PUBERTY

Physiology Lecture # 5
(Puberty)
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OBJECTIVES:

- 1. Definition of puberty.
- 2. Terms and events (thelarche, pubarche, menarche).
- 3. Hormonal changes (gonadal and extra gonadl).
- 4. Female hormonal changes and male hormonal changes and secondary sexual characters.
- 5. Staging of pubertal development (tanner) in boys and girls.
- 6. Pubertal disorders (precocious puberty and delayed puberty).

PUBERTY

A stage of human development when sexual maturation and growth are completed and result in ability to reproduce.

Accelerated somatic growth

Maturation of *primary sexual characteristics* (gonads and genitals)

Appearance of secondary sexual characteristics (pubic and axillary hair, female breast development, male voice changes,...)

Menstruation and spermatogenesis begin

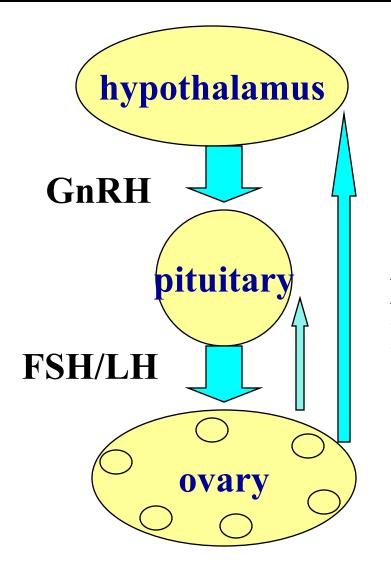
Puberty – Terms & Events

- Thelarche: development of breast
- Puberache: development of axillary & pubic hair
- Menarche: the first menstrual period
- Adrenarche: the onset of an increase in the secretion of androgens, responsible for development of pubic and axillary hair, body odour and acne.

Hormonal changes procede physical changes Increased stimulation of hypothalamo-pituitarygonadal axis

- gradual activation of the GnRH (LHRH)
- increases frequency and amplitude of LH pulses.
- gonadotropins stimulate secretion of sexual steroids (estrogenes and androgenes)
- extragonadal hormonal changes (elevation of IGF-I, and adrenal steroids)

Hypothalamic-Pituitary-Gonadal Axis



Steroidal & Non-steroidal hormones

Nocturnal GnRH pulsatility (LH secretion) precedes phenotypic changes by several years

First phenotypic changes:

breast development / testicular enlargement

- in young children, LH and FSH levels insufficient to initiate gonadal function
- between 9-12 yrs., blood levels of LH, FSH increase.
- Hormonal changes precede physical changes.
- amplitude of pulses increases, especially during sleep
- high levels of LH, FSH initiate gonadal development

- GH secretion from pituitary also increases
- TSH (thyroid stimulating hormone) secretion from pituitary increases in both sexes:
 - increases metabolic rate
 - promotes tissue growth

Puberty – Female hormonal changes

- surge of LH release initiates 1st ovarian cycle
- usually not sufficient to cause ovulation during 1st cycle
- brain and endocrine systems mature soon thereafter
- estrogen levels in blood increase, due to growing follicles

Physical Changes

- <u>5 stages</u> from childhood to full maturity
- Marshall and Tanner (P1 P5)
- Reflect progression in changes o;f the external genitalia and of sexual hair
- Secondary sexual characteristics
 - Mean age 10.5yrs in girls
 - Mean age 11.5 12yrs in boys

Puberty – Female hormonal changes

- estrogen induces secondary sex characteristics:
 - growth of pelvis
 - deposit of subcutaneous fat
 - growth of internal reprod. organs, external genitalia
- androgen release by adrenal glands increases (not as much as in male)
 — growth of pubic hair, lowering of voice, growth of bone, increased secretion from sebaceous glands.

Staging of pubertal development (Tanner)

Pubertal development is classified according to the Tanner standard – 5 different stages

- Girls: $b_{\underline{reast}}(B_{1-5})$, pubic hair (Pu_{1-5}) , axillary hair (A_{1-5}) , menarche
- Boys: $testicular\ volume > 4\ ml\ (Te)$, penis enlargement (G_{1-5}) , pubic hair (Pu_{1-5}) , axillary hair (A_{1-5}) , spermarche

Monitoring of the pubertal growth acceleration

- growth velocity is 2-3 times greater than prepubertal
- sexual dimorfism in pubertal growth

Puberty: Girls

- Breast enlargement usually first sign.
- Thelarche
- Menarche usually 2-3 yrs after breast development
- Growth spurt peaks before menarche
- Pubic and axillary hair growth: sign of adrenal androgen secretion
- Starts at similar stage of apocrine gland sweat production and associated with adult body odour

Pubertal Stages (Tanner) Female

- P1 Prepubertal
- P2 Early development of subareolar breast bud +/- small amounts of pubic and axillary hair
- P3 Increase in size of palpable breast tissue and areolae, increased pubic/axillary hair
- P4 Breast tissue and areolae protrude above breast level.
 Further increased pubic/axillary hair growth
- P5 Mature adult breast. Complete pubic/axillary hair growth

- LH and FSH release increases ~10 yrs. of age
- spermatogenesis; androgen secretion
- adrenals also secrete androgens
- androgens initiate growth of sex accessory structures (e.g. prostate), male secondary sex characteristics (facial hair, growth of larynx)

- androgens causes retention of minerals in body to support bone and muscle growth
- Sertoli cells also secrete some estrogen

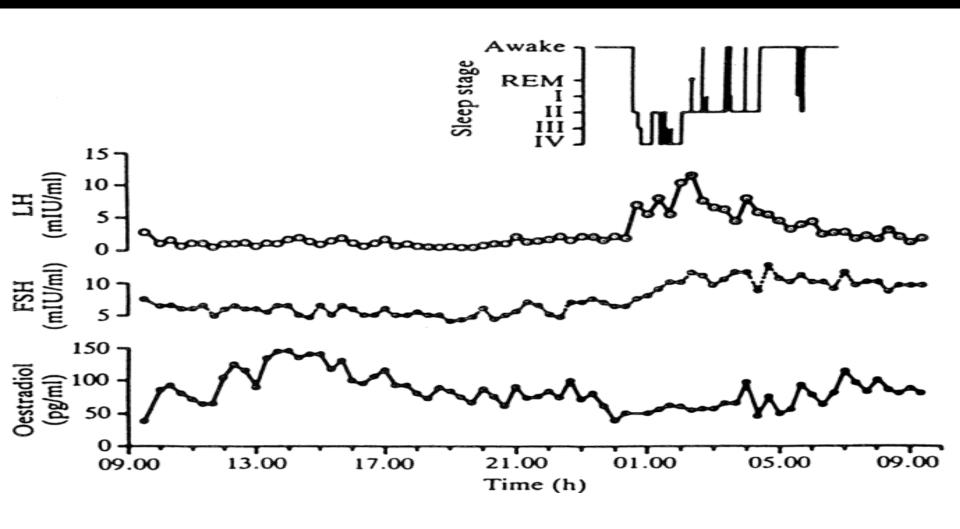
Puberty: Boys

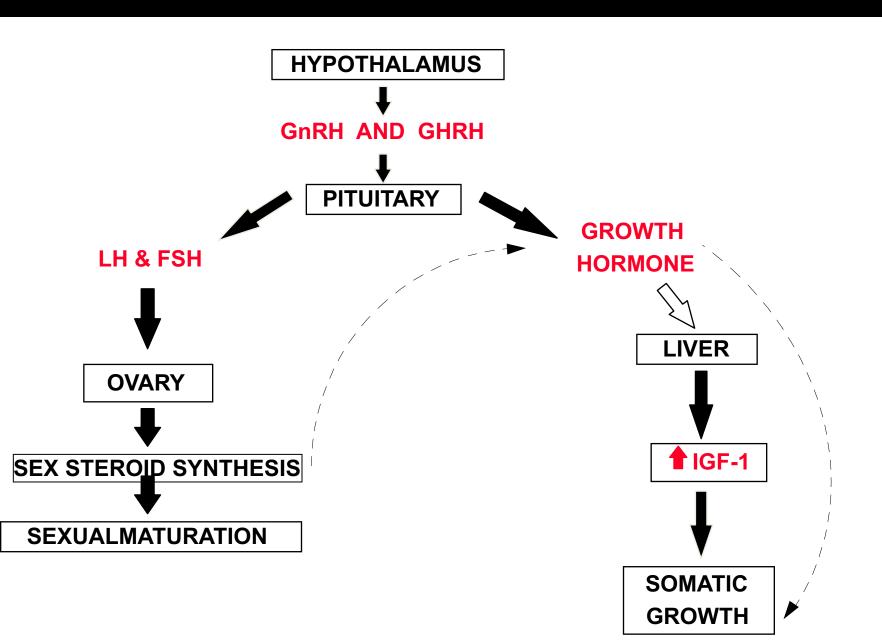
- First signs often go unnoticed
- Testicular enlargement (12-13 yrs)
- Prepubertal testis 2mls diameter
- Puberty begins when volume reaches 4mls
- Penile and scrotal enlargement occur approx 1 yr after testicular enlargement. Pubic hair appears at same time
- Begins of spermatogenesis; androgen secretion

Pubertal Stages (Tanner) Male

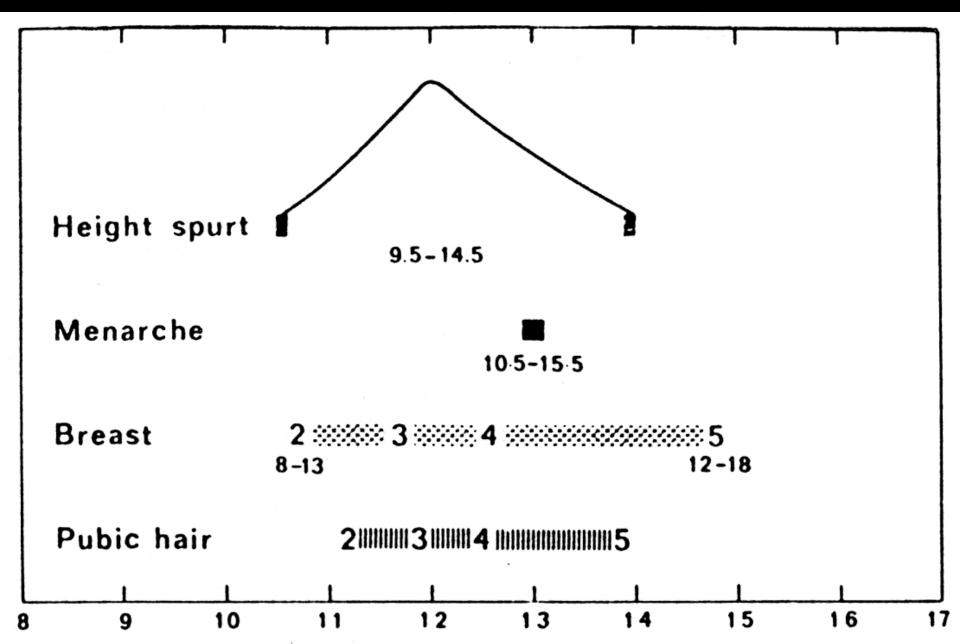
- P1 Prepubertal, testicular volume < 2mls
- P2 Enlargement of scrotum and penis. Scrotum slightly pigmented. Few pubic hairs
- P3 Lenghtening of penis. Further growth of testes and scrotum. Pubic hair darker
- P4 Penis increases in length and thickness. Increased pigmentation of scrotum. Incresed pubic/ axillary hair
- P5 Genitalia adult in size and shape. Completed pubic/axillary hair growth

Sleep dependent nocturnal rise in LH





Sequence of normal puberty in girls



Normal pubertal development

| | Boys | Girls |
|----------------------------------|---|-------------------------|
| Age of start | 12,5 | 11,5 |
| (yrs) | (10 - 14) | (9 - 13) |
| First sign of puberty | G2 (testicular volume up to 4 ml) | B2 |
| Growth velocity (cm/yr) | 10,3 (Tanner III-IV) | 9,0 (Tanner II-III) |
| Duration of puberty (yrs) | $3,2 \pm 1,8$ (adult size of testis) | 2,4 ± 1,1 (menarché) |

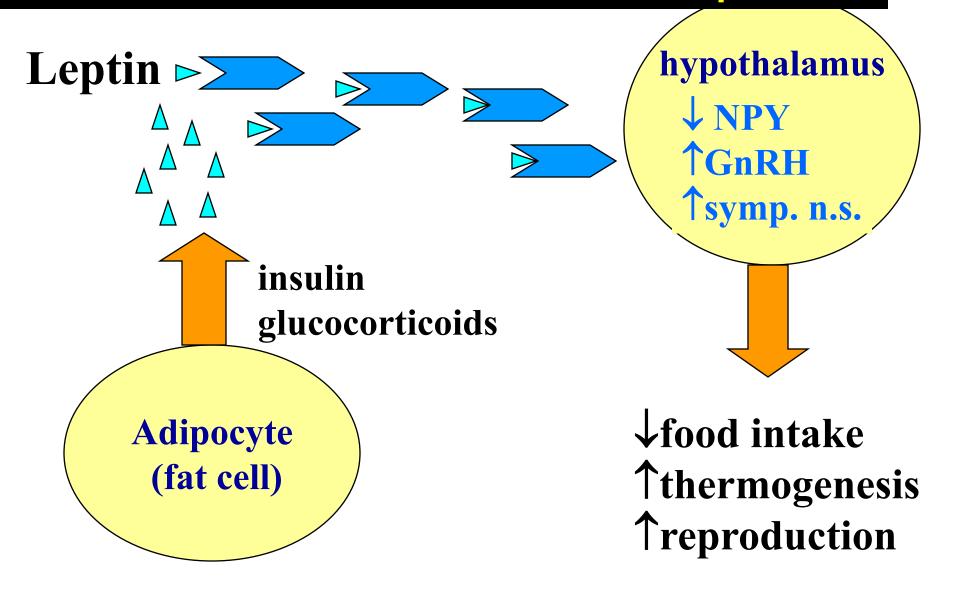
Timing of Puberty

- Genetics: 50-80% variation in pubertal timing.
- trend toward earlier puberty exists within Western Europe and USA
- examination of lifestyle changes may give clues regarding mechanisms inducing onset
- one of the contributing factors: nutrition

Nutrition

- Critical body weight must be attained before activation of the reproductive system".
- even though age of menarche is decreasing, the average body weight of menarche remains the same
- earlier puberty due to improvement of nutrition, living conditions, healthcare?
- evidence supporting hypothesis:
 - obese girls go through early menarche
 - malnutrition is associated with delayed menarche
 - primary amenorrhea common in lean female athletes
 - "bodyfat" setpoint very noticeable in girls with fluctuating body weight due to anorexia nervosa

Potential involvement of Leptin:



Pubertal disorders

A. Precoccious puberty

B. Delayed puberty

PRECOCIOUS PUBERTY

Precocious onset of puberty is defined as occurring younger than 2 SD before the average age

Girls <8 years old Boys <9 years old

- More common in females.
- Uncommon in males (usually pathological).
- Maybe associated with a growth spurt.
- 1. Gonadotrophin-dependent (true / central)
- 2. Gonadotrophin-independent

Gonadotrophin-dependent precocious puberty

- (true / central)
- Intra-cranial lesions (tumours, hydrocephalus, CNS malformations
- Gonadotrophin secreting tumours v. rare

Gonadotrophin-independent precocious puberty

- Precocious pseudopuberty
- No spermatogenesis or ovarian development
- FSH & LH suppressed
- Congenital adrenal hyperplasia (CAH)
- Sex steroid secereting tumours
 - adrenal or ovarian

Delayed puberty - definition

Initial physical changes of puberty are not present

- by age 13 years in girls
 (or primary amenorrhea at 15.5-16y)
- by age 14 years in boys

Pubertal development is inappropriate

the interval between first signs of puberty and menarche in girls/completion genital growth in boys is > 5 years

Causes of delayed puberty

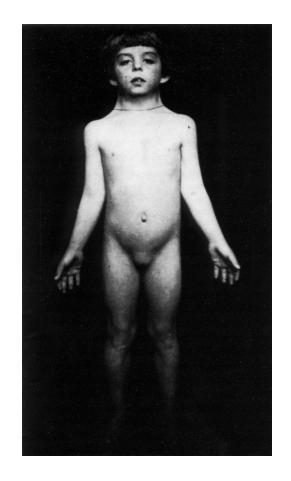
- Gonadal failure (Hypergonadotrophic hypogonadism)
 - Turner's Syndrome
 - Post-malignancy chemo / radiotherapy / surgery
 - Polyglandular autoimmune syndromes
- Gonadal deficiency
 - Congenital hypogonadotrophic hypogonadism (+anosmia)
 - Hypothalamic/pituitary lesions (tumours, post-radiotherapy)
 - Rare gene mutations inactivating FSH/LH or their receptors

Turner syndrome

Karyotype 45,X (45,X/46,XX, structural abnormalities of X chromosome)
Short stature (final height 144-146 cm)
Gonadal dysgenesis
Skletal abnormalities
Cardiac and kidney malformation
Dysmorfic face

No mental defect Impairment of cognitive function)

Therapy: growth hormone, sex hormone substitution



H. Tuner, 1938