

NORMAL PUBERTAL DEVELOPMENT

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NORMAL PUBERTAL DEVELOPMENT

WHAT IS PUBERTY?

- It is the transitional period between childhood & adulthood
- The physiological changes leading to the development of adult reproductive capacity
- The period of attainment of adult sexual & reproductive characteristic
- It is the transitional period of development during which an individual mature from childhood to sexual & reproductive maturity

NORMAL PUBERTAL DEVELOPMENT

WHAT ARE THE MAJOR CHARACTERISTICS OF THIS PERIOD?

1-Maturation of the 1ry sexual chct ?

Hypothalamic Pituitary Ovarian Axis

2-Development of 2ry sexual chct ?

-Sexual hair

-Breasts

-Genitalia

3-Dramatic growth spurt

4-Phycological changes ⇨ mental & emotional maturity

NORMAL PUBERTAL DEVELOPMENT

-WHAT IS THE AGE OF ONSET OF PUBERTY?

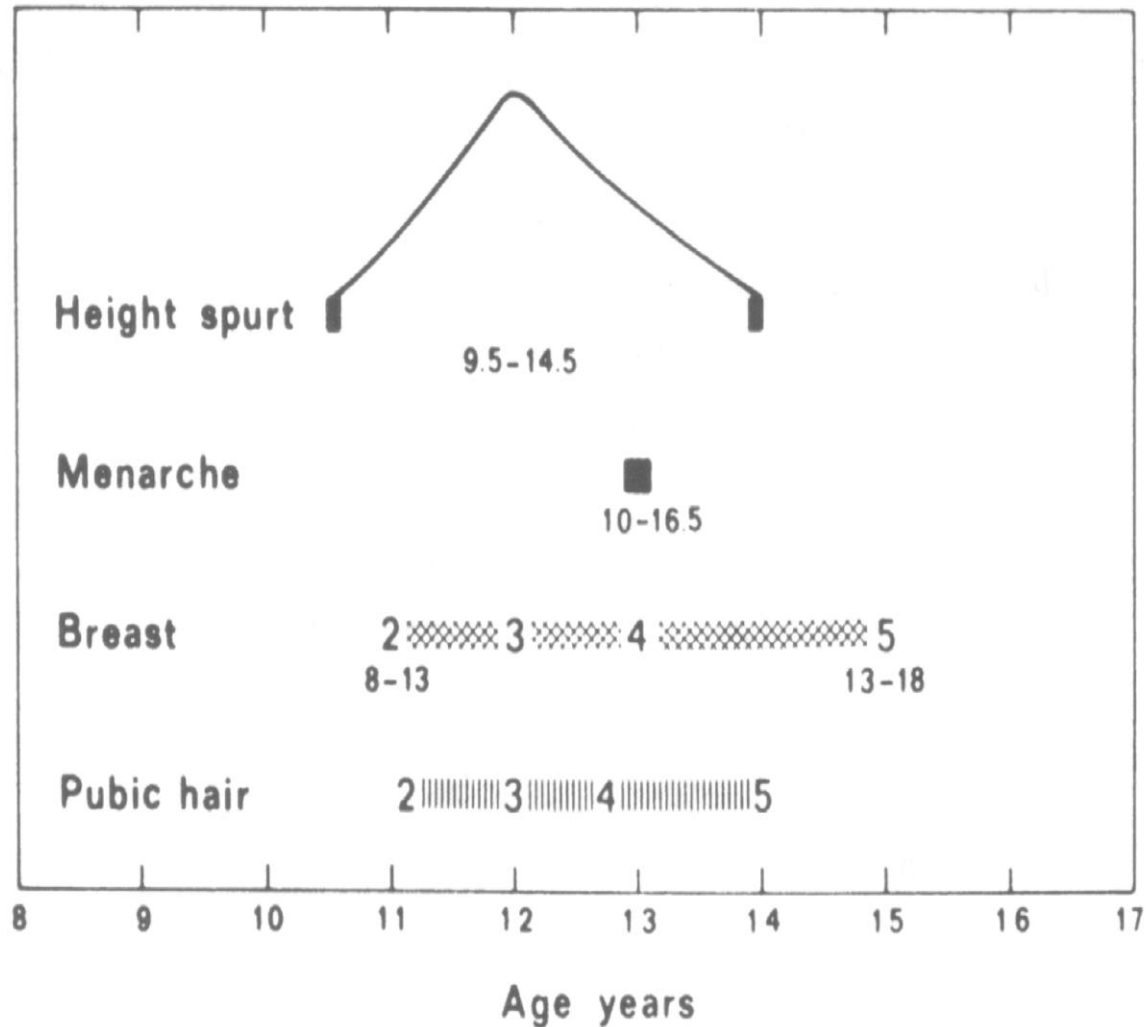
- Females ----8-13
- Males -----9-14

-WHAT IS THE USUAL SEQUENCE OF SOMATIC CHANGES OF PUBERTY?

- 1-Beast development (mean 10.6 Y)
- 2-Pubic & axillary hair (11.2)
- 3-Maximal growth velocity (12)
onset of growth spurt (9.6)
- 4-Menarche (12.7)

The average age of menarche has ↓ over the last 3-4 decades (secular trend) attributed to improved nutrition general health & life style

AGES OF GIRLS AT VARIOUS STAGES OF PUBERTAL DEVELOPMENT



NORMAL PUBERTAL DEVELOPMENT

-WHAT IS THE INTERVAL BETWEEN ONSET OF BREAST DEVELOPMENT & MENARCHE?

2.3 \pm 1 years

-DOES MENARCHE MARK THE ATTAINMENT OF REPRODUCTIVE MATURITY?

- No, the reproductive system continues to mature for around 3-4 years
- No. of ovulatory cycles \uparrow from 10% to 90%
- Duration of menstrual cycle \downarrow

NORMAL PUBERTAL DEVELOPMENT

-DO GIRLS STOP GROWING AFTER MENARCHE?

No

Growth continues at a decelerating rate for a No. of years

-WHAT IS THE TIME FROM ONSET TO COMPLETION OF PUBERTY?

Average	4.2 Y
Range	1.5-6 Y

ETIOLOGY OF PUBERTY

HYPOTHALAMUS

- GnRH secretion by the arcuate nucleus is modulated by two inhibitory mechanisms :
 - 1-Intrensic CNS inhibitory mech
 - 2-Neg feedback of circulating sex steroid

DEVELOPMENT OF THE HPO AXIS

- At fifth month gestation, the ovaries become responsive to gonadotropin \Rightarrow follicular growth to early antral stage (1-2 mm, followed by atresia) \Rightarrow estrogen production \Rightarrow neg feedback
- A functional HPO axis exists in utero
- In utero the fetoplacental unit is the 1ry source of estrogen production \Rightarrow \uparrow estrogens \Rightarrow \downarrow FSH & LH levels

MATURATION OF THE HPO AXIS

▲ After birth estrogen ↓ dramatically ⇒ ↑ FSH & LH ⇒
↑ ovarian estrogen production in early infancy

1-THE MAIN MECHANISM CONTROLLING FSH & LH
SECRETION IN INFANTS IS THE LEVEL OF SEX
STEROIDS

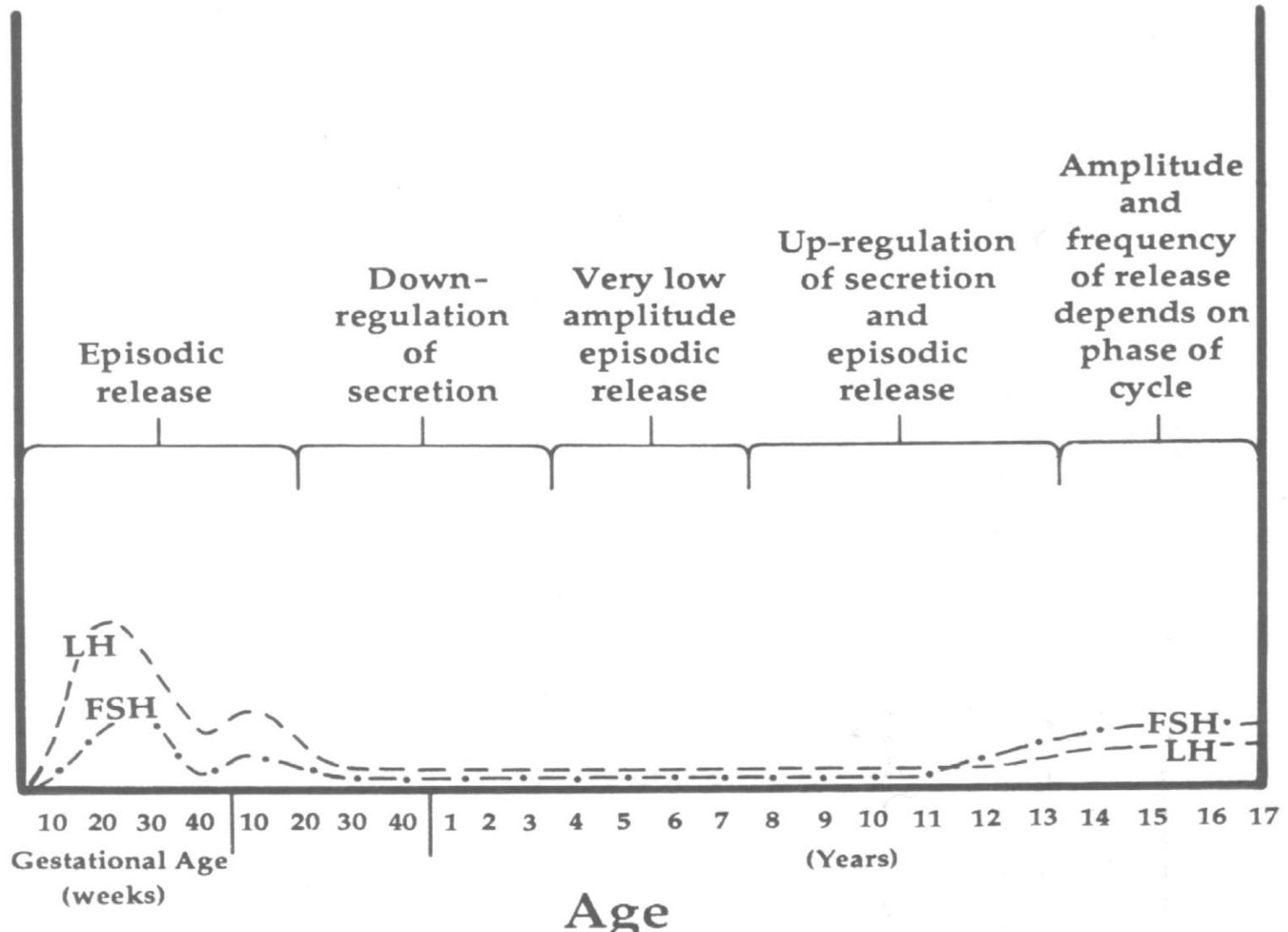
▲ Peak FSH & LH ⇒⇒ 1-2 years

2- THE INTRINSIC CNS INHIBITORY MECHANISM

▲ Gradually develops with continued growth & maturation
of the CNS ⇒⇒ Minimum FSH & LH level ⇒⇒ 6-8
years

▲ The principal CNS inhibitor of GnRH is GABA

LEVELS OF LH & FSH DURING FETAL LIFE, INFANCY CHILDHOOD & PUBERTY



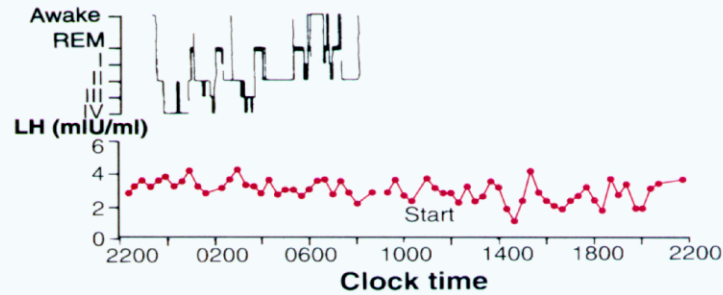
MATURATION OF THE HPO AXIS

THE SEQUENCE OF MATURATION

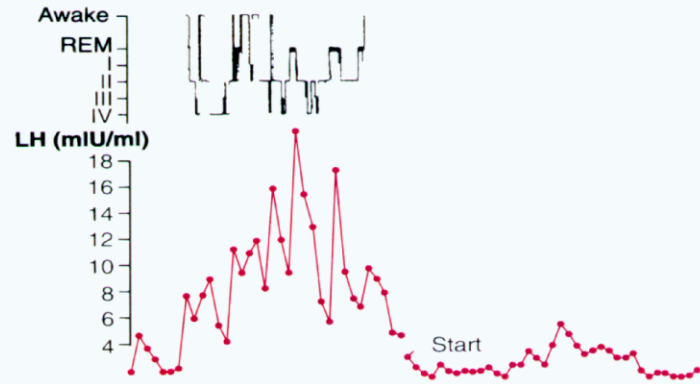
- ☺ At the onset of puberty GnRH pulses occur during sleep
⇒ LH pulses
- ☺ The frequency of LH pulses ↑ with further maturation
- ☺ LH pulses appear during day time & ↑ in amplitude
- ☺ As menarche approaches ⇒ the pulses are detected all the time (no diurnal variation)
- ☺ Similar changes occur in FSH pulses
- ☺ LH/FSH ratio ↑

PLASMA LH CONC MEASURED EVERY 20 MIN FOR 24 HRS

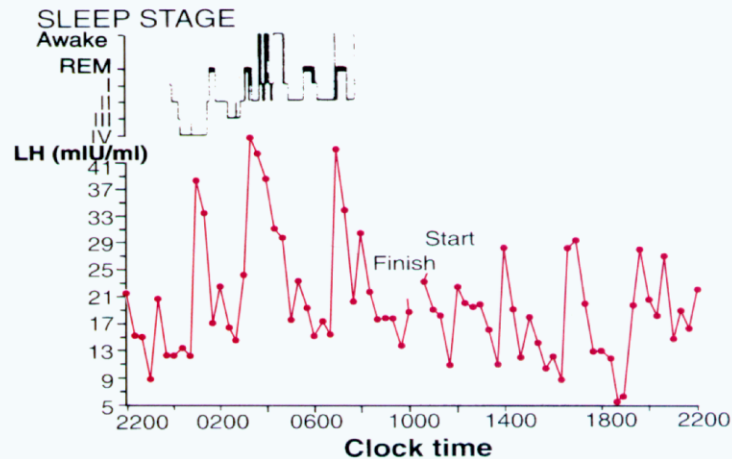
1-PREPUBERTAL



2-EARLY PUBERTAL



3-LATE PUBERTAL



INITIATION OF PUBERTY

FACTORS RESPONSIBLE FOR THE INITIATION OF PUBERTY

***UNKNOWN

*FRISCH THEORY

- A critical body fat & body wt are required for the initiation of menarche
- Supported by :
 - 1-Highly competitive athletic training
⇒ delayed puberty
 - 2-Delayed menarche in malnutrition
 - 3-Overwt girls have early menarche
 - 4-Pt with anorexia nervosa revert to prepubertal pattern of gonadotropin secretion as body wt ↓

INITIATION OF PUBERTY

AGAINST THE THEORY

Changes in body composition occurs simultaneously with gonadotropin increase & does not precede it

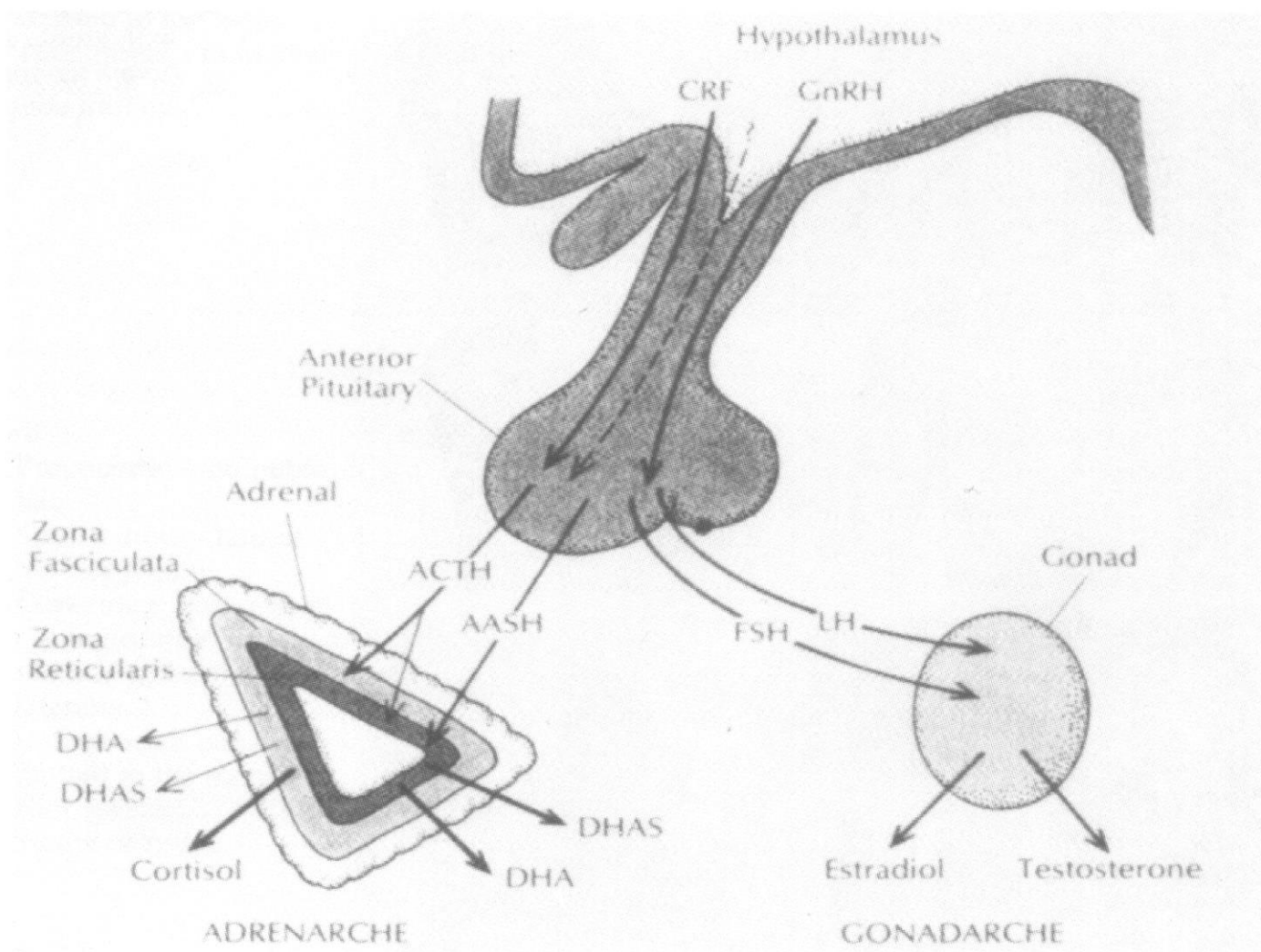
LEPTIN

An adipose derived protein may play a role in the initiation of puberty

INITIATION OF PUBERTY

- ☺ Gonadostat begins to lose its sensitivity to the –ve feedback by estrogen ⇒ reactivation of GnRH pulsatility ⇒ puberty
- ☺ In late childhood CNS inhibitory influence on the hypothalamus wanes ⇒ ↑ GnRH ⇒ ↑ FSH & LH ⇒ ↑ estrogen (gonadarche)
- ☺ ↑ sensitivity of the pituitary to GnRH
- ☺ ↑ sensitivity of the ovary to LH & FSH ⇒ ↑ estrogen secretion

ADRENARCHE & GONADARCHE CONTROLLED BY DIFFERENT MECHANISMS



Pubertal development involves two temporally associated processes: adrenarche and gonadarche. The

ADRENARCHE

- The maturational ↑ in adrenal androgen secretion
- DHEA , DHEAS, AND
 - ⇒ development of pubic & axillary hair
 - ⇒ adult type body odor
 - ⇒ acne
 - ⇒ oily skin & hair
- DHEAS -----First detected at 7 Y
-----Maximum at 15 Y
- The mechanism of initiation is unknown
- Adrenal androgens ⇒ ↑ bone age & linear growth
- Premature adrenarche ⇒ ↓ adult height
- Adrenarche & gonadarche are not associated

GONADARCHE

- The onset of pubertal gonadal activity due to reactivation of HPO axis \Rightarrow \uparrow estrogen
- The process of ovarian follicular growth & atresia is initiated in utero & continues from birth to puberty
It is independent of gonadotropin secretion & results in only minimal estrogen secretion
- Reactivation of HPO axis \Rightarrow \uparrow gonadotropin pulses \Rightarrow sustained follicular development to antral stage \Rightarrow significant estrogen production
- There is direct relationship between follicular size & estrogen secretion

MENARCHE

- When there is sufficient gonadotropin stimulation of the ovaries \Rightarrow follicular growth ($\sim 16\text{mm}$) \Rightarrow \uparrow estrogen \Rightarrow proliferation of the endometrium until \Rightarrow it outgrows the estrogen capacity to maintain it or \Rightarrow the follicle undergoes atresia \Rightarrow \downarrow estrogen \Rightarrow menstruation (MENARCHE)
- Anovulatory cycles occur during the first 6-18 months
“endometrium is not exposed to progesterone” \Rightarrow irregular unpredictable menstrual flow

OVULATORY MENSTRUAL CYCLES

- Requires further maturation of the HPO axis ⇒ development of the +ve feedback mechanism ⇒ LH surge ⇒ ovulation & corpus luteum formation ⇒ progesterone production
- Early ovulatory cycles have short or inadequate luteal phase ⇒ HPO axis has not achieved full maturity

PHYSICAL EVENTS OF PUBERTY

Maturation of the genital organs

PREPUBERTAL

1-UTERUS

- Ratio of corpus : cx \Rightarrow 1:2
- Tubular shape
- Length --- 2-3 cm
- Volume ----- 0.4-1.6
- Endometrium \Rightarrow single layer of cuboidal cells

2-OVARIES

- Volume -----0.2-1.6 ml
- Non functional

PUBERTAL ---ADULT

1-UTERUS

- Ratio of corpus :cx \Rightarrow 2:1
- Pear shape
- Length ----5-8
- Volume ----- 3-15 ---
- Endometrium \Rightarrow \uparrow thickness

2-OVARIES

- Volume -----2.8-15 ml
- Multicystic

Maturation of the genital organs

PREPUBERTAL

3-VAGINA

-Reddish in color

-Thin atrophic columnar epithelium

-PH ---neutral

-Length—2.5-3.5

PUBERTAL ---ADULT

3-VAGINA

-Thickening of the epithelium

Cornification of the superficial layer
⇒⇒ stratified squamous Epithelium

-Dulling of the reddish color

-PH ----acidic 3.8-4.2

-Secretion of clear whitish discharge
⇒ in the months before menarche

-Length ---7.5 cm

Maturation of the genital organs

EXTERNAL GENITALIA

Under the effect of estrogens ⇒

1-Labia majora & minora ↑ in size & thickness

Rugation & change in color of the labia majora

2-The hymen thickens

3-Clitoris enlarge

4-Vestibular glands begin secretion

Under the effect of adrenal androgens & ovarian androgens

⇒ growth of pubic & axillary hair

BREAST DEVELOPMENT

THELARCHE

- The first visible change of puberty
- Thelarche is induced by estrogen
- Starts at 10.6 completed in ~ 3 years
- Effects of estrogen on the breast
 - 1-Ductal proliferation
 - 2-Site specific adipose deposition
 - 3- Enlargement of the areola & nipple
- Breast development may be unilateral for several months
- Other hormones that play a role in breast development
⇒ prolactin, glucocorticoids & insulin
- In normal girls the stage of breast development is consonant with the stage of pubic hair development

TANNER STAGING OF BREAST DEVELOPMENT

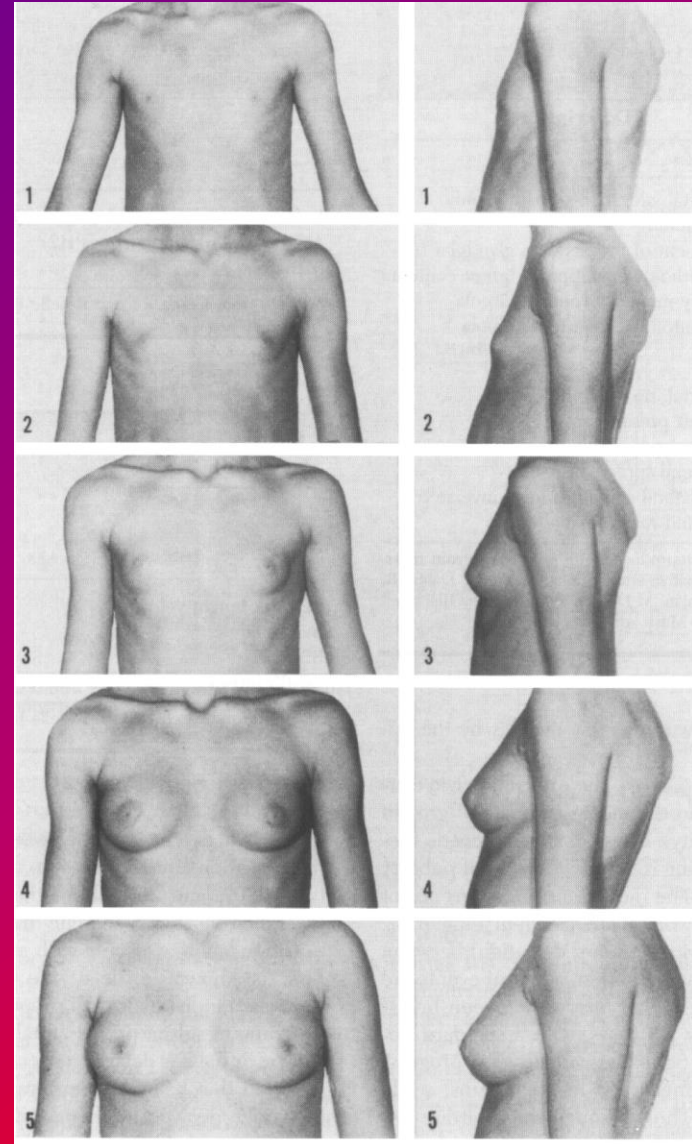
Stage 1 : Prepubertal

Stage 2 : Breast bud

Stage 3 : Enlargement of breast &
areola

Stage 4 : Areola & nipple form
a mound atop breast
tissue

Stage 5 : Adult configuration
areola & breast having
smooth contour



TANNER STAGING OF PUBIC HAIR DEVELOPMENT

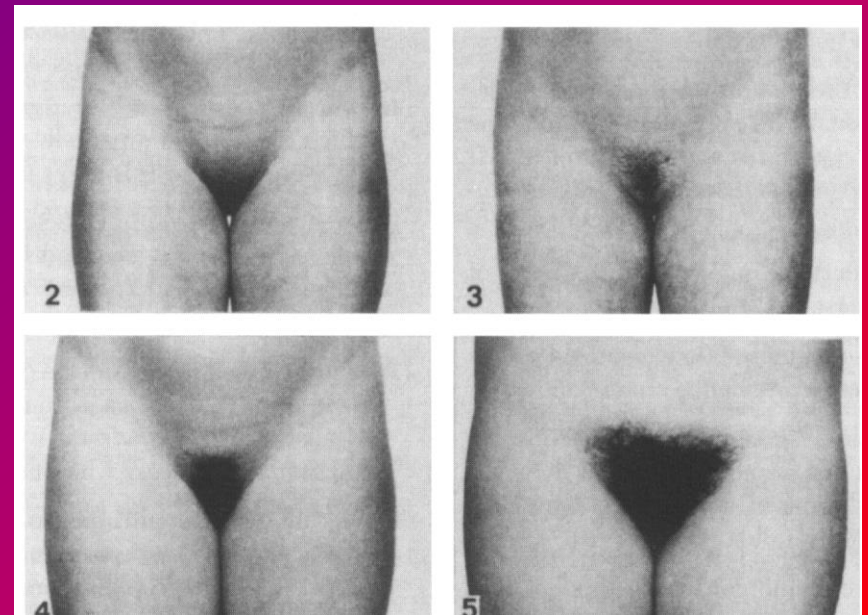
Stage 1 : No pubic hair

Stage 2 : Sparse downy hair on
the medial aspect of the
labia majora

Stage 3 : Darkening, coarsening
& curling of hair which
extends upwards &
laterally

Stage 4 : Hair of adult consistency
limited to the mons

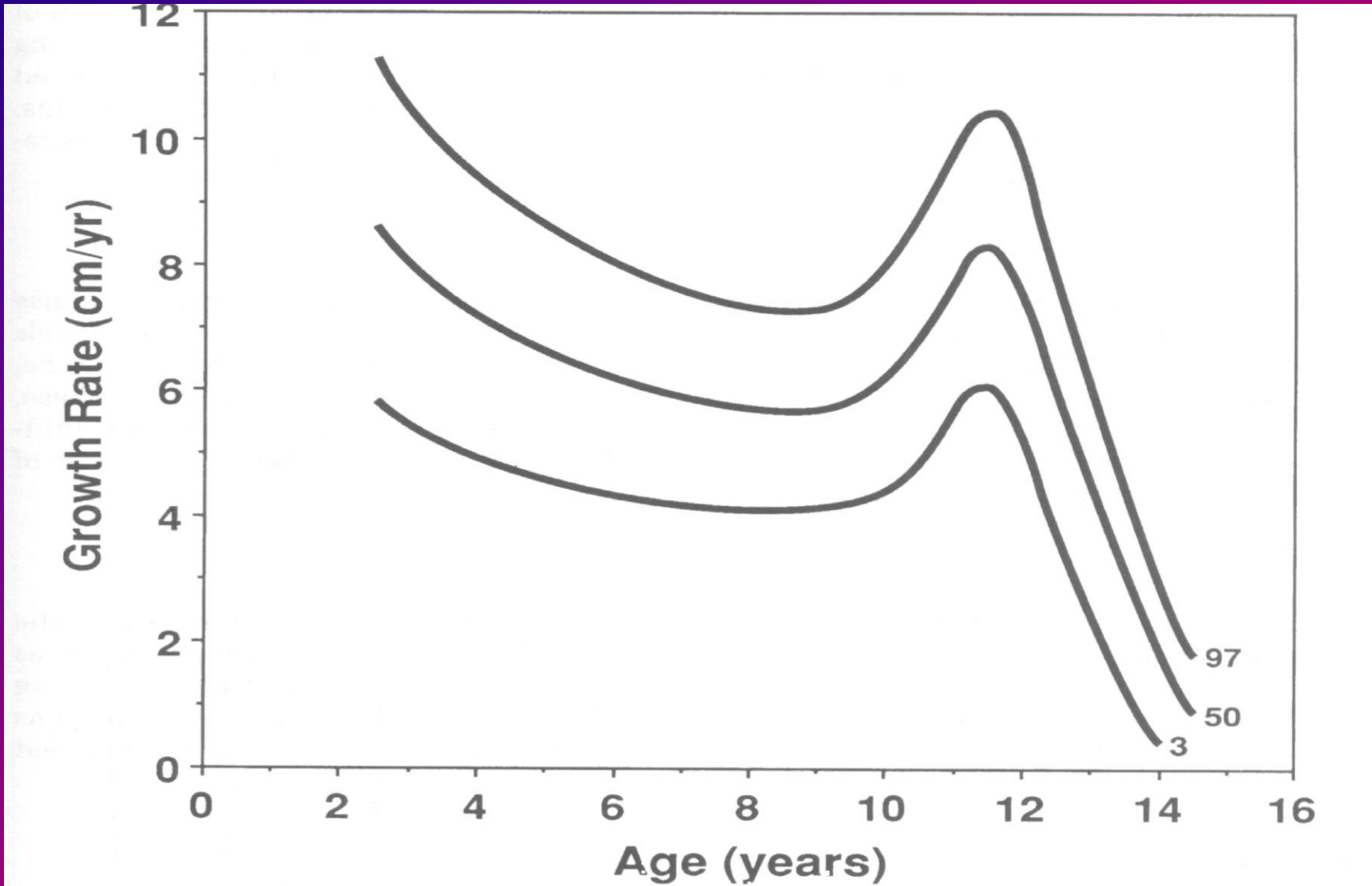
Stage 5 : Hair spreads to medial
aspect of thighs



GROWTH SPURT

- A global process involving \uparrow skeletal growth rate
 - \uparrow muscle mass
 - growth of all internal organs
- Dependent on mainly on estrogen & growth hormone
however adrenal androgens also play a role
- Estrogen has :
 - \Rightarrow direct anabolic effect
 - \Rightarrow \uparrow growth hormone
 - \Rightarrow \uparrow insulin like growth factors
- The onset of growth spurt antedates thelarche & pubarche
- Coincident with \uparrow shoe size

GROWTH RATE VERSUS AGE IN GIRLS



GROWTH SPURT

Peak Height Velocity

- 8.1 cm/year (before puberty 3-6 cm/y)
- occurs in midpuberty
- by the time PHV is achieved \Rightarrow 90% of adult height has been achieved
- the average \uparrow in height from the onset of growth spurt to cessation of growth 25 cm
- girls who start the growth spurt early will have a shorter adult height

Bone age is more closely correlated with pubertal events than chronological age