

Reproductive Physiology

Lecture 4

Physiology of ovarian cycle



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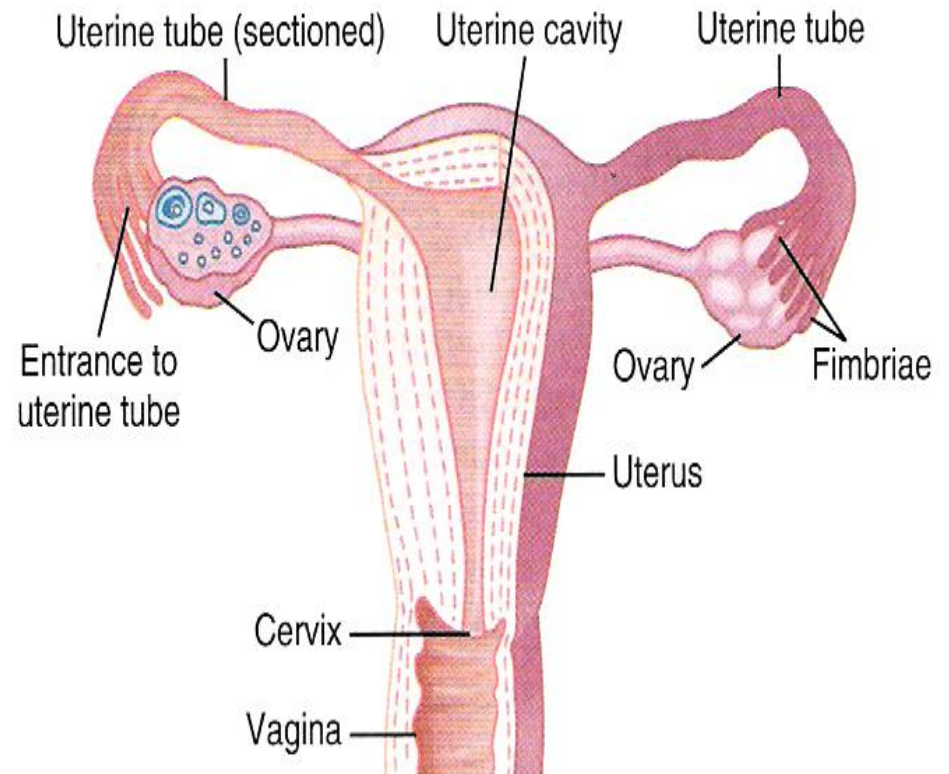
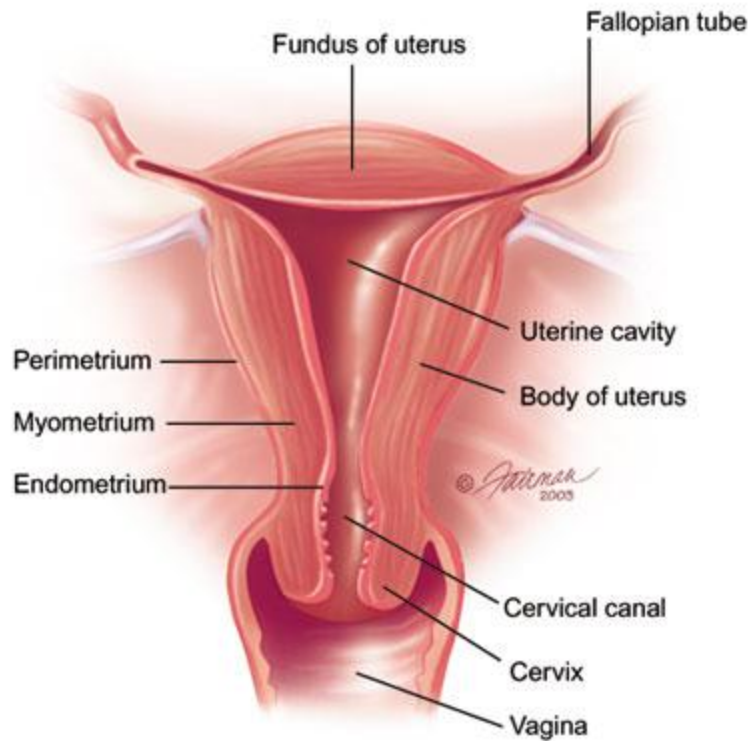
Objectives



By the end of this lecture, you should be able to:

1. List the hormones of female reproduction and describe their physiological functions
2. Describe the changes that occur in the ovaries during the menstrual cycle
3. Describe the hormonal control of the development of ovarian follicles, mature oocytes and corpus luteum
4. Recognize the *pituitary-ovarian-axis* and the changes that occur in the ovaries leading to ovulation

Physiologic anatomy of the female sexual organs



Monthly Ovarian Cycle



Monthly rhythmical changes in the rates of secretion of **female hormones** & corresponding **physical changes** in the ovaries & other sexual organs.

Duration of the cycle average **28 days** (20-45 days).

There are **2** results of the female sexual cycle:

1. Single ovum is released from the ovaries each month
2. Uterine endometrium is prepared for implantation for the fertilized ovum.

Gonadotropic hormones and their effects on the ovaries



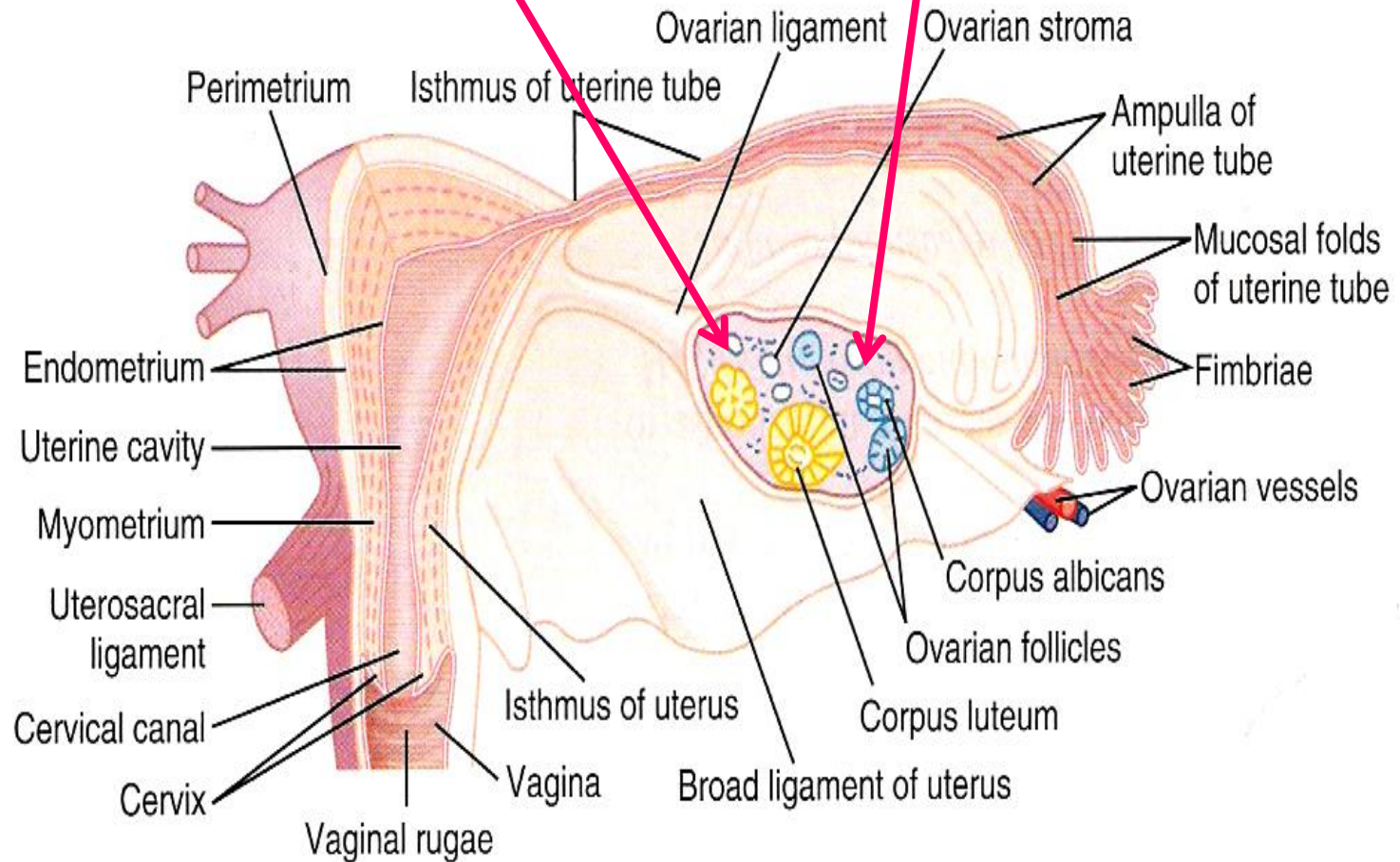
The ovarian changes during the sexual cycle depend on FSH & LH secreted by AP. In the absence of these hormones, the ovaries remain inactive throughout childhood, **at puberty** the AP starts to secrete FSH & LH which leads to the beginning of monthly sexual cycles.

First menstrual cycle is called **menarche**

Both FSH and LH stimulate their ovarian target cells by combining with highly specific receptors leading to increasing the cells rates of secretion, growth & proliferation of the cells

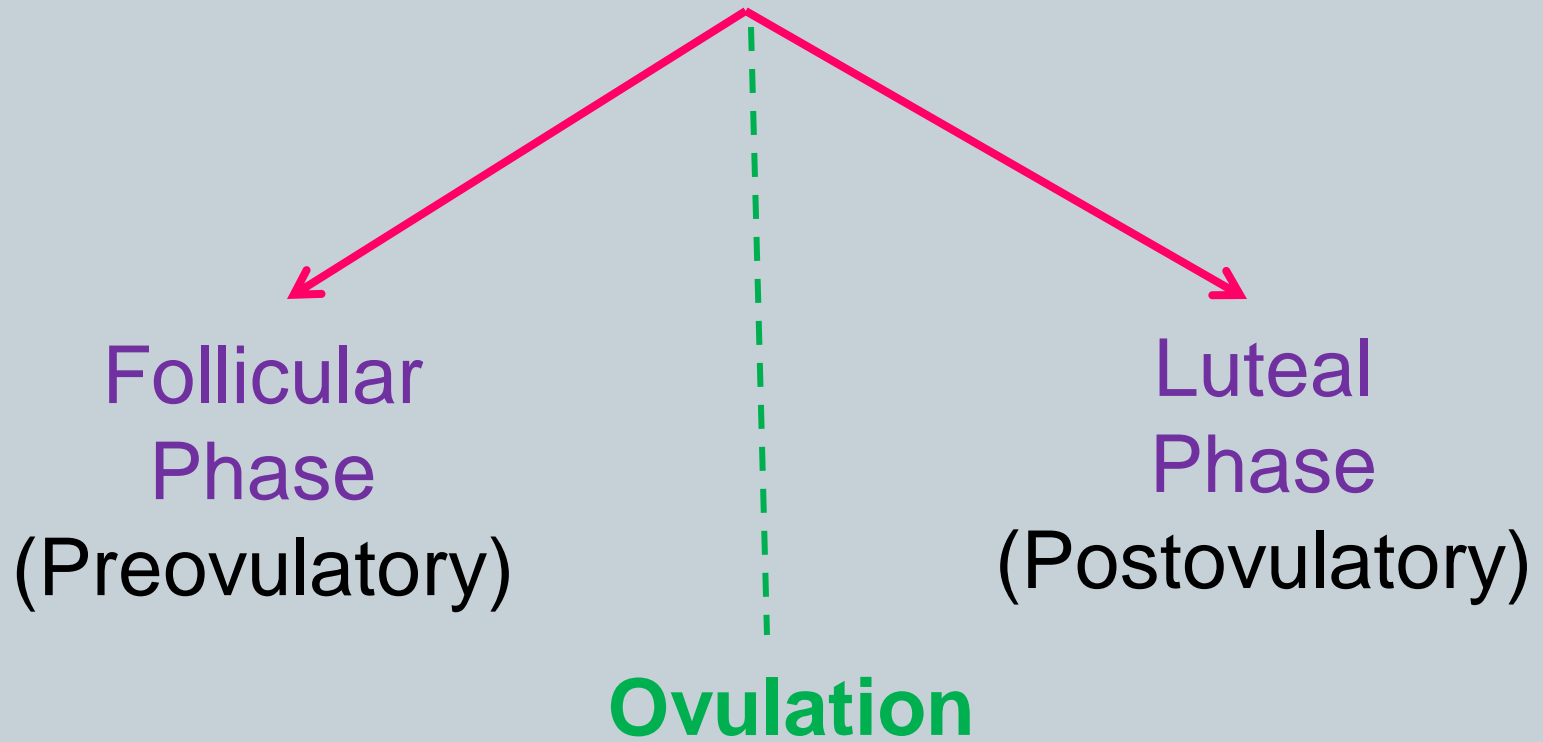
FSH

LH





Ovarian Cycle

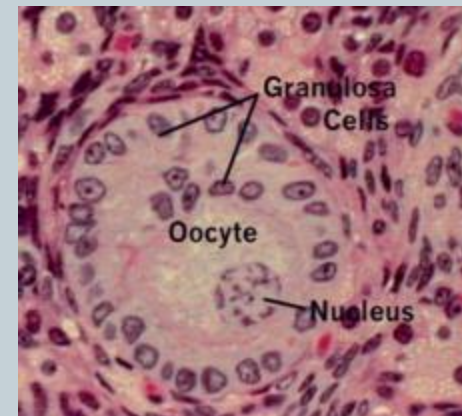


Ovarian follicle growth



“Follicular” phase of the ovarian cycle:

- In female child each ovum is surrounded by single **granulosa cell** sheath called *primordial follicle*
- During childhood, the **granulosa cells** provide nourishment for the ovum & secrete *oocyte maturation-inhibiting factor* which keeps the ovum in its primordial state
- **After puberty**, AP secretes **FSH** and **LH** resulting in ovum to increase in size & growth of additional layers of **granulosa cells** of some follicles known as *primary follicles*

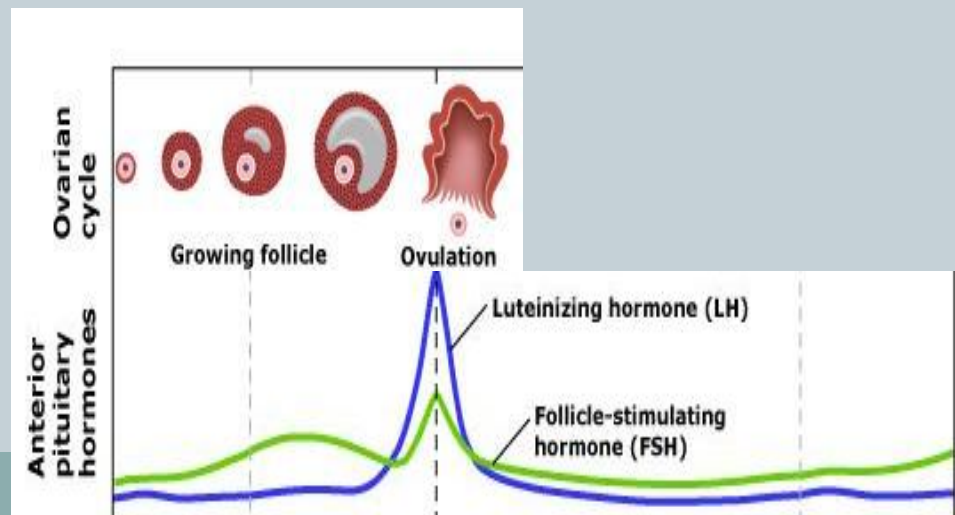


Ovarian follicle growth



During *the first few days* of the monthly female sexual cycle there is an increase secretion of **FSH and LH**

- FSH increase is slightly more & earlier than LH which causes the acceleration of growth of many primary follicles each month. There is proliferation of the **granulosa cells** to many layers. The ovary interstitium collects in several layers outside the granulosa cells to form a second mass of cells called **theca**

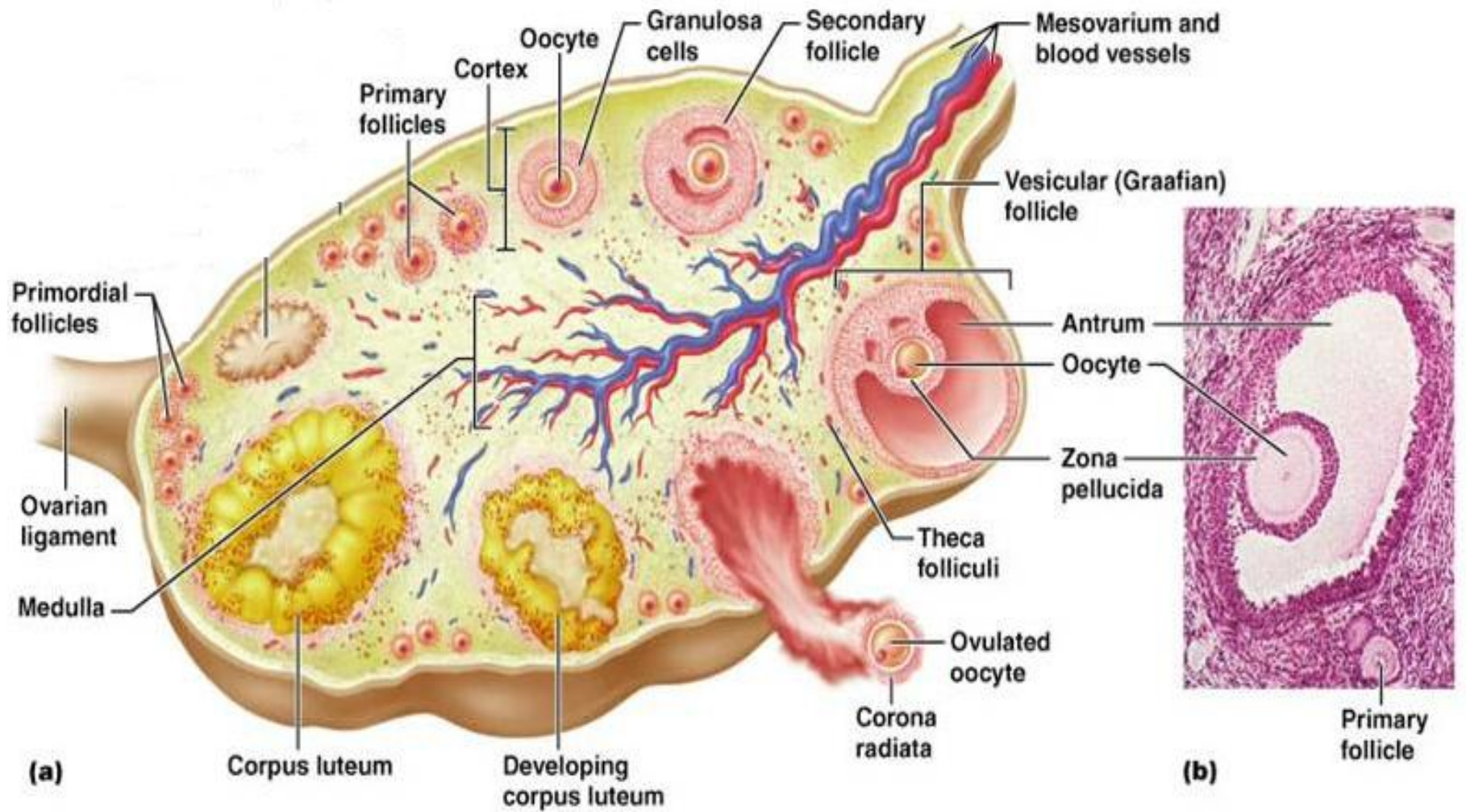


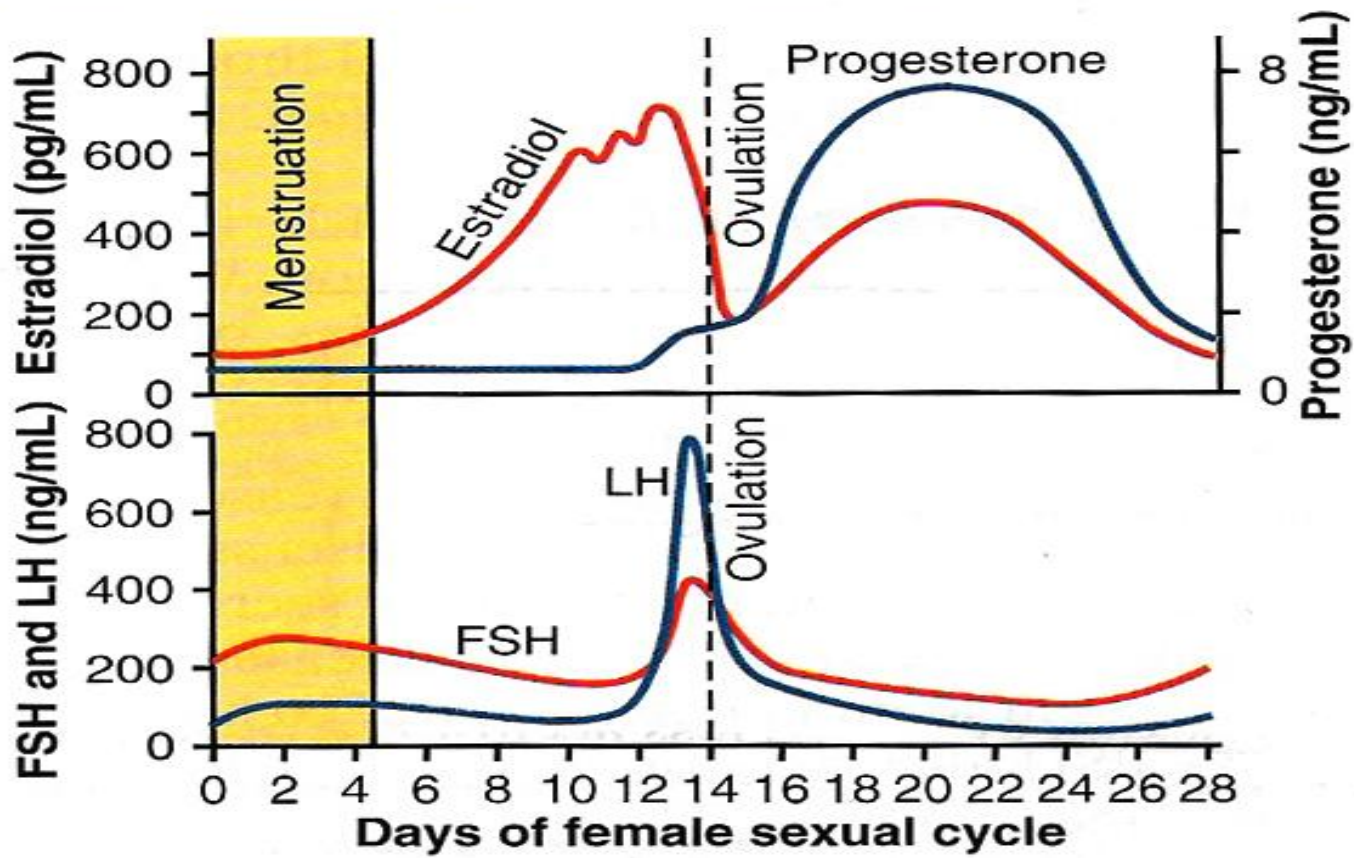
Ovarian follicle growth



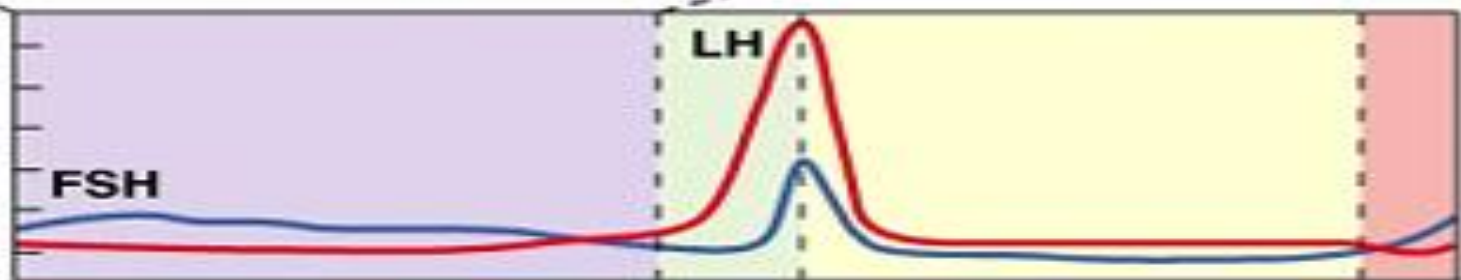
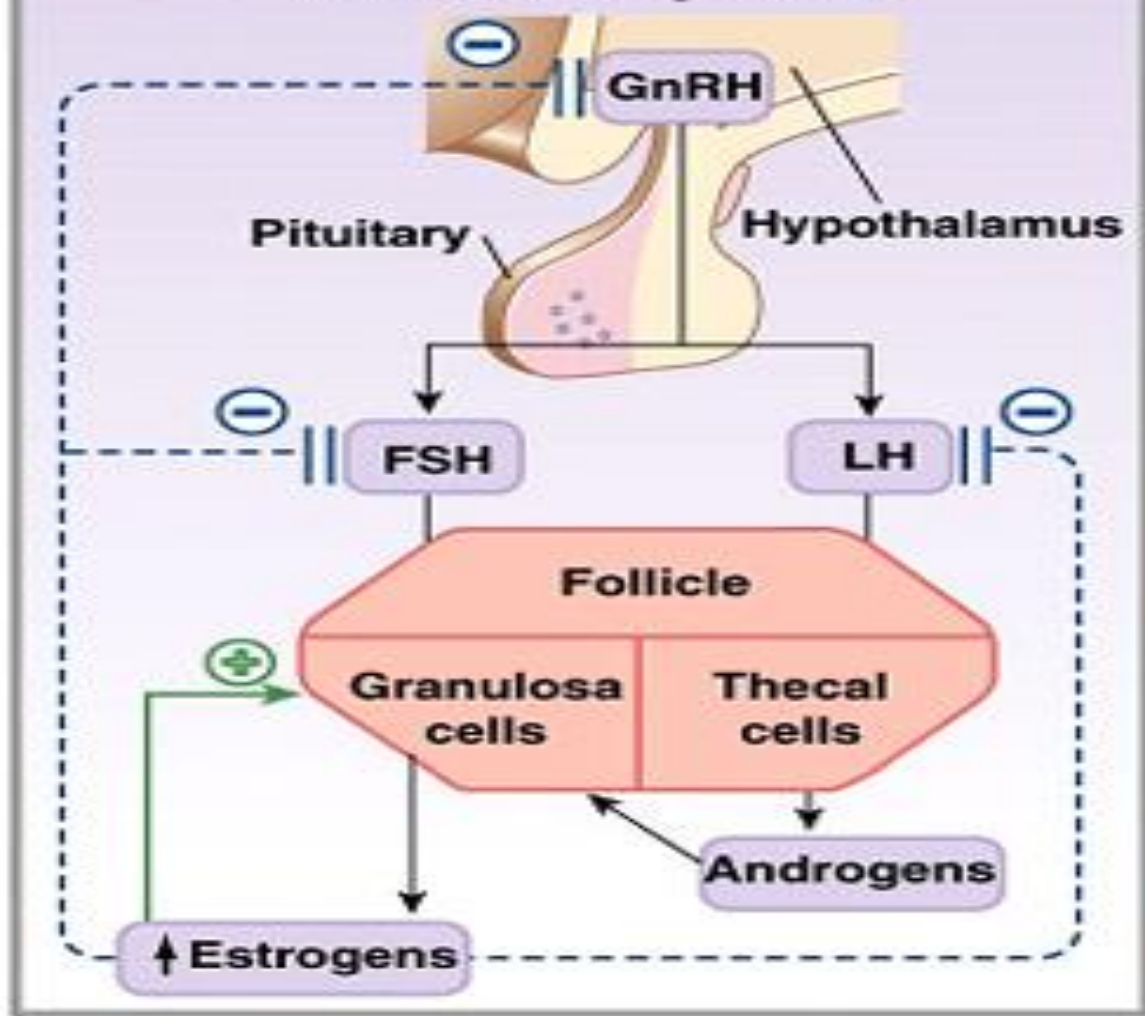
The theca is divided into 2 layers:

- 1. *theca interna***, the cells have epitheloid characteristics and similar to the granulosa cells and secrete sex hormones (estrogen and progesterone)
- 2. *theca externa***, the outer layer, develops into a highly vascular connective tissue capsule of the developing follicle





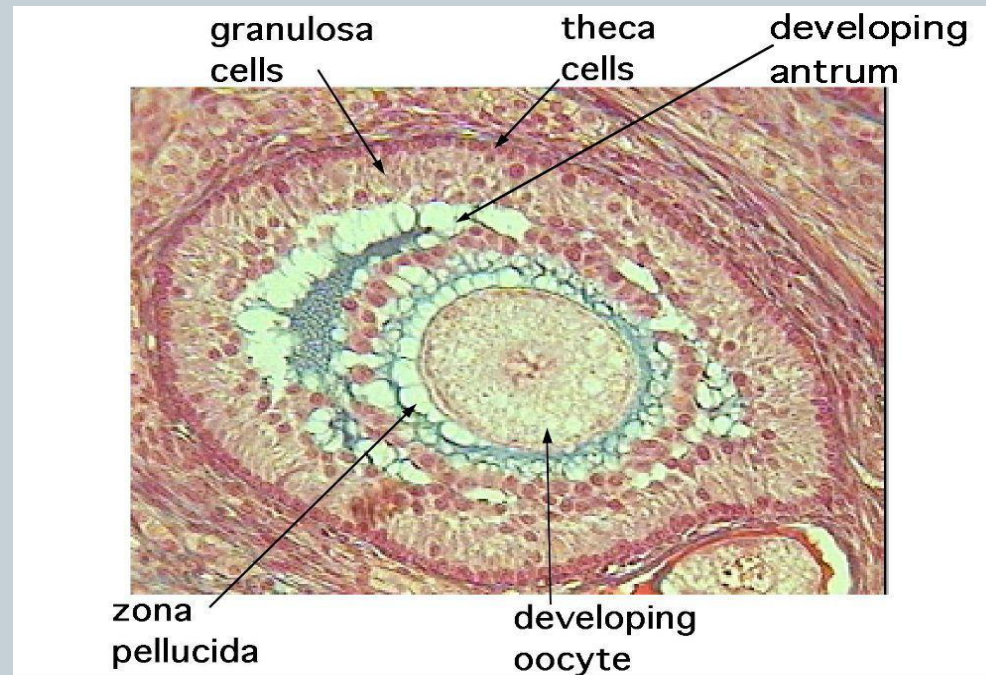
Follicular phase



Ovarian follicle growth



Few days after proliferation & growth of the follicles, the **granulosa cells** secrete **follicular fluids** that contain high concentration of **estrogen**. This fluid accumulates to form **antrum** within the mass of the **granulosa cells**



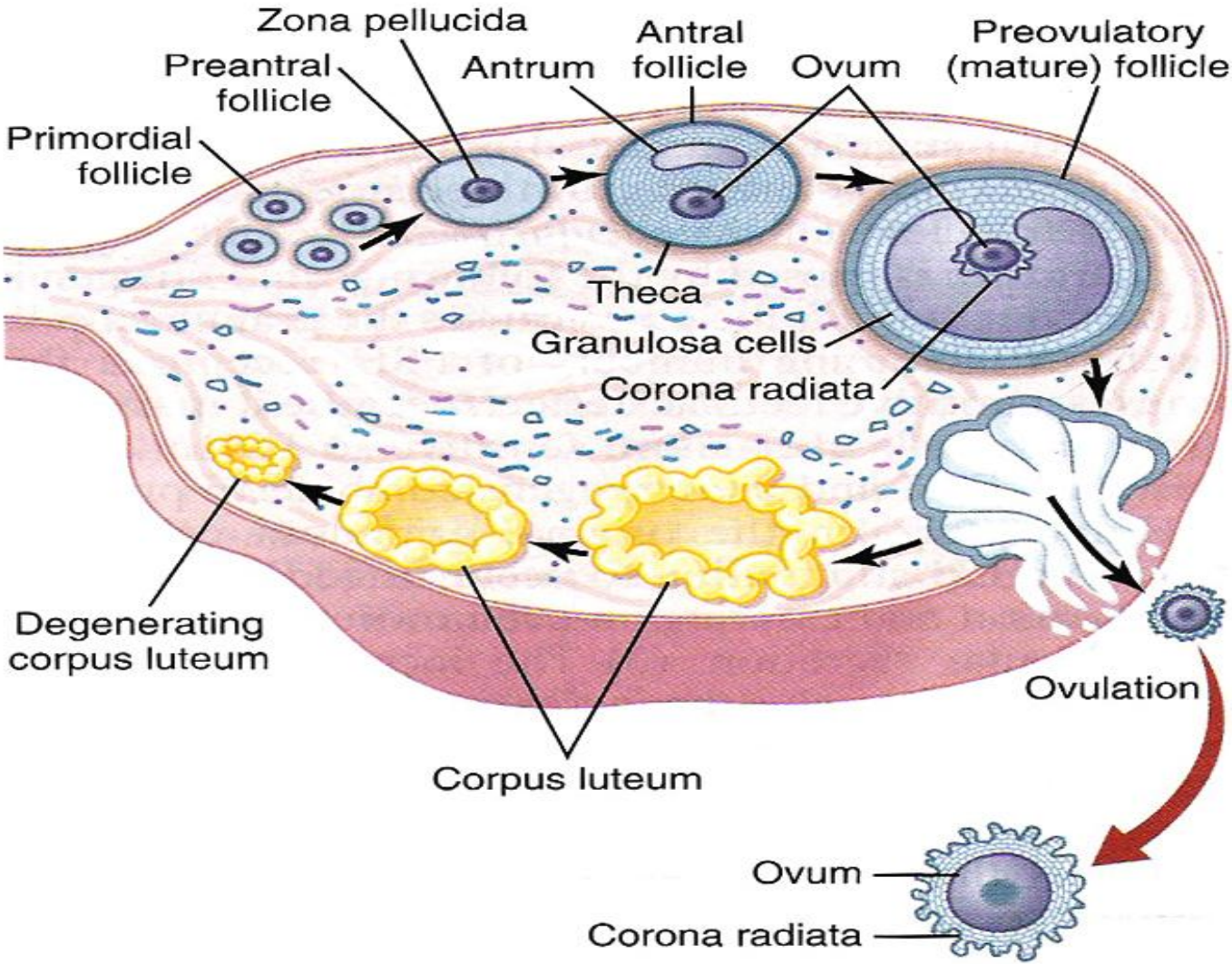
Ovarian follicle growth



The early growth of the follicle up to the antral is under **FSH** stimulation. Then there is accelerated growth of the follicle to larger follicle called vesicular follicle caused by:

1. estrogen secreted into the follicle caused the granulosa cells to increase FSH receptors which causes **positive feedback effect**
2. both estrogen & FSH combine to promote LH receptors on the **granulosa cells**, allowing more increase follicular secretion
3. the increasing estrogen from the follicle plus increasing LH from the AP causes proliferation of the follicular theca cells & increase their secretion

Ovarian follicle growth



Ovarian follicle growth



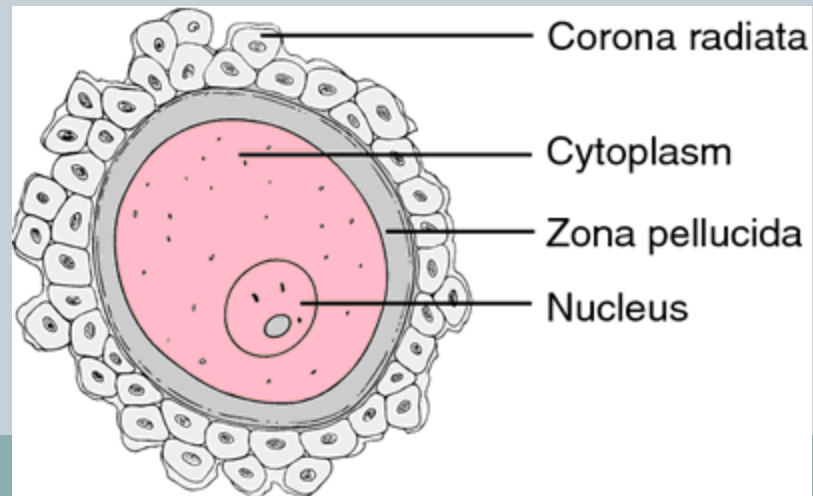
- The **antral follicles** begin to grow. The ovum enlarges & remains embedded at one pole of the **granulosa cells** of the follicle
- Only **one follicle** continue to grow & the remaining follicles (5 to 11) undergo **atresia** or involute

Ovulation



It occurs 14 days after the onset of menstruation in 28 days cycle.

Before ovulation, small area in the center of the follicle called stigma protrude & fluids ooze from the follicle & the stigma ruptures allowing more viscous fluid outward carrying with it the ovum surrounded by mass of granulosa cells called corona radiata



Ovulation



LH surge is necessary for ovulation:

2 days before ovulation, the rate of LH secretion from the AP increase markedly to 6-16 fold & peak about 16 hrs before ovulation.

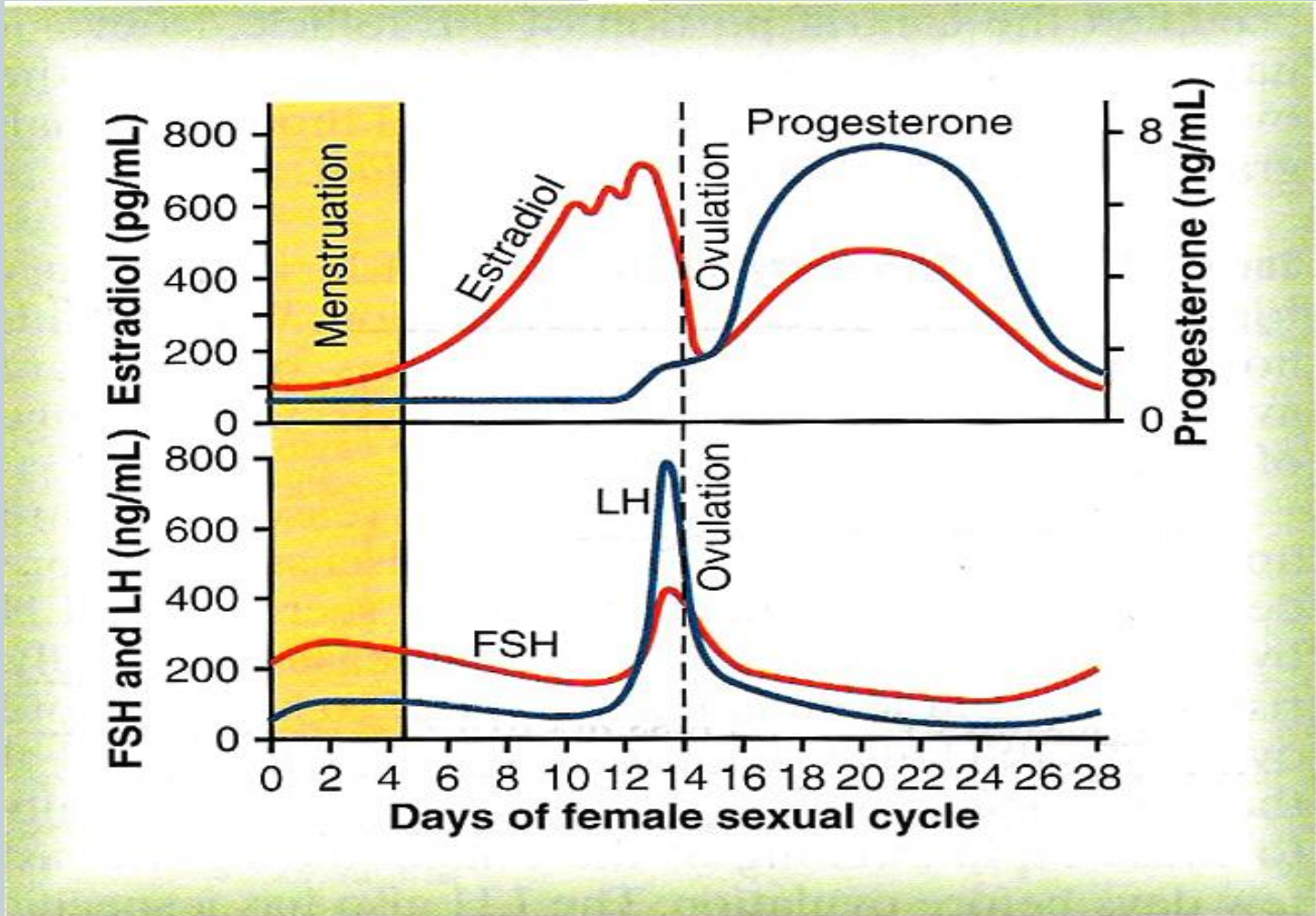
- FSH also increases to 2 to 3 fold & acts synergistically with LH to cause swelling of the follicle before ovulation.
- LH has specific effect on the granulosa cells & theca cells converting them to progesterone secreting cells so the rate of estrogen secretion begins to fall about 1 day before ovulation while progesterone secretion begin to increase.

Initiation of ovulation



Large quantity of LH secreted by the AP causes rapid secretion of progesterone from the follicle few hours & 2 events occur which are necessary for ovulation:

- 1) the theca externa begins to secrete proteolytic enzymes & causes weakening of the wall result in swelling of the follicle & degeneration of the stigma;
 - 2) rapid growth of new blood vessels into the follicle wall & prostaglandins are secreted into the follicular tissue.
- The two effects causes swelling of the follicle & plasma transudation into the follicle & degeneration of the stigma with discharge of the ovum.



Corpus Luteum



“Luteal” phase of the ovarian cycle

- After expulsion of the ovum from the follicle, the remaining granulosa & theca internal cells change to lutein cells & become filled with lipid inclusions giving them yellowish appearance. The granulosa cells with the theca cells called corpus luteum.
- The granulosa cells in corpus luteum develop extensive intracellular endoplasmic reticula & form large amount of progesterone & estrogen. The theca cells form mainly androgens which are converted by granulosa cells into female hormones.
- The corpus luteum grow to about 1.5 cm in diameter, at about 7 to 8 days after ovulation .Then begins to involute & losses its secretory function & its yellowish characteristic about 12 days after ovulation & becomes corpus albicans & replaced by connective tissue & absorbed.

Corpus Luteum



Luteinizing function of LH:

- 1- The change of granulosa and theca interna cells into **lutein cells**.
- 2- Extrusion of the ovum from the follicle Uncharacterized local hormone in the follicular fluid called luteinization – inhibiting factor hold the luteinization process until after ovulation.
- 3- Secretion of progesterone & estrogen from the corpus luteum.
 - If pregnancy occur, the hCG from the placenta act on the corpus luteum to prolong its life for 2 to 4 months of pregnancy

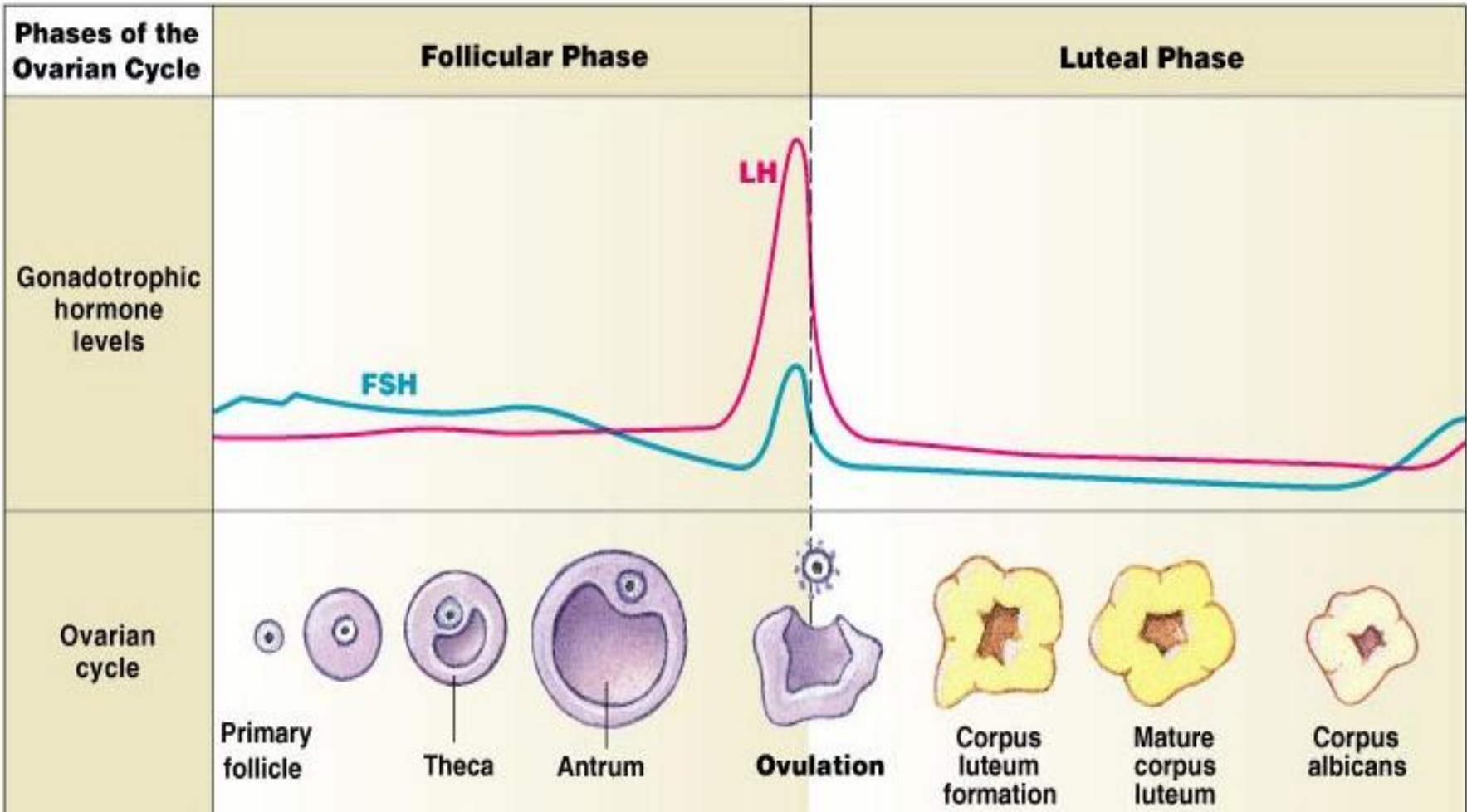
Corpus Luteum

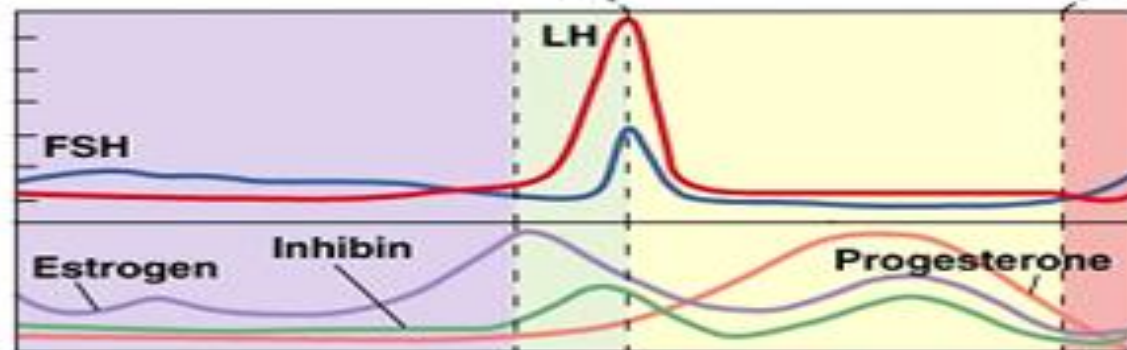
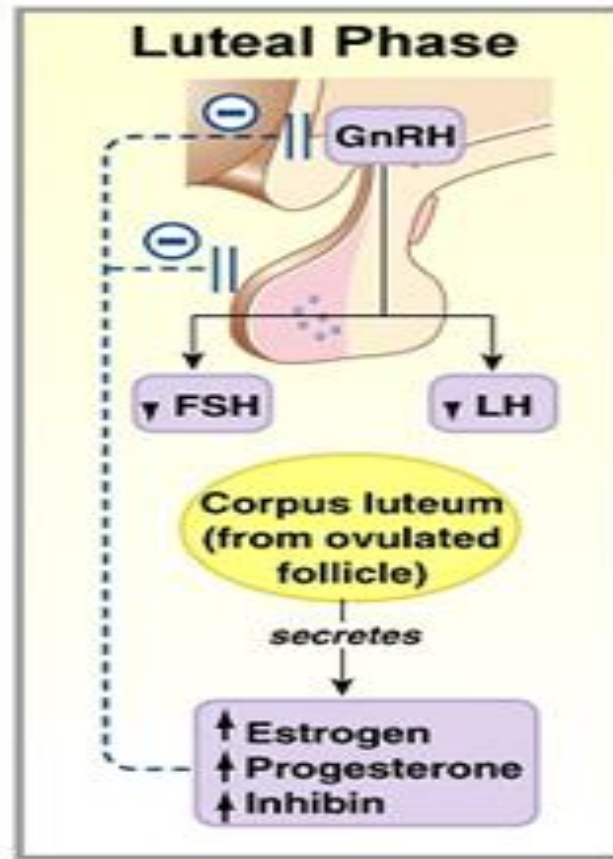


Involution of the corpus luteum and onset of the next ovarian cycle:

- 1- Estrogen & progesterone secreted by the corpus luteum in luteal phase have strong negative feedback effect on AP to inhibit the secretion of FSH & LH.
- 2- The lutein cells secrete small amounts of inhibin which inhibit secretion of FSH by AP. Low levels of both FSH & LH & loss of these hormones causes the corpus luteum to degenerate completely, called involution of the corpus luteum.
- 3- Around **26th days** of normal sexual cycle & after involution of corpus luteum, sudden cessation of secretion of estrogen, progesterone & inhibin removes the feedback inhibition of the AP & allowing increase secretion of FSH & LH again. FSH & LH initiate the growth of new follicles, beginning a new ovarian cycle.

Corpus Luteum





The End

Thank You