NAME: COUTROUPIS ELIZABETH

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1.VAGINA

Studies in nonhuman primates indicate that changes in the thickness and integrity of the vaginal epithelium affect the transmission rates of HIV-1, but few studies have examined the normal variations that may occur in the vagina of normal macaques as a result of aging or changes in the menstrual cycle. This study was conducted to determine if differences occur in the thickness of the vaginal mucosa with age or menses. Vaginal mucosal thickness was compared in 46 rhesus macaques grouped as juvenile (1-3 years old), mature cycling (3-21 years old), and geriatric (> 21 years old). Epithelia of mature cycling macaques were also compared at different stages of the menstrual cycle. Older females (> 21 years) had the thinnest and least keratinized epithelium of all groups, followed by the youngest females (< 3 years). The vaginal epithelium was also thinner in cycling macaques during menses compared to the follicular stage. In addition, young, geriatric, or cycling macaques during menses had minimal keratinization. We hypothesize that normal physiologic changes in the vaginal epithelium of women occur with age and menses, which may affect a woman's susceptibility to HIV-1 transmission and other sexually transmitted diseases. Also, age and menstrual cycle should be considered when designing vaginal transmission experiments in rhesus macaques.

2.BREAST

Breast development is a vital part of a woman’s reproduction. Breast development happens in certain stages during a woman's life: first before birth, again at puberty, and later during the childbearing years. Changes also happen to the breasts during the menstrual cycle and when a woman reaches menopause.

Breasts begin to form while the unborn baby is still growing in the mother’s uterus. This starts with a thickening in the chest area called the mammary ridge or milk line. By the time a baby girl is born, nipples and the beginnings of the milk-duct system have formed.

Breast changes continue to happen over a woman’s life. The first thing to develop are lobes, or small subdivisions of breast tissue. Mammary glands develop next and consist of 15 to 24 lobes. Mammary glands are influenced by hormones activated in puberty. Shrinkage (involution) of the milk ducts is the final major change that happens in the breast tissue. The mammary glands slowly start to shrink. This often starts around age 35.

As a girl approaches her teen years, the first visible signs of breast development begin. When the ovaries start to produce and release (secrete) estrogen, fat in the connective tissue starts to collect. This causes the breasts to enlarge. The duct system also starts to grow. Often these breast changes happen at the same that pubic hair and armpit hair appear.

Once ovulation and menstruation begin, the maturing of the breasts begins with the formation of secretory glands at the end of the milk ducts. The breasts and duct system continue to grow and mature, with the development of many glands and lobules. The rate at which breasts grow is different for each young woman.

Mensturation

Each month, women go through changes in the hormones that make up the normal menstrual cycle. The hormone estrogen is produced by the ovaries in the first half of the menstrual cycle. It stimulates the growth of milk ducts in the breasts. The increasing level of estrogen leads to ovulation halfway through the cycle. Next, the hormone progesterone takes over in the second half of the cycle. It stimulates the formation of the milk glands. These hormones are believed to be responsible for the cyclical changes that many women feel in their breasts just before menstruation. These include swelling, pain, and soreness.

During menstruation, many women also have changes in breast texture. Their breasts may feel very lumpy. This is because the glands in the breast are enlarging to get ready for a possible pregnancy. If pregnancy does not happen, the breasts go back to normal size. Once menstruation starts, the cycle begins again.

Pregnancy and lactation

Many healthcare providers believe the breasts are not fully mature until a woman has given birth and made milk. Breast changes are one of the earliest signs of pregnancy. This is a result of the hormone progesterone. In addition, the dark areas of skin around the nipples (the areolas) begin to swell. This is followed by the rapid swelling of the breasts themselves. Most pregnant women feel soreness down the sides of the breasts, and nipple tingling or soreness. This is because of the growth of the milk duct system and the formation of many more lobules.

By the fifth or sixth month of pregnancy, the breasts are fully capable of producing milk. As in puberty, estrogen controls the growth of the ducts, and progesterone controls the growth of the glandular buds. Many other hormones also play vital roles in milk production. These include follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin, oxytocin, and human placental lactogen (HPL).

Other physical changes happen as well. These include the blood vessels in the breast becoming more visible and the areola getting larger and darker. All of these changes are in preparation for breastfeeding the baby after birth.

Menopause

By the time a woman reaches her late 40s and early 50s, perimenopause is starting or is well underway. At this time, the levels of estrogen and progesterone begin to change. Estrogen levels dramatically decrease. This leads to many of the symptoms commonly linked to menopause. Without estrogen, the breast’s connective tissue becomes dehydrated and is no longer elastic. The breast tissue, which was prepared to make milk, shrinks and loses shape. This leads to the "saggy" breasts associated with women of this age.

Women who are taking hormone therapy may have some of the premenstrual breast symptoms that they had while they were still menstruating, such as soreness and swelling. But if a woman’s breasts were saggy before menopause, this will not change with hormone therapy.

 HORMONAL CONTROL OF MENSTRUAL CYCLE

The ovarian hormones circulate in the blood and are excreted in modified forms in the urine. Estimation of the urinary output by chemical methods gives an indication of the blood levels and of the total production of these substances. There are several natural estrogens, and numerous synthetic modifications of these and of progesterone have been devised; many are active when taken by mouth and are used for treatment of hormonal disorders and as oral contraceptives.

The cyclic events in the ovary that have already been mentioned depend on gonadotropic hormones secreted by the anterior lobe of the pituitary gland; this gland is situated in a small recess at the base of the skull. There are two, and possibly three, gonadotropic hormones: follicle-stimulating hormone (FSH), luteinizing hormone (LH), and, possibly, luteotropic hormone (LTH).

FSH is secreted in greatest amount in the first half of the menstrual cycle, and LH has its peak of secretion at mid-cycle. It is believed that the sequential action of FSH and LH causes ripening of the follicle and ovulation. In some animals LTH is necessary for maintenance of the corpus luteum, but in women under treatment for infertility ovulation has been successfully induced with FSH and LH alone. Multiple births, as the result of multiple ovulation, have occurred after excessive doses of FSH have been given.

The pituitary gland stimulates the ovary to produce estrogens and progesterone, but there is a “negative feedback” by which the estrogens inhibit the output of FSH from the pituitary gland (and probably stimulate the output of LH). In addition, progesterone is believed to inhibit the further output of LH. In this process, in which the pituitary first stimulates the ovary, and the ovary then inhibits the pituitary, the basic rhythm is under the control of the hypothalamus; nevertheless, ovulation can be inhibited by oral contraceptives, which contain estrogens and progestogens—modifications of progesterone.

The anterior lobe of the pituitary gland is connected by its stalk to the hypothalamic region of the brain. The anterior lobe secretes many important hormones, including those that control the activity of the adrenal and thyroid glands, the growth hormone, and the gonadotropic hormones. From the hypothalamus substances are carried in the veins in the pituitary stalk that cause release of hormones from the pituitary, including FSH and LH, but also a factor that inhibits release of LTH. The higher brain centres no doubt affect the hypothalamic function; this explains the temporary disturbances of menstruation that may follow emotional stress.

Ovulation And The Fertile Phase

Ovulation occurs at about the midpoint of each normal cycle, and the ovum is probably capable of fertilization for only about two days after this. In the majority of women the time of ovulation is fairly constant. In women with cycles of irregular length the date of ovulation is uncertain; in these women the long menstrual cycles are usually due to prolongation of the proliferative phase; the secretory phase tends to remain normal in length. In some animals, ovulation only follows coitus; this mechanism has been used to explain cases in which human pregnancy has apparently followed coitus early or late in the menstrual cycle, but there is no definite evidence for such a mechanism in women.

The rhythm method of contraception is based on the fact that ovulation normally occurs at mid-cycle, but the date of ovulation may vary unexpectedly even in women whose menstrual cycles were previously regular.

The Menarche( first mensturation)

The first menstruation, or menarche, usually occurs between 11 and 13 years of age, but in a few otherwise normal children menstruation may begin sooner or may be delayed. If the menstrual periods have not started by the age of 16 gynecological investigation is indicated. The menarche is preceded by other signs of estrogenic activity, such as enlargement of the breasts and the uterus and growth of pubic hair. The ovarian response to gonadotropic hormones may be erratic at first, so that irregular or heavy bleeding sometimes occurs, but this irregularity nearly always disappears spontaneously.