**19/MHS01/445(DIRECT ENTRY)**

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**MEDICINE AND SURGERY**

As a summary, the 2nd week of development is often referred to as the week of twos;

1. The embryoblast splits into two germ layers: the epiblast and hypoblast (bilaminar embryonic disc).

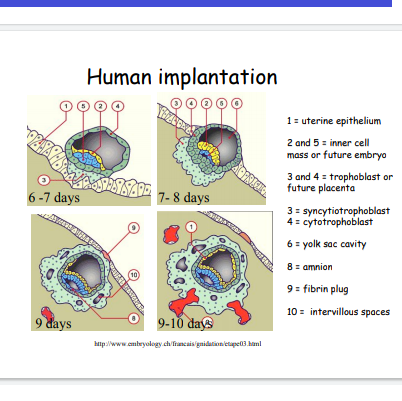
2. The trophoblast divides in to two layers: inner cytotrophoblast and outer syncytiotrophoblast.

3. Two cavities appear- the amnioltic cavity and the yolk sac cavity.

4. The blastocyst cavity is remodeled twice to form the yolk sacs.

5. The extraembryonic mesoderm splits into two layers: parietal and visceral layers; forming extraembryonic structures (amniotic cavity, amnion, yolk sac, connecting stalk, and chorionic sac)

Implantation of the blastocyst is completed in the second week. At the eighth day of development, the blastocyst is partially (slowly) embedded in the endometrium. The syncytiotrophoblast continues its invasion of the endometrium, thereby eroding endometrial blood vessels and endometrial glands. More cells in the cytotrophoblast divide and migrate into the syncytiotrophoblast, where they fuse and lose their individual cell membranes.



The embryoblast differentiate into:

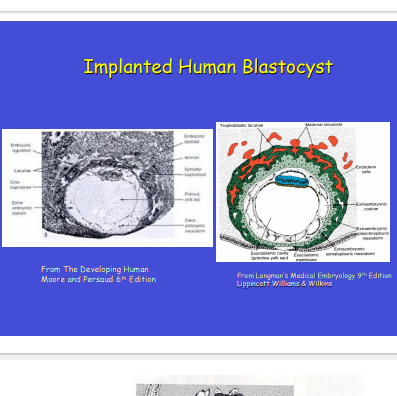
1. the hypoblast layer, which is made up of small cuboidal cells, and it is adjacent(nearer) to the blastocyst cavity
2. the epiblast layer which is made up of high columnar cells, and it adjacent to the amniotic cavity

The hypoblast and epiblast layers together form a flat ovoid shaped disc called the bilaminar embryonic disc. At the same time, a small cavity appears within the epiblast which enlarges to form the amniotic cavity. Epiblast cells adjacent to the cytotrophoblast are called amnioblasts. The amnioblasts together with the rest of the epiblast, line the amniotic cavity. Note that the endometrium adjacent to the implantation site is edematous and highly vascular.

By the 9th day, the blastocyst is more deeply embedded in the endometrium, and the penetration defect in the surface epithelium is closed by a coagulum called fibrin. Vacuoles appear at the region of the trophoblast and they fuse to form lager lacunae. The cells of the hypoblast adjacent to the cytotrophoblast form a thin membrane called the exocoelomic (Heuser’s) membrane, this membrane lines the inner surface of the cytotrophoblast. The exocoelomic (Heuser’s) membrane together with the hypoblast forms the lining of the exocoelomic cavity, or primitive yolk sac or primary umbilical vesicle. The blastocyst is completely embedded in the endometrium and the surface epithelium almost entirely covers the original defect in the uterine wall. The blastocyst produces a slight protrusion into the lumen of the uterus and cells of the syncytiotrophoblast penetrate deeper into the stroma(tissue) and erode the endothelial lining of the endometrial capillaries. These ruptured endometrial capillaries are called sinusoids. The lacunae then begin to communicate with the sinusoids, and maternal blood enters the lacunar system. The communication of the eroded endometrial capillaries with the lacunae establishes the primordial uteroplacental circulation. When maternal blood flows into the lacunae, oxygen and nutritive substances are available to the embryo. A new population of cells derived from the yolk sac appears between the inner surface of the cytotrophoblast and the outer surface of the exocoelomic cavity, they form a fine, loose connective tissue called the extraembryonic mesoderm.

Soon, large cavities develop in the extraembryonic mesoderm, and when these become confluent, they form a new space known as the extraembryonic cavity, or chorionic cavity or extraembryonic coelom. This space surrounds the primitive yolk sac and amniotic cavity, except where the germ disc is connected to the trophoblast by the connecting stalk (which develops into the umbilical cord). The extraembryonic mesoderm lining the cytotrophoblast and amnion is called the extraembryonic somatic mesoderm which also forms the connecting stalk. The lining covering the yolk sac is known as the extraembryonic splanchnic mesoderm

As the conceptus implants, the endometrial connective tissue cells undergo a transformation, called decidual reaction. During this transformation, the cells of the endometrium swell because of the accumulation of glycogen and lipid in their cytoplasm, and they are known as decidual cells. The primary function of the decidual reaction is to provide nutrition for the early embryo and an immunologically privileged site for the conceptus.



By the 13th day of development, the surface defect in the endometrium has been completely covered by the surface epithelium. Occasionally bleeding occurs at the implantation site as a result of increased blood flow into the lacunar spaces. Cells of the cytotrophoblast proliferate locally and penetrate into the syncytiotrophoblast, forming cellular columns surrounded by syncytium. Cellular columns with the syncytial covering are known as primary villi. The primary yolk sac becomes reduced in size and is known as the secondary yolk sac. This new cavity is known as the secondary yolk sac or definitive yolk sac or the secondary umbilical vesicle.

In humans the yolk sac contains no yolk but is important for the transfer of nutrients between the fetus and mother. It is much smaller than the original exocoelomic cavity or primitive yolk sac. During its formation, large portions of the exocoelomic cavity are pinched off to form exocoelomic cysts. Exocoelomic cysts are often found in the extraembryonic cavity or chorionic cavity or extraembryonic coelom. Meanwhile, the extraembryonic coelom expands and forms a large cavity called the chorionic cavity. The extraembryonic mesoderm lining the inside of the cytotrophoblast is then known as the chorionic plate. The only place where extraembryonic mesoderm traverses the chorionic cavity is in the connecting stalk. The connecting stalk becomes the umbilical cord with development of blood vessels.