LECTURE 2 PHYSIOLOGY OF OVARIAN CYCLE

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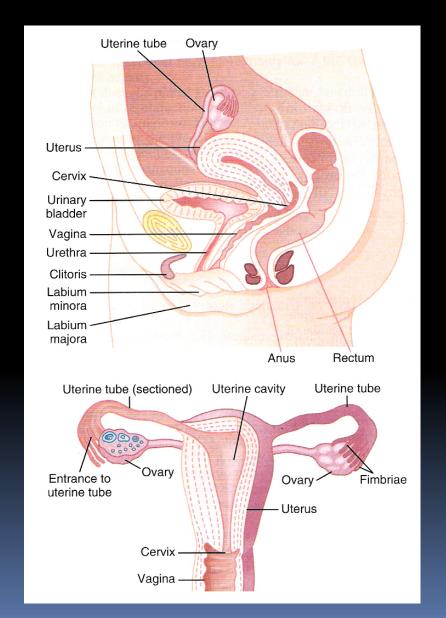
Objectives

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

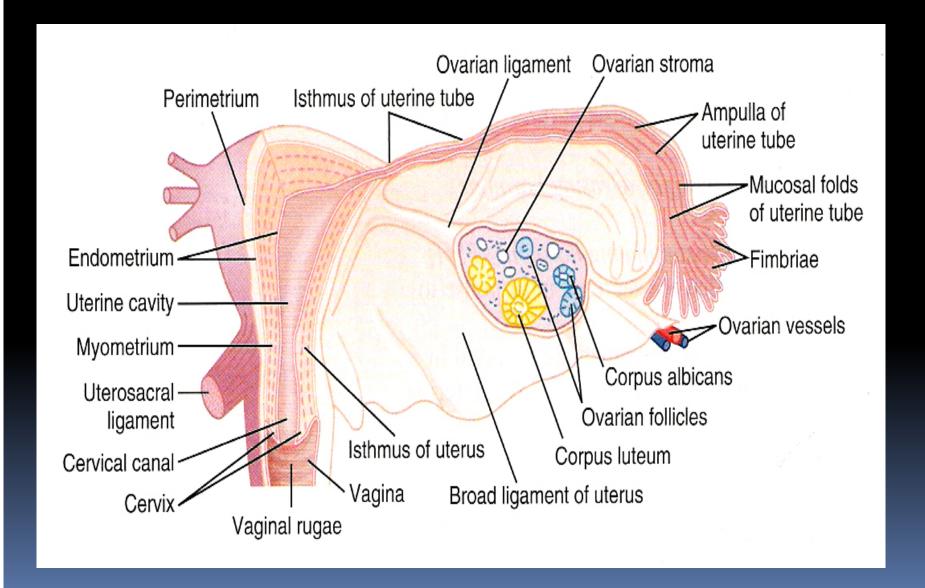
- 1. List the hormones of female reproductive organs and describe their physiological functions
- 2. Describe the changes that occur in the ovaries during the menstrual cycle
- 3. Describe the hormonal control of the development of ovarian follicles, mature oocytes and corpus luteum
- 4. Describe the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

Keywords: 17β-estradiol, progesterone, graafian follicle, ovulation, corpus luteum

Anatomy of the female sexual organs



Relation of the ovary to fallopian tube



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 reproductive 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 lead to the beginning of monthly reproductive cycles.
- First menstrual cycle is called menarche.
- Both FSH and LH stimulate their ovarian target cells by combining with highly specific receptors to increase
 - Rates of secretion,
 - Growth & proliferation of the cells.

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 secrete FSH and LH which
 - Stimulate the ovaries and result in growth of some follicles.
 - Growth of the follicle begins with increase in size of the ovum & growth of additional layers of granulosa cells of some follicles
 - At this stage it is known as primary follicles.

During the first few days of the monthly female reproductive cycle there is increase in secretion of **FSH and LH**,

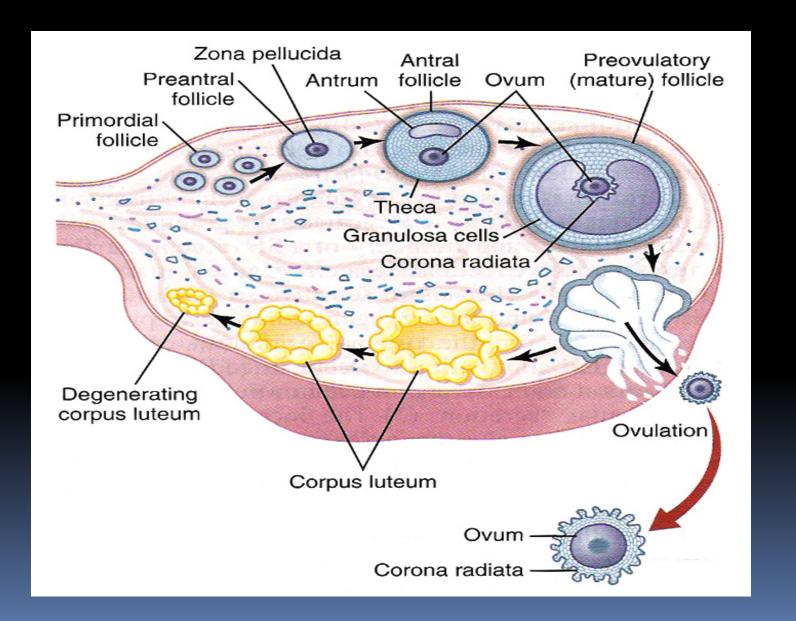
- Increase in FSH is slightly more & earlier than LH which causes the acceleration of growth of many primary follicles each month.
- There is proliferation of the granulosa cells to many layers.
 The ovary interstitium collect in several layers outside the granulosa cells to form a second mass of cells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

This theca is divided into 2 layers:

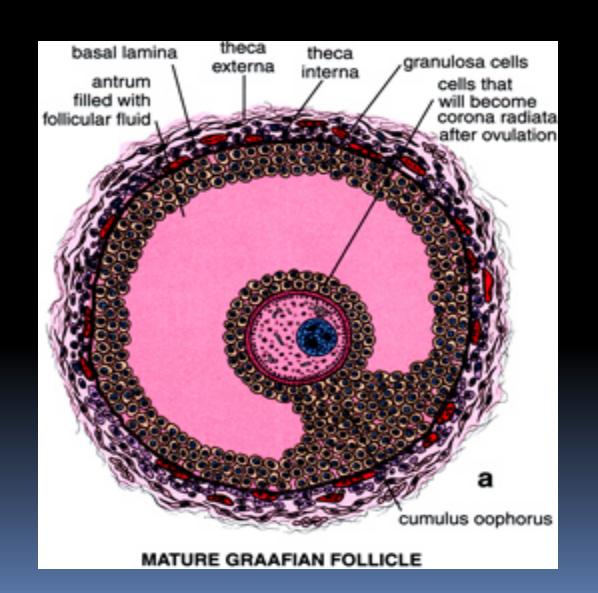
- Theca interna, the cells have epitheloid characteristics and similar to the granulosa cells and secrete sex hormones (estrogen and progesterone)
- 2. Theca externa, the outer layer, develops into a highly vascular connective tissue capsule of the developing follicle.

- Few days after proliferation & growth of the follicles, the granulosa cells secrete <u>follicular fluids</u> contain high concentration of estrogen.
- This fluid accumulate to form <u>antrum</u> within the mass of the granulosa cells.
- The early growth of the follicle up to the antral is under <u>FSH</u> stimulation.
- Then there is accelerated growth of the follicle to larger follicle called <u>vesicular follicle</u> caused by:-
 - Estrogen secreted into the follicle causes the granulosa cells to form increasing number of FSH receptors which causes positive feedback effect;
 - 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.

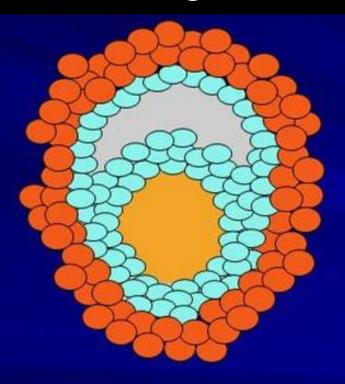
Stages of follicular development



Layers in the mature graafian follicle



- The antral follicles begin to grow.
- The ovum enlarges & remain 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 the
- Cause: Figure



- Rising estrogen levels
 - positive feedback locally
 - negative feedback centrally
- Rising inhibin levels
 - further negative feedback
- Declining FSH levels
 - withdraw growth support
 - Atresia in lesser follicles atresia

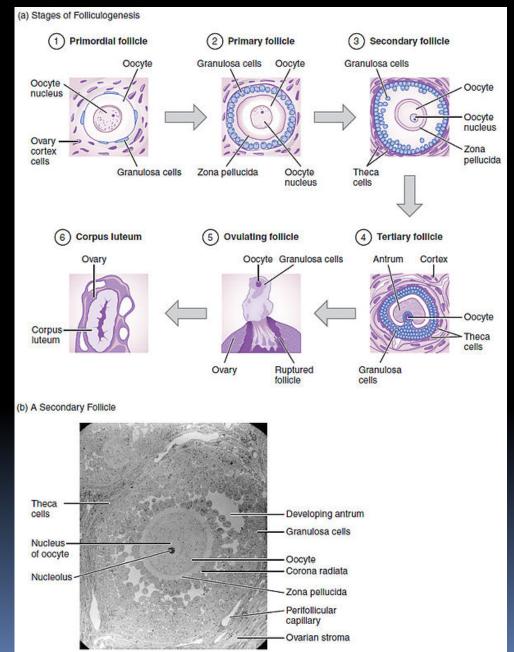
Ovulation:

- 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.

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.

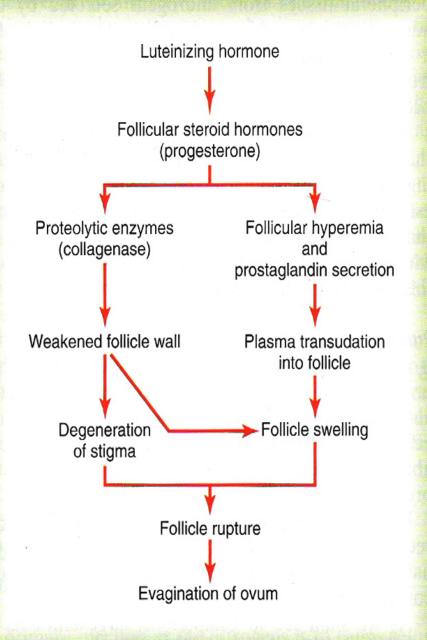
Summary of follicular growth



Initiation of ovulation:

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

- 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.
- -Those two changes causes swelling of the follicle & plasma transudation into the follicle & degeneration of the stigma with discharge of the ovum.



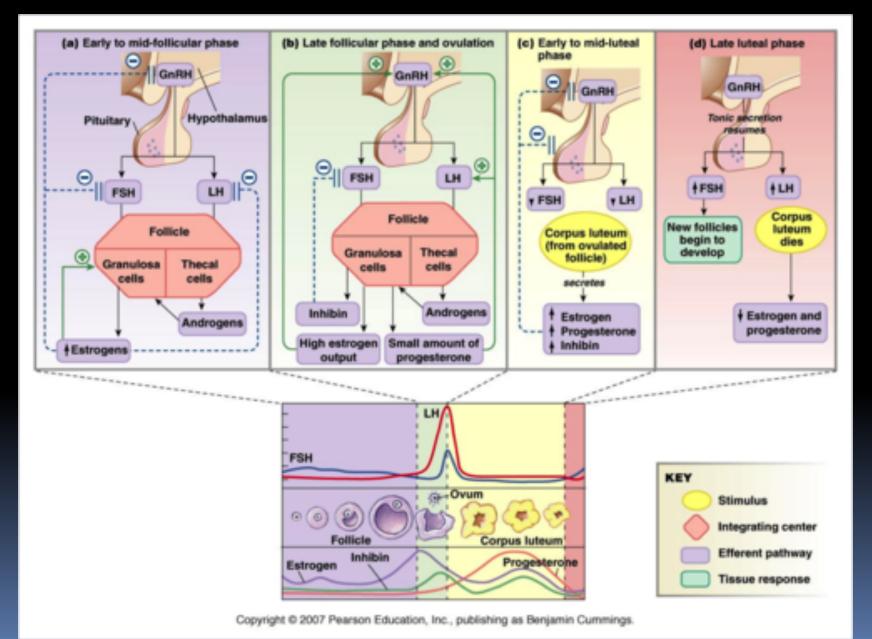
Luteal phase of the ovarian cycle:

- After expulsion of the ovum from the follicle, the remaining granulosa & theca interna cells change to lutein cells & become filled with lipid inclusions giving them yellowish appearance.
- The granulosa cells with the theca cells called <u>corpus</u> <u>luteum.</u>
- 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.

Luteinizing function of LH:

- A local hormone in the follicular fluid called luteinization – inhibiting factor hold the luteinization process until after ovulation.
- 2. After extrusion of the ovum from the follicle the following changes occur:
 - Conversion of granulosa and theca interna cells into lutein cells.
 - Secretion of progesterone & estrogen from the corpus luteum.
- If pregnancy occur, the chorionic gonadotropin from the placenta act on the corpus luteum to prolong its life for 2 to 4 months of pregnancy.

Summary of the ovarian cycle



<u>Involution of the corpus luteum and onset of the next ovarian cycle:</u>

- Lutein cells of the corpus luteum secrete:
 - Progesterone & Estrogen which inhibit the secretion of FSH & LH.
 - Inhibin which inhibit secretion of FSH by AP.
- Low levels of both FSH & LH & causes the corpus luteum to degenerate completely, called <u>involution</u> of the corpus luteum.
- Around 26th days of normal reproductive 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.

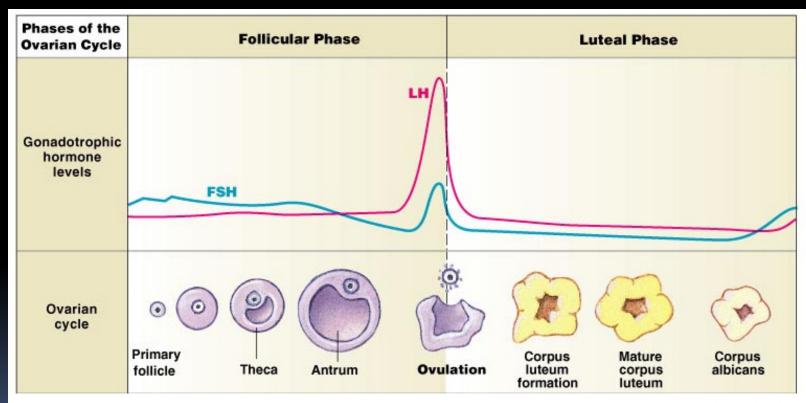


Fig. 26-13

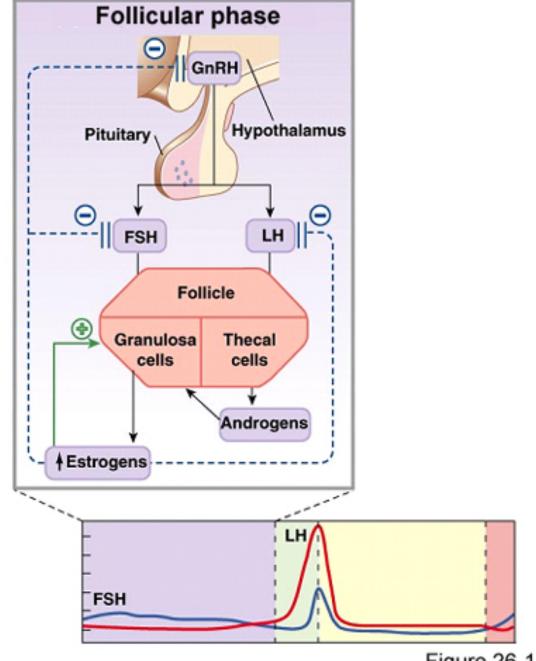


Figure 26-14a
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