NAME: EKO ELIZABETH ENE

MATRIC NUMBER: 18/MHS02/069

DEPARTMENT: NURSING SCIENCE

COURSE CODE: PHS 212

LEVEL: 200

**Question**

Discuss the factors facilitating the movement of sperm in the female reproductive tract.

**Fertilization of the ovum.** After the male ejaculates semen into the vagina during intercourse, a few sperm are transported within 5 to 10 minutes upward from the vaginal and through the uterus and fallopian tubes to the ampullae of the fallopian tubes near the ovarian ends of the tubes. This transport of the sperm is aided by contractions of the uterus and fallopian tubes stimulated by prostaglandins in the male seminal fluid and also by oxytocin released from the posterior pituitary gland of the female during her orgasm. Of the almost half a billion sperm deposited in the vagina, a few thousand succeed in reaching each ampulla.

Fertilization of the ovum normally takes place in the ampulla of one of the fallopian tubes soon after both the sperm and the ovum enter the ampulla. But before a sperm can enter the ovum, it must first penetrate the multiple layers of granulosa cells attached to the outside of the ovum (the corona radiate) and then bind to and penetrate the zona pellucida surrounding the ovum itself.

Once a sperm has entered the ovum (which is still in the secondary oocyte stage of development), the oocyte divides again to form the mature ovum plus a second polar body that is expelled. The mature ovum still carries in its nucleus (now called the female pronucleus) 23 chromosomes. One of these chromosomes is the female chromosome, known as the X chromosome.

In the meantime, the fertilizing sperm has also changed. On entering the ovum, its head swells to form a male pronucleus. Later, the 23 unpaired chromosomes of the male pronucleus and the 23 unpaired chromosomes of the female pronucleus align themselves to re-form a complete completement of 46 chromosomes (23 pairs) in the fertilized ovum.

**Sperm Transport in the Female Reproductive Tract**

Sperm transport within the female reproductive tract is a cooperative effort between the functional properties of the sperm and seminal fluid on the one hand and cyclic adaptations of the female reproductive tract that facilitate the transport of sperm toward the ovulated egg. Much of the story of sperm transport in the female reproductive system involves the penetration by the sperm of various barriers along their way toward the egg.

During coitus in the human, semen is deposited in the upper vaginal close to the cervix. The normal environment of the vaginal is inhospitable to the survival of sperm, principally because of its low pH ( lesser than 5.0). The low pH of the vaginal is a protective mechanism for the women against many sexually transmitted pathogens, because no tissue barrier exists between the vagina (outside) and the peritoneal cavity (inside). The acidic pH of the vagina is bacteriocidal and is the reflection of an unusual functional adaptation of the vaginal epithelium. Alone among the stratified squamous epithelia in the body, the cells of the vaginal lining contain large amounts of glycogen. Anaerobic lactobacilli within the vaginal break down the glycogen from shed vaginal epithelial cells, with the production of lactic acid as a byproduct. The lactic acid is responsible for the lowered vaginal Ph.

Direct measurements have shown that within 8 seconds from the introduction of semen the pH of the upper vagina is raised from 4.3 to 7.2, creating an environment favorable form sperm motility. Another rapid event is the coagulation of human semen through the actions of semogelin by a minute after coitus. The coagulative function is incompletely understood, but it may play a role in keeping sperm near the cervical os. Thirty to 60 minutes after it coagulates, prostate-specific antigen (PSA), a proteolytic enzyme, degrades the coagulated semen. Within the semen and altered vaginal fluids, the sperm have begun to swim actively. A critical element in sperm mortility is the availability of fructose, a nutrient provided by the seminal vesicles, within the semen. Because of their paucity of cytoplasm, spermatozoa require an external energy source. Unusually for most cells, spermatozoa have a specific requirement for fructose rather than glucose, the most commonly utilized carbohydrate energy source.

The next barrier facing sperm is the cervix. The cervical entrance (os) is not only very small, but it is blocked by cervical mucus. During most times in the menstrual cycle, cervical mucus is highly sticky ( G mucus) and represents an almost impenetrable barrier to sperm penetration. Around the time of ovulation, however, the estrogenic environment of the female reproductive system brings about a change in cervical mucus, rendering it more watery and more amenable to penetration by sperm (E mucus).

Considerable uncertainty surrounds the question of passage of sperm through the cervix. The swimming speed of human sperm in fluid is approximately 5mm/min, so in theory, sperm could swim through the cervical canal in a matter of minutes or hours. I n reality, some sperms have been found in the upper reaches of the uterine tubes within minutes of coitus. These pioneers are likely to have been swept up the female reproductive tract during muscular contractions occurring at the time of or shortly after coitus. The functional status of early-arriving human sperm is not known. On the other end of the spectrum, viable sperm have been taken from the cervix as long as 5 days after coitus. Between these two extremes, over the course of hours or even days, most of the spermatozoa make their way through the cervical mucus and up the cervical canal and into the uterus, where even less is known about the course of sperm transport into and through the uterus is assumed to be assisted by contractions of its thick smooth muscle walls. There may or may not be subtle influences that favor the transport of sperm toward the opening of the uterine tube that contains ovulated egg.

Of the huge numbers of sperm that enter the female reproductive tract, almost all fail to reach the uterine tubes. The unsuccessful sperm are removed by the infiltration of white blood cells into the cavities of the vaginal, cervix, and uterus. These cells, along with certain immunoglobulins, inactivate and degrade foreign invaders, in this case, the excess sperm. Fortunately, the uterine tubes are not subject to this sort of cellular infiltration.

The openings of the uterine tubes into the uterus (uterotubal junction) represent another barrier to sperm transport. With two uterine tubes and usually only one ovulated egg, any spermatozoan that enters the empty uterine tube is automatically doomed to reproductive failure. Roughly 10,000 or fewer sperm cells of the millions in the ejaculate enter the correct tube. These sperm cells collect in the lower part of the uterine tube and attach to the epithelium of the tube for about 24 hours.

Two critical event occurs during this period of attachment. The first is called capacitation, a reaction necessary for a spermatozoon to be able to fertilize an egg. The first phase of the capacitation reaction is the removal of cholesterol from the surface of the sperm. Cholesterol was introduced onto the sperm head to prevent premature capacitation. The next phase of capacitation is the removal of many of the glycoproteins that were deposited on the sperm head within the epididymis. After their removal, the spermatozoon is now capable of fertilizing an egg. It is likely that covering the sperm cells with glycoproteins and then cholesterol is done to prevent the sperm from prematurely attempting to fertilize other somatic cells that they encounter on their way to meeting the egg. Capacitation removes the molecular shield.

A second phenomenon occurring while the sperm are attached to the distal tubal lining is hyperactivation of the sperm. Hyperactivation is manifest by the increased vigor in their swimming movements and allows the sperm to break free from their binding with the tubal epithelial cells. Hyperactivated sperm are more efficient in making their way up the uterine tube and penetrating the coverings of the egg.

Once capacitated sperm break away from the tubal epithelium, they make their way up the uterine tube through a combination of their own swimming movements, peristaltic contractions of the smooth musculature of the tubal wall and the movement of tubal fluids directed by ciliary activity. In the upper third of the uterine tube, a few hundred sperm approach the ovulated egg. Only one of them out the millions that left the male reproductive tract will attain is ultimate goal of fertilizing that egg.