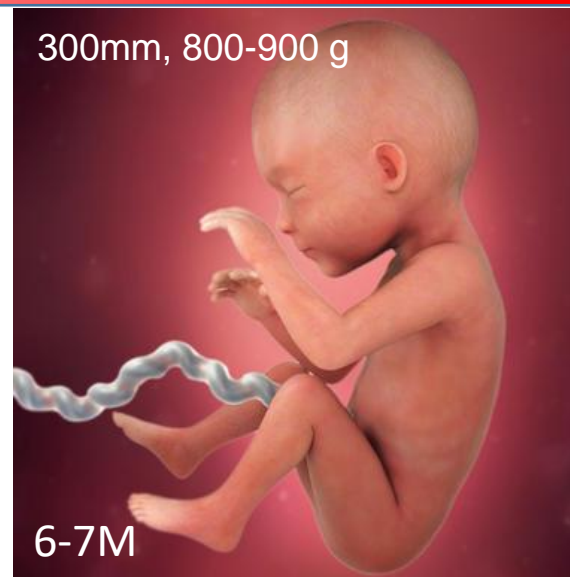


- Rapid growth of fetus
- Ossification of skeleton
- Face growths, mandible visible
- Apparent external genitalia

- Fetus swallows amniotic fluid – necessary for GIT development
- Rapid growth of head (non-proportional to rest of body)
- Eyelids fuse
- Ossification centers visible by ultrasound examination
- Development of external genitalia
- Kidneys produce urine, other organs start to work
- Skeletal muscles innervated
- Physiological umbilical hernia, in 12th weeks reposition of intestinal loops



- Limbs growth
- Mother feels fetal movements
- Vernix caseosa, lanugo
- Short hairs and eyelashes
- Fetus reacts to sound and later to light
- Lungs start to produce surfactant
- Limit of viability



- Eyelids open
- Wrinkled skin with visible capillaries
- Subcutaneous fat
- Hairs grow
- Maturing of organ systems



- Subcutaneous fat accumulates in limbs
- Smooth, red skin
- Hallmarks of full term fetus



Full term – related to length of pregnancy (menstrual age)

- preterm (<37 weeks)
- full term (38 – 40 weeks)
- after term (>42 weeks) (meconium in amniotic fluid)

Fetal maturity – development of fetus: **mature X immature**

HALLMARKS OF FETAL MATURITY

Major:

- **length (50 – 51 cm),**
- **weight** (around **3500 g**, physiological range 2500 - 4000g),
- head sizes
- boys - testes in scrotum, girls - labia majora over labia minora

Minor:

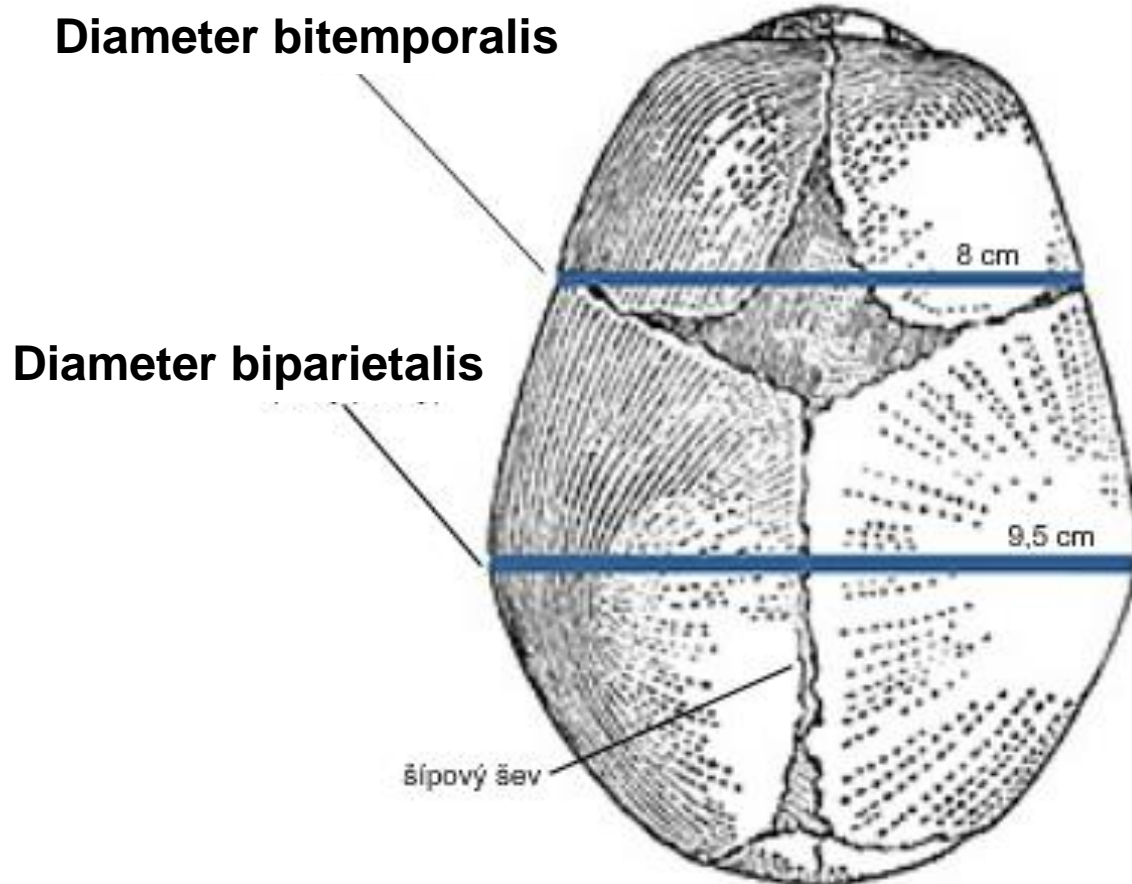
- eutrophic fetus, subcutaneous fat
- skin is not blue (no cyanosis), lanugo remains on shoulders and back,
- eyelashes, hairs several cm long, nails over fingertips
- cranial bones hard, anterior and posterior fontanelle are palpable, and separated
- newborn cries and moves (Apgar score)

Diameter bitemporalis – 8,00 cm

(join of the most distant points on sutura coronaria)

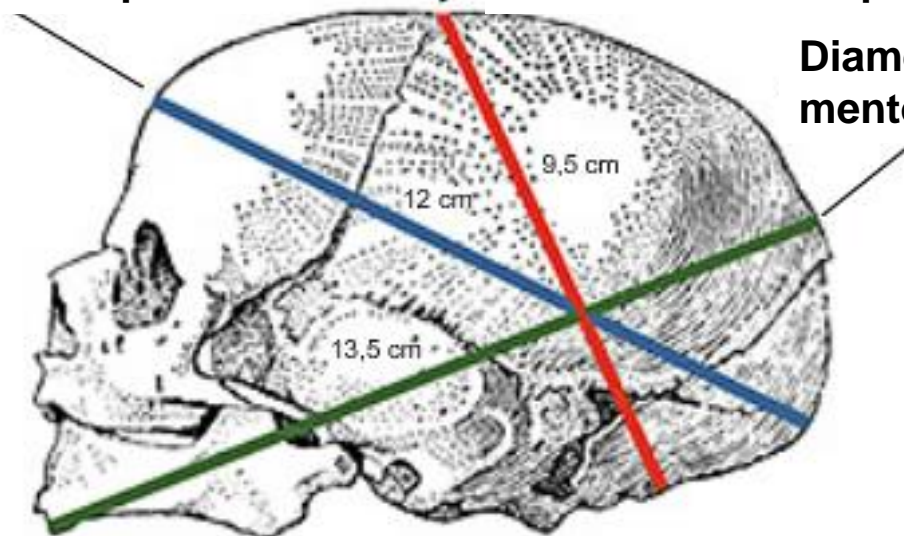
Diameter biparietalis – 9,5 cm

(join of midpoints of tubera parietalia)



Oblique sizes:

- **Diameter frontooccipitalis – 12.0 cm** (join of forehead midpoint and most distant point of occiput)
- **Circumferentia frontooccipitalis – 34.0 cm**
- **Diameter suboccipitobregmatica – 9.5 cm** (join of protuberantia occipitalis externa and midpoint of large fontanelle)
- **Circumferentia suboccipitobregmatica – 32.0 cm**
- **Diameter mentooccipitalis – 13.5 cm** (join of chin midpoint and most distant point of occiput)
- **circumferentia mentooccipitalis – 35 - 36 cm**
- **Diameter biacromialis – 12.0 cm, circumferentia biacromialis – 35 cm**
(join of acromion – acromion)

Diameter frontooccipitalis**Diameter suboccipitobregmatica****Diameter mentooccipitalis**

RULE OF HASSE

- forensic medicine

3. – 5. lunar month: length in cm = square of month

6. – 10. lunar month: length in cm = months multiplied by 5

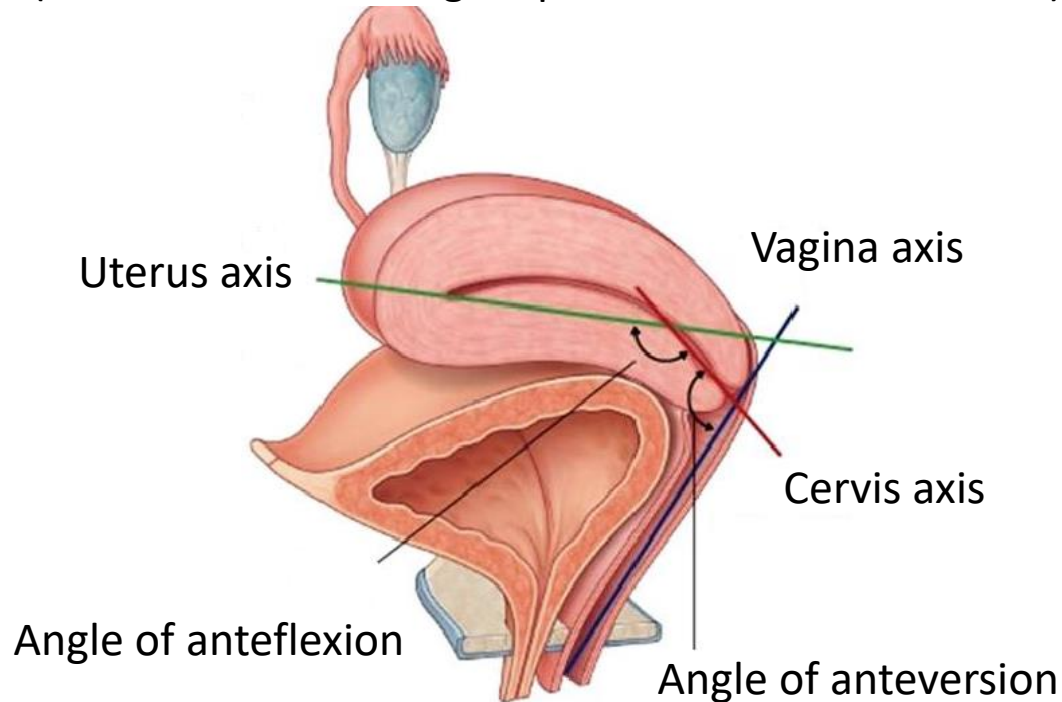
| Lunar month | Length of fetus[cm] |
|-------------|---------------------|
| 3 | 9 |
| 4 | 16 |
| 5 | 25 |
| 6 | 30 |
| 7 | 35 |
| 8 | 40 |
| 9 | 45 |
| 10 | 50 |

FETUS IN UTERUS

1. **LIE (*SITUS*)** = relationship of the long axis of the fetus to that of the mother
 - longitudinal: (99 %)
 - transverse: (1 %) perpendicular axes
 - oblique: unstable → longitudinal or transverse position
2. **POSITION (*POSITIO*)** = fetal backbone relative to uterus ridge and pelvis
 - **first**= left (back to the left)
 - **second**= right (back to the right)
 - first/second common/less common
3. **FETAL HABITUS (*HABITUS*)** = relationship of one fetal part to another
 - regular = head and limbs in flexion
 - irregular = everything else
4. **PRESENTATION (*PRAESENTATIO*)** = that part of the fetus lying over the pelvic inlet; the presenting body part of the fetus.
 - occiput (most common)
 - vertex, forehead, face (1%)
 - breech
 - trunk, shoulder

SITUS

- fetal backbone relative to uterus ridge and pelvis (margo uteri sin., dx.)
- Normal position of uterus
 - anteversion (vagina to uterus – forward – 70-100°)
 - anteflexion (cervix to uterus – angle opened forward – 160-170°)



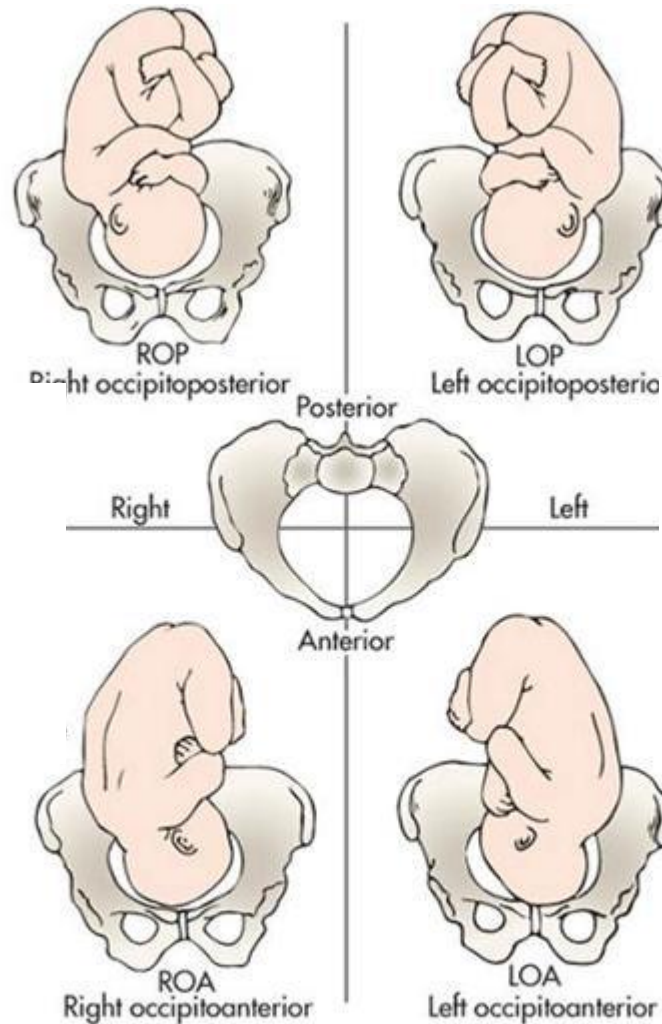
Rotation/bending of uterus to the right/left
in late pregnancy



Dextroversion, dextrotorsion
Sinistroversion, sinistrotorsion

2. COMMON „RIGHT“

uterus in **dextrotorsion**
backbone back to the right



Lie: Longitudinal or vertical
Presentation: Vertex
Reference point: Occiput
Attitude: General flexion

1. LESS COMMON „LEFT“

děloha v **sinistrotorzi**
backbone back to the left

2. LESS COMMON „RIGHT“

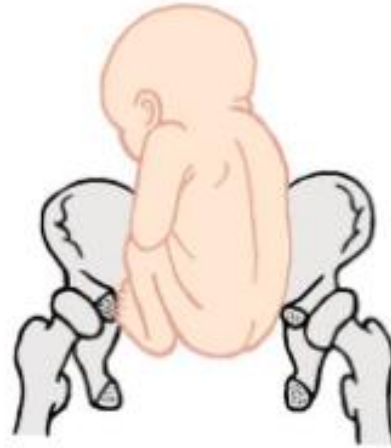
uterus in **sinistrotorsion**
backbone forward to the right

1. COMMON „LEFT“

uterus in **dextrotorsion**
backbone back to the left

SITUS

longitudinal - occiput



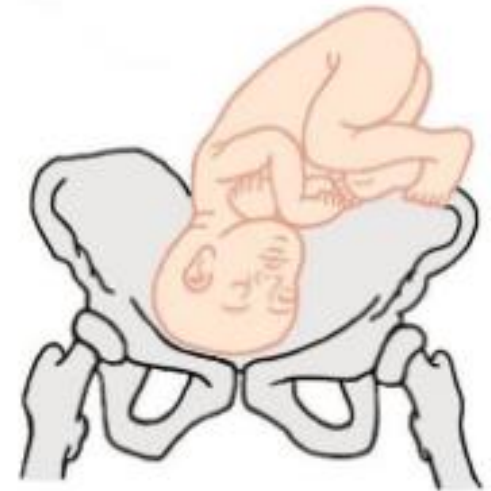
longitudinal - breech



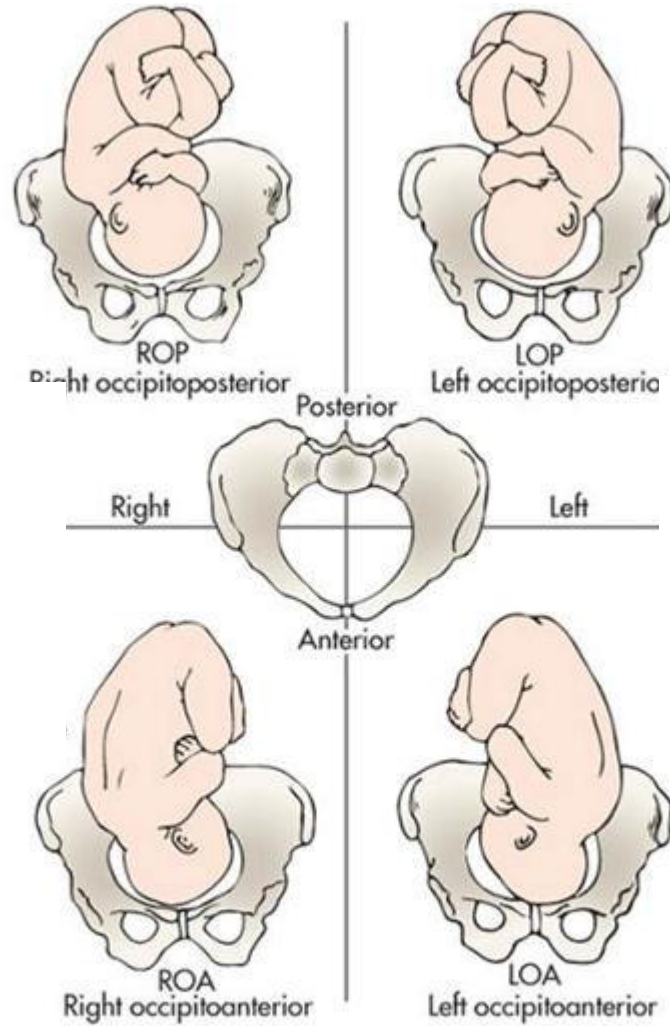
oblique



transverse



2. COMMON
„RIGHT“



1. COMMON
„LEFT“

2. LESS
COMMON

1. LESS
COMMON

Lie: Longitudinal or vertical
Presentation: Vertex
Reference point: Occiput
Attitude: General flexion

HABITUS AND PRESENTATION



HABITUS

irregular (any other)

regular

PRESENTATION

occiput

vertex

forehead

face



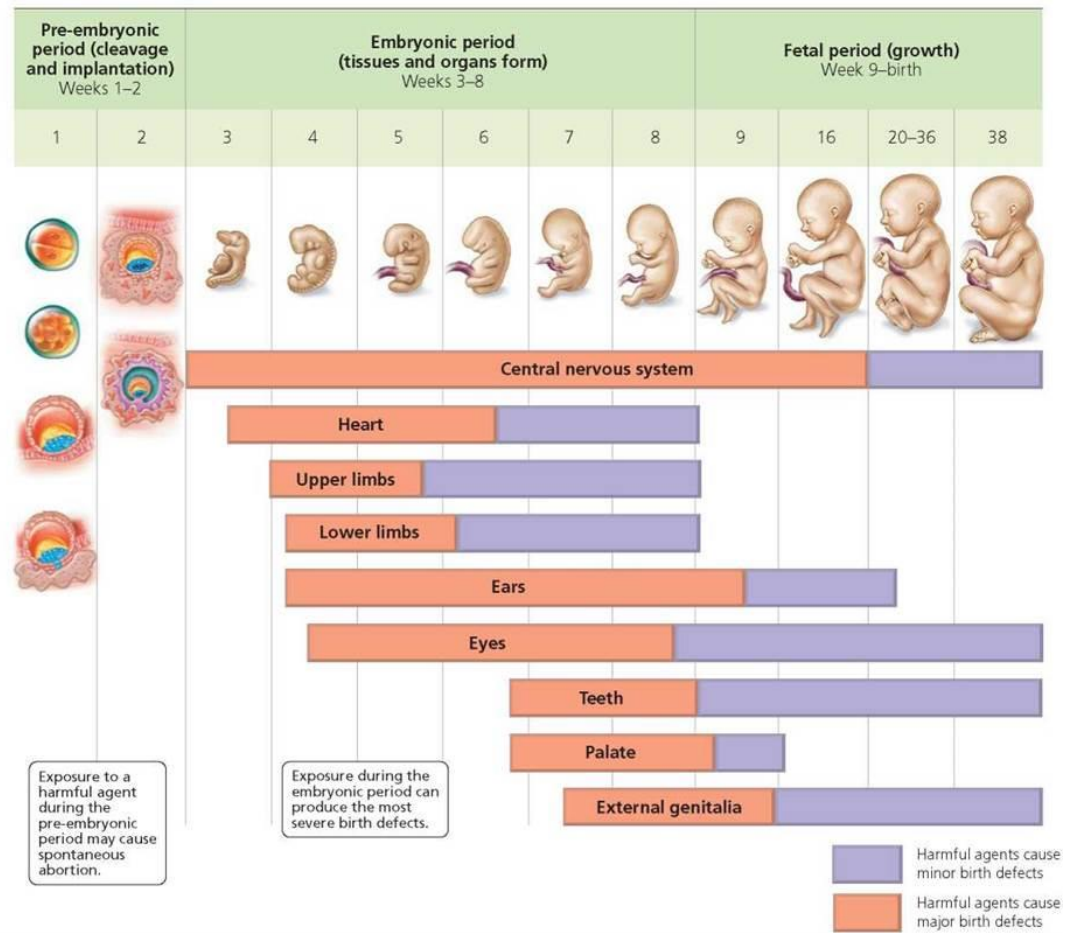
PHYSIOLOGICAL IMPOSITION OF FETUS IN UTERUS

- LIE LONGITUDINAL - HEAD FIRST
- POSITION FIRST COMMON
- HABITUS REGULAR
- PRESENTATION - OCCIPUT



INTRODUCTION TO TERATOLOGY

- Congenital disorders – due to abnormal developmental events
- Genetic (inherited) or nongenetic (external) causes
- Teratogens
- Critical developmental periods
- Life style (alcohol, smoking, drugs)
- Infections (rubeola, HIV, toxoplasmosis)
- Lack or abundance of key substances (folic acid × retinoids)
- Chronic diseases (medical treatment)

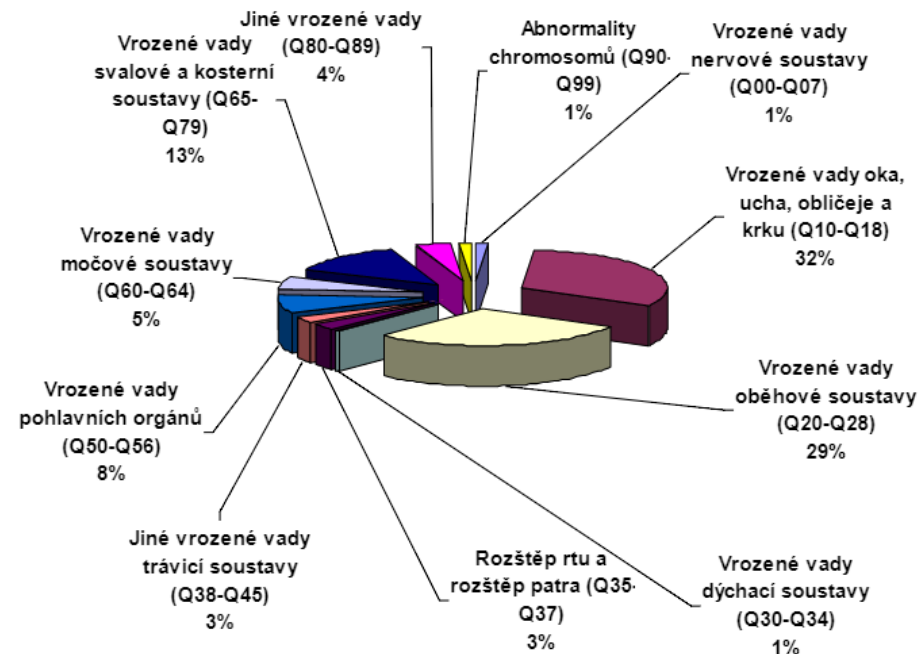


INTRODUCTION TO PRENATAL DIAGNOSTICS

- Interdisciplinary care – biochemistry, genetics, gynecology and obstetrics, neonatology – parts of fetal medicine
- Revealing high risk pregnancies, access to preventive and therapeutic care
- Preventing delivery of fetuses with severe congenital malformations
- Support of delivery of genetically high-risk babies
- Planning and providing clinical care

- Genetic counselling
- Biochemical and ultrasound screening
- Karyotyping and DNA diagnostics
- Clinical diagnostics

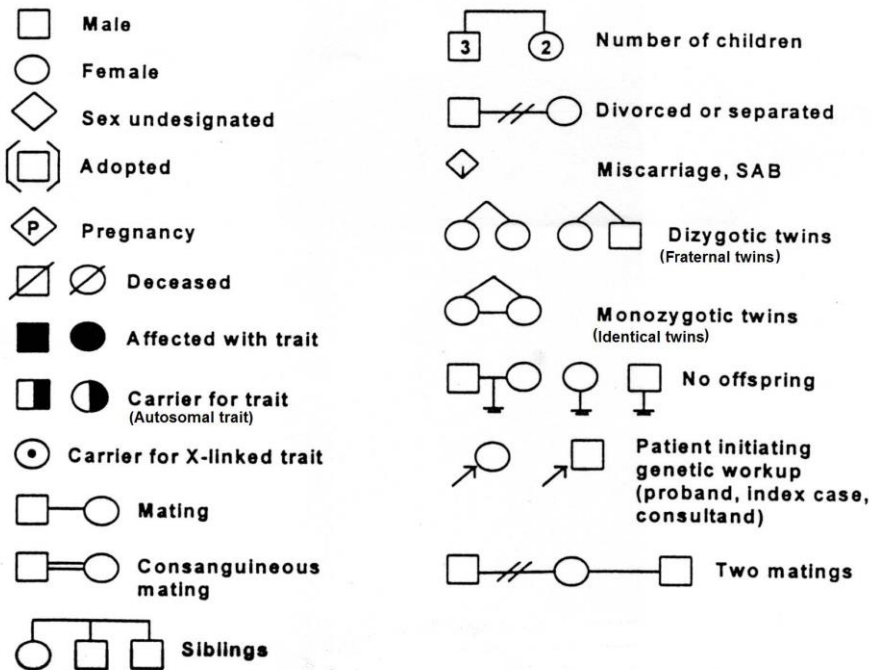
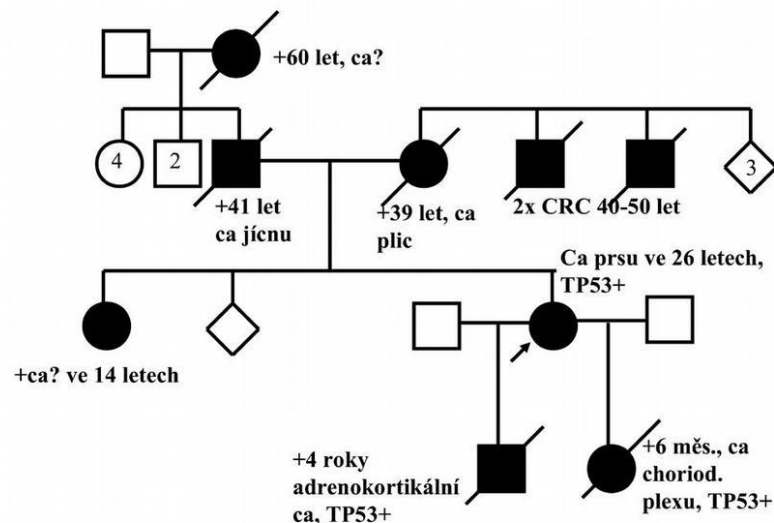
- Indication:
 - congenital disorders in family
 - positive screening in 1st or 2nd trimester
 - abnormal finding by ultrasound
 - maternal age (over 35 years)



ČR 1994-2008

GENETIC COUNSELING

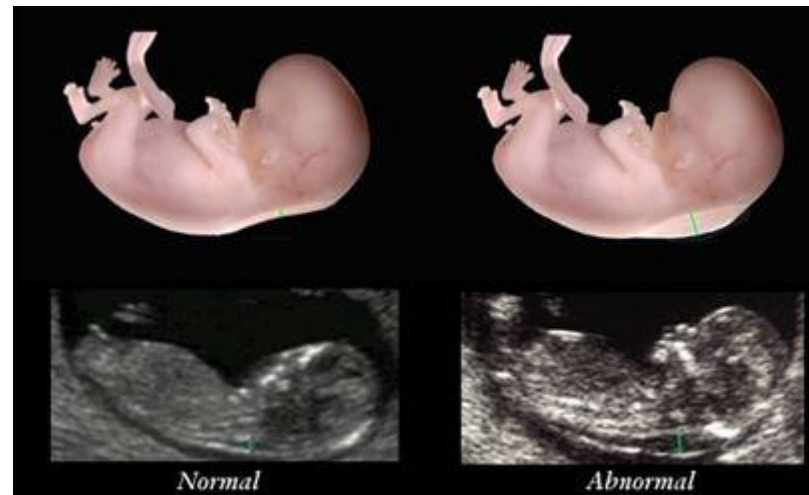
- Anamnesis (case history)
- Preconception counselling
- Explaining of examination results, causes, clinical symptoms, therapeutic options
- Minimization of risk of repeated disease
- Providing diagnosis and information for free choice
- Providing precise diagnosis and risk estimation
- Providing care during pregnancy and later



NONDIRECTIVE
 ALL EXAMINATIONS AND
 PROCEDURES ARE VOLUNTARY

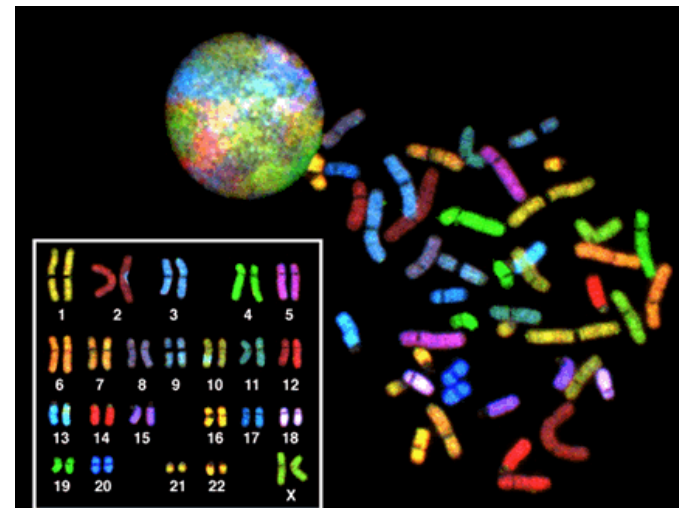
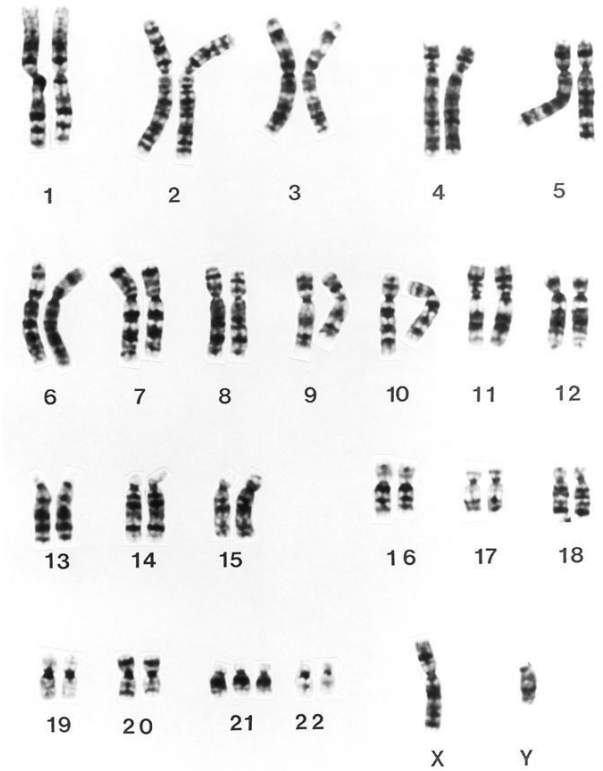
BIOCHEMICAL SCREENING

- Non invasive
 - Revealing high risk pregnancies – chromosomal aberrations and clefts
 - **Screening is not a diagnostics** → further examinations (amniocentesis, karyotype, US)
- Tests between weeks 14-16 („TRIPLE test“)
 - low sensitivity and specificity (50-60%), high false positivity (70%)
 - AFP, E3, hCG
 - chromosomal aberrations, abnormal closing of neural tube, defects of body walls
- Combined screening in week 11-13
 - chromosomal aberrations – Down: 47,XY,+21, Edwards: 47,XY,+18, Patau 47,XY,+18
 - US –nuchal translucence, NT
 - PAPP-A, hCG (multiplies of median, MoM)
 - age included in algorithm
 - output: screening positive vs. negative (limit 1:100)



INVASIVE DIAGNOSTICS

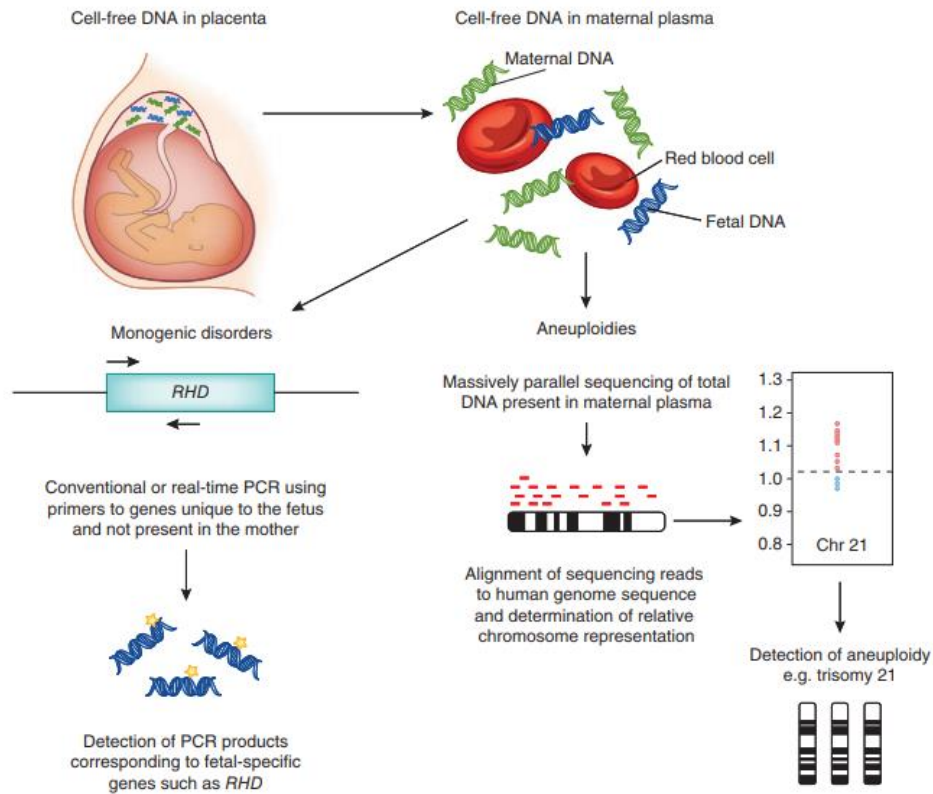
- Amniocentesis
 - 16th-20th week
 - US controlled amniotic fluid aspiration
 - Cell culture, karyotype
 - Risk of miscarriage 0.5-1%
- Chorion villus biopsy
 - 10th-13th week
 - Karyotype, molecular genetic examination
 - Risk 0.5-1%
- Cordocentesis
 - 22nd week
 - Sampling of venous umbilical blood
 - Now diagnostics and therapy of blood diseases (anemia, infections), or diagnostics in multiple pregnancies
 - Risk 1%
- Fetoscopy
 - Transabdominally (earlier transcervically)
 - Visualization and fetal biopsy
 - Risk 3-10%, done rarely



ULTRASOUND DIAGNOSTICS

- 6-8th week
 - confirmation of pregnancy, heart action
 - number of fetuses
- 13-14th week
 - nuchal translucence (risk > 3 mm)
 - nasal bone (present × absent), **minor markers** (omphalocele, tricuspidal regurgitation, abnormality in ductus venosus flow, enlargement of urinary bladder-megavesica)
 - fetal size
- 20-22nd week
 - detailed screening
 - fetal biometry (biparietal diameter, head circumference, length of femur)
 - head and CNS (shape, cavity in septum pellucidum, ventricles, cerebellum, cisterna magna), face (lip, jaws, nose, orbits, profile), heart (action, size, axis, 4-chamber projection, outflow tracts, ...), thorax (pathological structures), abdominal cavity (stomach, intestine, kidneys, urinary bladder, umbilicus and umbilical vessels), backbone, limbs, palms, feet
 - placenta, volume of amniotic fluid
- 30th week
 - fetal size
 - volume of amniotic fluid
 - placenta (exclusion of *placenta praevia*)

ADVANCEMENTS IN MOLECULAR GENETICS



Analysis of cell-free fetal DNA in maternal blood
 Since 12th week
 Massive parallel sequencing (Next-Gen Sequencing)
 Common aneuploidies (trisomy 21,13,18)
 Monogeneous disorders

SOP-M8 NEINVAZIVNÍ DETEKCE ANEUPLOIDIÍ CHROMOZOMŮ 13, 18 A 21 POMOCÍ MULTIPLEX PCR A MASIVNÍHO PARALELNÍHO SEKVENOVÁNÍ (MPS)

Test Clarigo se značkou „CE“, která je nezbytná pro provedení tohoto vyšetření v zemích EU, splňuje základní požadavky Směrnice Rady IVD 98/79/EC pro *in vitro* diagnostiku.

VÝSLEDEK VYŠETŘENÍ:

| Chromozom | Stav | Fetální frakce | Předpokládané pohlaví plodu |
|-----------|----------|----------------|-----------------------------|
| 13 | normální | 7,1 % | ženské |
| 18 | normální | | |
| 21 | normální | | |

ZÁVĚR:

Analýzou volné fetální DNA cirkulující v krvi těhotné nebylo zjištěno zvýšené riziko aneuploidie chromozomů 13, 18 a 21.

Komentář: doporučujeme genetickou konzultaci.

Pozn: Při patologickém nálezu je výsledek nutné ověřit některým z invazivních postupů (např. odběr plodové vody, choriových klků, kordocentéza s následnou QF-PCR analýzou nebo stanovením klasického karyotypu apod.).

THANK YOU FOR ATTENTION

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<http://www.med.muni.cz/histology>

