Chapter 12 Reproduction

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- The primary reproductive organs are known as gonads: Testis in the male
 Ovary in the female
- The gonads serves dual function:
 - (1) Gametogenesis take places sperm/ova(2) Secrete steroid hormones (sex hormone)
- Primary sex hormones:

Testosterone in the male

Estradiol and progesterone in the female

Section 1 Testis endocrine & male reproduction

Section 2

Ovarian endocrine & female reproduction

Section 1 Testis endocrine and male reproductive physiology

- Spermatogenesis: formation of sperm
- Endocrine functions of testis
- Regulation of testis function

Male reproductive system



Male primary sex organ: Testis

Spermatogenesis of Testis

- 1. The process of spermatogenesis
- 2. The transport of sperms and ejaculation

Testis Anatomy



Cross section of an area of testis

Spermatogenesis

Sperm Production in the Testis



Spermatozoa Structure and Functions in Review

• Head

- Acrosome:
- Nucleus:
- Midpiece
 - Centrioles:
 - Mitochondria:
- Tail: flagellum
 - Microtubules:



- The scrotum normally maintains a temperature -2°C lower than internal body temperature.
- The entire process of spermatogenesis takes approximately 64 days.
- The prostate gland and seminal vesicles secret most of the fluid in which ejaculated sperms are suspended. The fliud, plus sperm cells, constitute semen (3~6ml, 20-100 million).

Sertoli Cell Function

- Sertoli Cells
 - Nourish healthy cells & phagocytize damaged germ cells
 - Blood-testis barrier
 - Secrete fluid & hormones
 - (1) inhibin,

(2) and rogen-binding protein (ABP)

- Leydig cells (Interstitial cells)
 - Secrete androgen

Association of Germ Cells with Sertoli Cells



• The sperm-producing and testosterone-

producing functions of the testes are carried out

by different structures- the seminiferous tubules

& Leydig cells, respectively.

Major Testicular Steroids (Androgens)

OH (100)• () = Relative D activity where T activity=100 B HC ЭH Testosterone Androgens are C19 lacksquareAndrosterone steroids (250)Majority of 5 a-DHT is formed in 5-a-Dihydrotestosterone Androstenedione peripheral tissues

Male Sex Steroid Synthesis



Cholesterol may be from plasma or de novo synthesis

Transport of Sex Steroids in Males

- Major Sex Steroid Binding Proteins
 - Testosterone-Estrogen (Sex hormone) Binding Protein
 - One high affinity binding site
 - Binding affinity order for sex steroids =
 - » DHT (100) >T (33) >E (25)
 - Albumin
 - One low affinity binding site
 - Cortisol Binding Globulin
 - No binding to DHT, T or E. Binds Progesterone
- Normal Distribution in Blood

TEBG (30%), Albumin (68%), Free (2%) Active fraction includes free + albumin-bound fraction

Androgen Activity

1. Maintain (not initiate) Spermatogenesis



- GnRH
- \rightarrow LH
- \rightarrow Leydig cells
- \rightarrow testosterone
- \rightarrow Sertoli cells
- → Dihydrotestosterone (DHT)
- → spermatocyte maturation

Androgen Activity

- Stimulates the growth of reproductive organ, stimulates the development of secondary sexual characteristics, maintains sexual function
- Promotes the synthesis of protein (muscle & reproductive organ), increase bone growth & erythropoiesis
- 4. Stimulates the embryo differentiation

Increased atheletic performance Increased basal metabolic rate, red blood cell density & oxygen utilization

Regulation of testes functions

- 1. Control of testes functions by hypothalamus and pituitary
- 2. Feedback regulation of testes hormones



Figure 26-11: Hormonal control of spermatogenesis

18



ABP: androgen binding protein

Section 2 Female reproductive physiology

- Folliculogenesis : formation of follicle
- Endocrine functions of ovary
- Regulation of ovary function

Female reproductive system



The structure & function of the uterus are synchronized with the ovarian cycles

21

Oogenesis of Ovaries

1. The process of follicle maturation

2. Ovulation & formation of corpus luteum

Follicular maturation



Follicular Structure



At birth: 2-4 million Puberty: less than 30000 500 during a lifetime

Ovulation:

At about the 14th day of the cycle, the distended follicle ruptures, and the ovum is extruded in to the abdominal cavity. This is the process of ovulation

Formation of corpus luteum:

•The follicle that ruptures at the time of ovulation promptly fills with blood, forming a corpus hemorrhagicum.

•The granulosa cells and theca cells of the follicle lining begin to proliferate, and the clotted blood is replaced with yellowish, lipid-rich corpus luteum.

•This eventually forms corpus albicans without pregnancy

Ovarian Cycle

Ovulation Egg released



Follicular phase

Luteal phase

Egg matures

Uterine (Menstrual) cycle

Endometrium changes



Proliferative phase Regenerate Secretory phase Prep for blastocyst

Endometrium: highly vascularized, slightly edematous Glands: coiled & tortuous



Endocrinal function of ovaries

(estrogen, progesterone, inhibin, androgen)

Follicular phase: granulosa cells & theca cells

Estrogen, small amounts of progesterone, inhibin

Luteal phase: luteal cells

Estrogen, progesterone, inhibin

Two cell-two gonadotropin scheme



Physiological effects of estrogen Estradiol (main), estrone, estriol

- * Development of female reproductive organs Uterine tube、 Uterus 、 Vagina
- * Development the breast and secondary characteristics
- * Effect on metabolism: bone, kidney, brain aldosterone

Menopausal symptoms

- Hot flash, depression, mood swings, sleeping disorders
- Vaginal dryness
- Osteoporosis, cardiovascular

disease, neurodegenerative

diseases



Physiological effects of progesterone

On the basis of estrogen

- * Uterus: implatation & pregnancy
- * Effect on the breast
- * Increase basal body temperature

Regulation of Ovary function

Hypothalamic-Pituitary-Ovary Axis



Endocrine Control of ovary Cycle: Follicular Phase

- GnRH rises in response to a decline in sex steroids
- GnRH stimulates rise in pituitary FSH & LH secretion.
- FSH stimulates new follicle growth
- LH induces thecal cell growth, vascularization & androgen synthesis



- LH act on thecal cells and FSH acts on granulosa cells, E produced.
- Inhibin↑ pushes FSH down , ↓ new follicle development
- E+ feedback
- Estrogen ↑ → LH "surge" & FSH spike → egg release





Endocrine Control of Menstrual Cycle: Luteal phase

- Granulosa cells form corpus luteum \rightarrow progesterone
- progesterone & estrogen ↑ maintain endometrium
- Inhibin continues to limit new follicular development
- Pregnancy: progesterone, estrogen \uparrow
- No pregnancy: progesterone, estrogen & inhibin \downarrow
 - Menses, \uparrow FSH & LH \rightarrow new follicle development



40

Overview of the Menstrual Cycle



41

Placenta and Further Embryonic

Development



Figure 26- 19a, b: The placenta

Birth: Parturition

• Labor

- Rhythmic
- Uterine
- Contractions
- Cervical dilation (induced by relaxin)
- Delivery
 - Baby
 - Placenta

(initiated by a fetal signal)

(stretch induces release of oxytocin)

(oxytocin continues uterine contractions)

Birth: Parturition



Regulators of Parturition

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Figure 26-21: The positive feedback loop of parturition 45

Reproductive Maturation: Puberty

- Increase production of sex hormones
- Maturation of reproductive organs & gamete production
- 2⁰ sexual characteristics
 - Males: pubic hair, beard, deep voice, "wedge" body form & 1 muscle mass
 - Females: menarche, pubic hair, breasts & "pear shape" body form

Later in Life

- Menopause: Female "Change-of Life"
 - Ovaries responding to GnRH \downarrow
 - Levels of estrogen & progesterone produced \downarrow
 - Cease egg development
 - "Hot flashes" , osteoporosis risk \uparrow
- "Andropause" (?): Male changes are gradual
 - Testes responding to GnRH \downarrow
 - Sex hormones \downarrow : muscle mass, libido, erections \downarrow

Chapter 12 Review question

- Describe the sertoli cells functions
- Define the different phases in ovary cycle and corresponding menstrual cycle.
- Describe the endocrine control of follicular phase
- Describe the endocrine control of luteal phase