Normal Site of Implantation

upper part of the posterior wall of the body of the uterus

Abnormal sites of implantation:

A-Outside the uterus

□Tubal pregnancy: In the uterine tube

It usually raptures within 1 - 2 months leading to internal hemorrhage.

- ■Ovarian pregnancy : In the ovary .
- □Abdominal pregnancy: In the abdominal cavity close to the peritoneum or an omentum

Abnormal sites of implantation:

B-Inside the uterus (placenta previa):

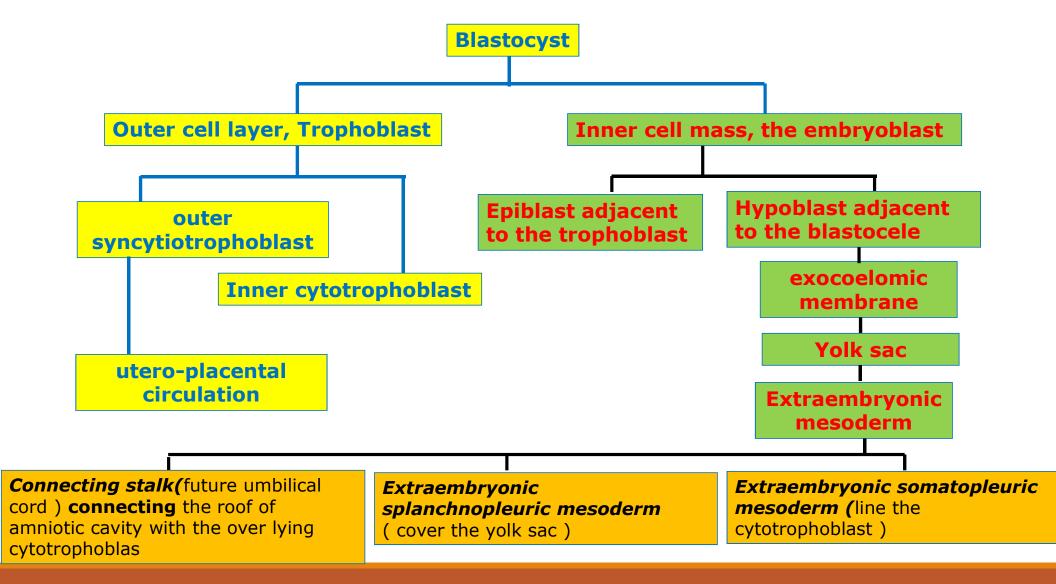
- -Implantation occurs in the lower segment of the uterus, it called the placenta previa may be one of three types:
- **1-Placenta previa Partialis:** The margin of placenta does not reach the internal os.
- **2-Placenta previa marginalis:** The margin of the placenta reaches the internal os.
- <u>3-Placenta previa centralis</u>: The placenta overlies internal os. It Is the most dangerous type.

The Placenta previa is life threading so caesarean section is recommended as :-

- It leads to antepartum(before delivery) maternal hemorrhage
- It may leads to fetal death

1. Changes in the embryoblast:

- Formation of the bilaminar germ disc :
- **Epiblast** adjacent to the trophoblast in floor of the amniotic cavity
- •Hypoblast adjacent to the blastocele.
- •The germ disc is rounded or oval in shape .



Types of Chorionic Villi

A. Primary chorionic villi

- Consists of a cytotrophoblastic core covered by a syncytiotrophoblast layer.
- They are separated by lacunae filled with maternal blood.

B. Secondary chorionic villi:

- During middle of the 3rd week, extraembryonic mesoderm invades the cores of the primary villi
- 2ry villus is formed of a core of mesoderm covered by cytotrophoblast then syncytiotrophoblast.

C. Tertiary chorionic villi:

- By end of the 3rd week of development, the mesodermal cells in the cores of the 2nd villi begin to differentiate into blood vessels.
- They are separated by intervillous spaces filled with maternal blood.

Parts of tertiary villi

- Stem villi are those attached to the chorionic plate .
- Anchoring villi are those which extend to the decidua basalis (endometrium forming the maternal part of the placenta) to fix the chorionic vesicle to the uterine wall.
- Free, floating or absorbing villi:

Those are the side branches from the stem villi and float freely within maternal blood in the intervellous spaces .

At these villi exchange of nutrients and other factors will occur.

Parts of chorion

Chorion frondosum

The villi adjacent to decidua basalis (of endometrium) enlarge and form chorion frondosum, which will form the fetal part of the placenta.

Chorion leave

The villi adjacent to decidua capsularis (of endometrium) will form the chorion leave ,which will atrophy .

Gastrulation

It is the process of transformation of the **bilaminar embryonic disc** to form a **trilaminar germ disc**

2. Invagination:

The cells of epiblast migrates towards the primitive streak ,slip beneath it into the interior of the embryonic disc to :

- a) Invade and replaces the hypoblast to form the **endoderm**.
- b) The remaining part of the epiblast forms the **ectoderm**
- c) Some of the invaginated epiblast cells remain and migrate in all directions in between the ectoderm and the endoderm to form *intra-embryonic mesoderm*.

Definitive notochord is a solid cord of cells **extending** from the primitive pit to the **Prochordal plate** and buccopharyngeal membrane.

Significance of notochord:

It acts as **temporary axial skeleton** for the embryo being **replaced later** on by the vertebral column which is the permanent axial skeleton

Three Germ Layers

Ectoderm

1-The epidermis of the skin

- 2. Nervous system:
- **The neural tube** gives brain , spinal cord Peripheral nerves.
- Sensory epithelium of sensory organs
- 3. External auditory meatus & outer layer of ear drum .
- 4. Nasal epithelium
- 5. Anterior part of oral cavity and lower $\frac{1}{2}$ of anal canal .

Neural crest

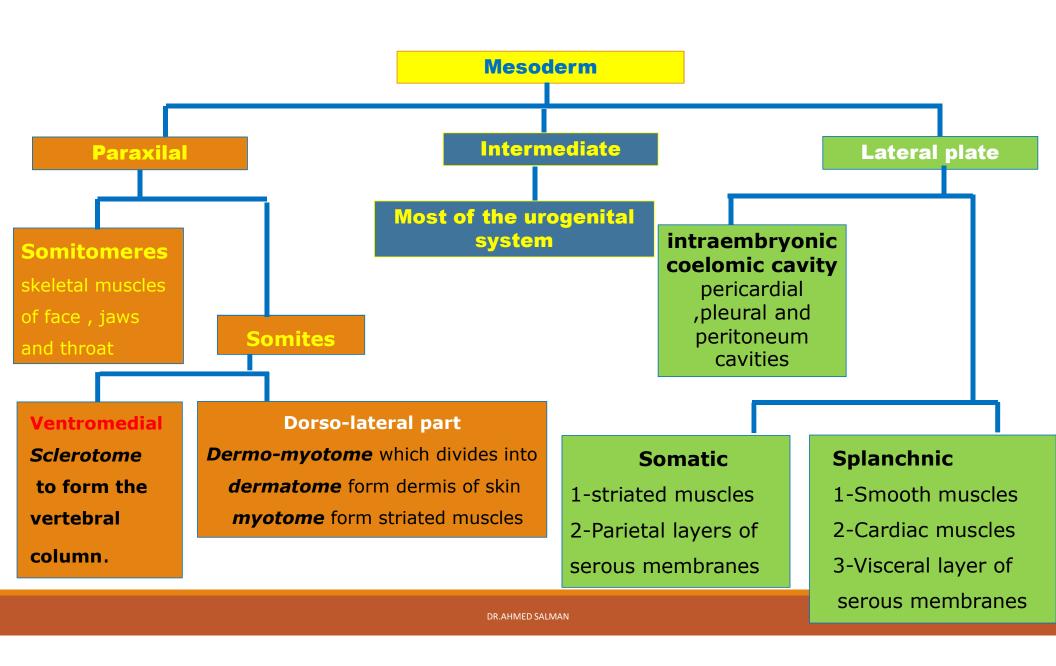
- 1.Ganglia
- **2.Cells :** Glial and melanocyte cells
- 3.Adrenal medulla
- **4.Septum** between ascending aorta & pulmonary trunk

Endoderm

- 1- Epithelium lining of
- A. Most of GIT
- **B.** Most of urinary bladder and urethra
- **C.** Middle ear and Eustachian tube

2-Parenchyma of

Palatine tonsils, thyroid, Liver & pancreas



Folding

★ At the **end of 3rd. week** , the flat embryonic disc starts to **fold** and **bulges** into the amniotic cavity .

Two types of folding:

• The embryonic disc becomes folded in 2 directions simultaneously

1-Cephalo-caudal folding:

It leads to formation of head and tail folds .

2- Lateral folding:

It leads to formation of lateral folds.

Causes of folding:

- 1.Rapid growth of the central nervous system and somites.
- 2. Progressive expansion of the *amniotic cavity* .

Results of folding:

- 1-The flat shaped **embryonic disc** changes to the *cylindrical* appearance with formation of **body cavity**.
- 2- The amniotic cavity surrounds the embryo almost completely.
- 3-The **amnio-ectodermal junction** shifts to the ventral aspect of the body to form the **primitive umbilical ring**
- 4-The **connecting stalk** and **allantois** shift to the ventral side of the body with the connecting stalk into the **primitive umbilical ring**
- 5- A large part of the cavity of the **yolk sac** is incorporated into the body of the embryo forming the **primitive gut** which is lined by endoderm.

6-The part of the gut found in the **head fold** is called the **foregut**, the part found in the **tail fold** is called the **hind gut**, whereas the part in between within the **lateral folds** is called the **midgut**.

- 7- The **buccopharyngeal membrane** becomes the **cephalic**, and the **septum** transversum becomes the **cauda**l to pericardial cavity, while the pericardial cavity and heart remain in between.
- 8-The **cranial end** of the folded embryonic disc shows the followings:
 - a) Forebrain swelling produced by the developing forebrain .
 - b) **pericardial swelling** produced by the developing heart .
 - c) Depression between the previous 2 swellings called **stomatodeum** .