

# The menstrual Cycle

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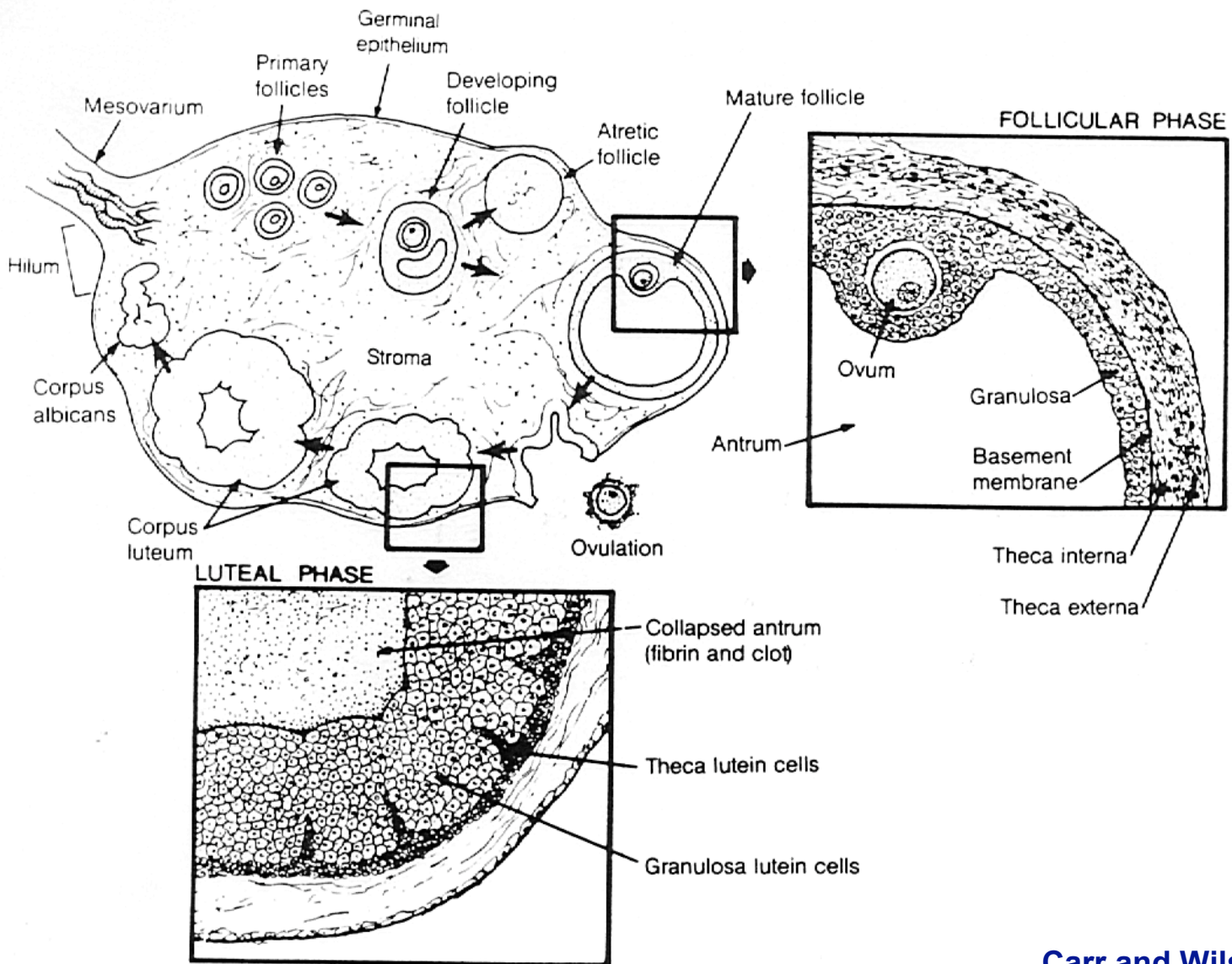
# Two functions of the ovary

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**Gametogenesis**

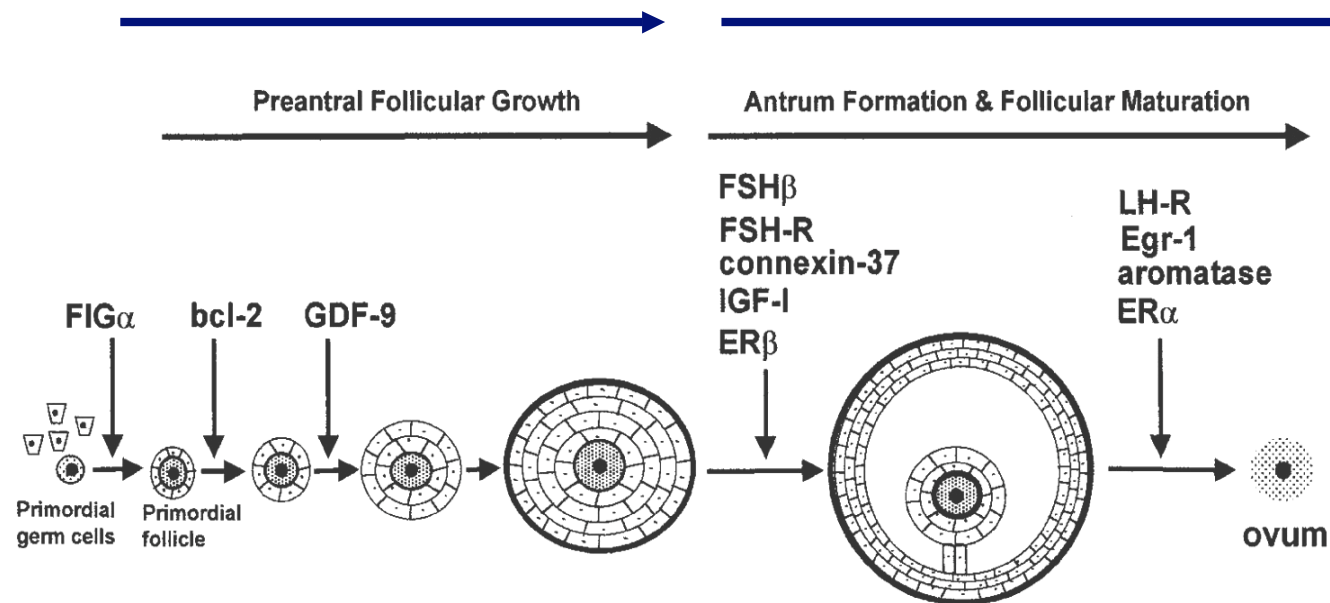
**Steroidogenesis**

# Functional anatomy of the ovary



## Gonadotropin-independent

## Gonadotropin-dependent



### Primordial follicles:

ovum + unicellular layer of granulosa cells

### Primary follicles:

ovum growing + additional layers of granulosa cells

### Primary follicles:

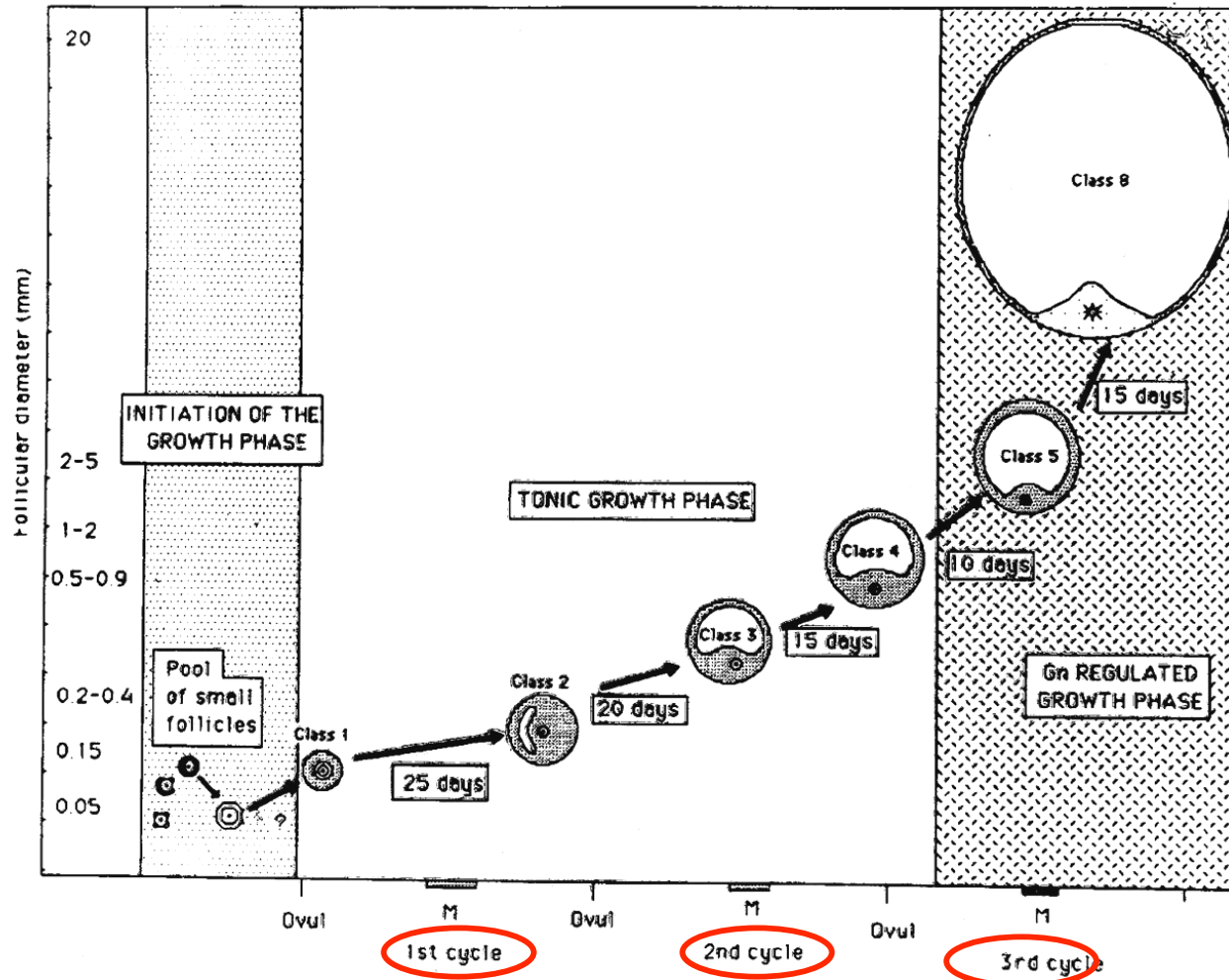
ovum growing + granulosa + theca cells (originating from ovarian stroma)

Accelerated growth of theca and granulosa cells, stimulated by gonadotrophins

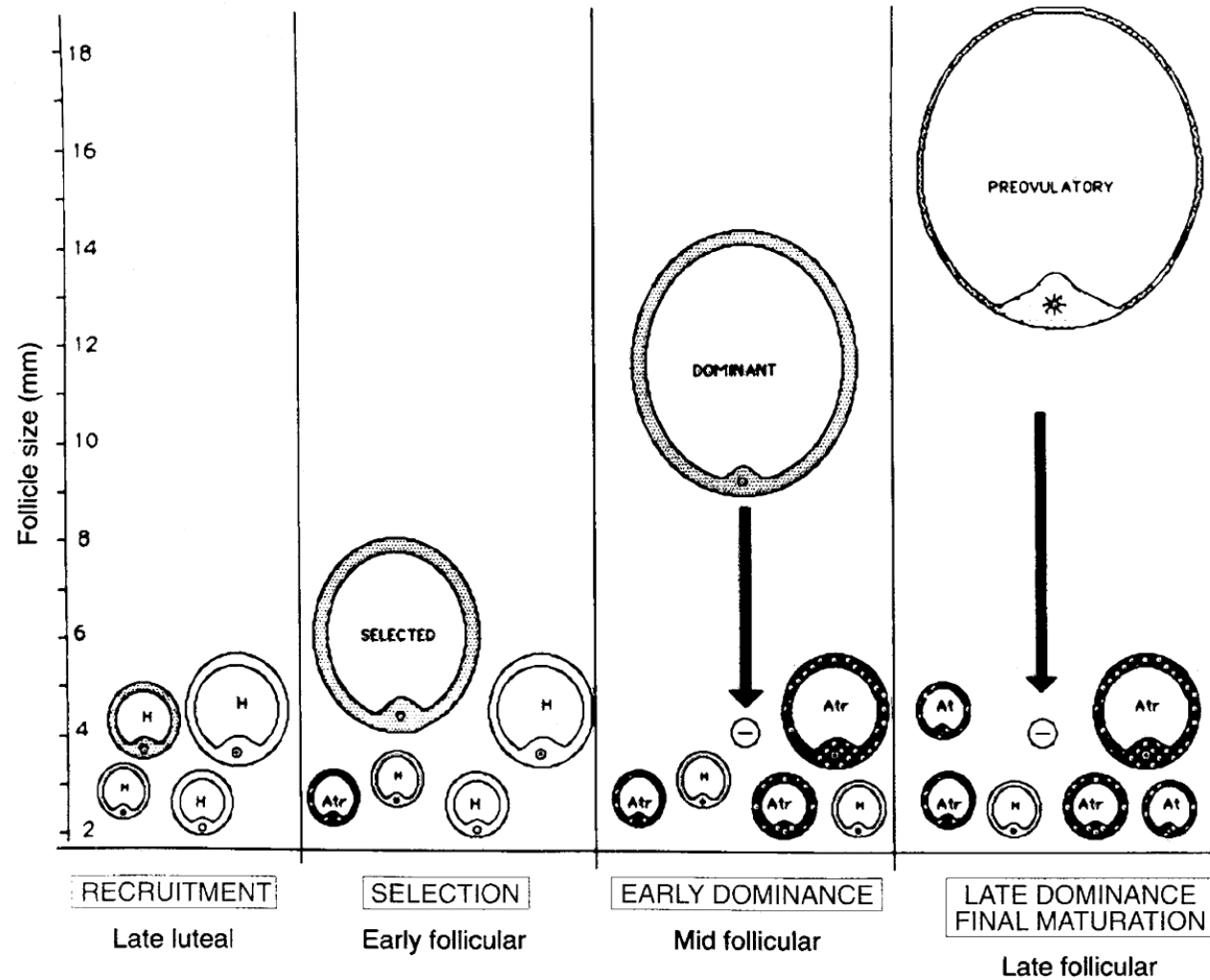
Secretion of follicular fluid (rich in E2) by theca and granulosa cells : apparition of antrum

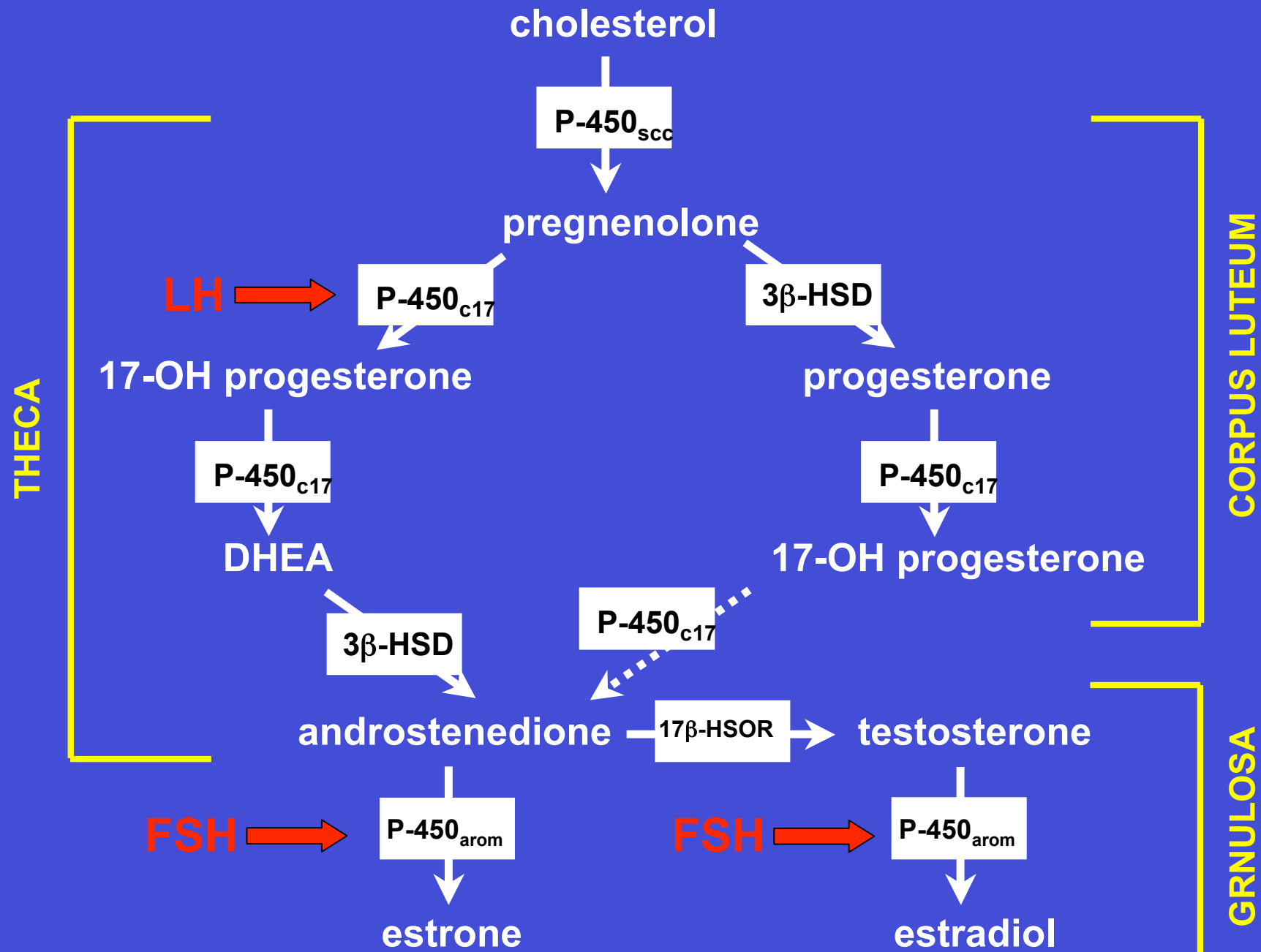
Gonadotropin-dependent

Highly gonadotropin-dependent

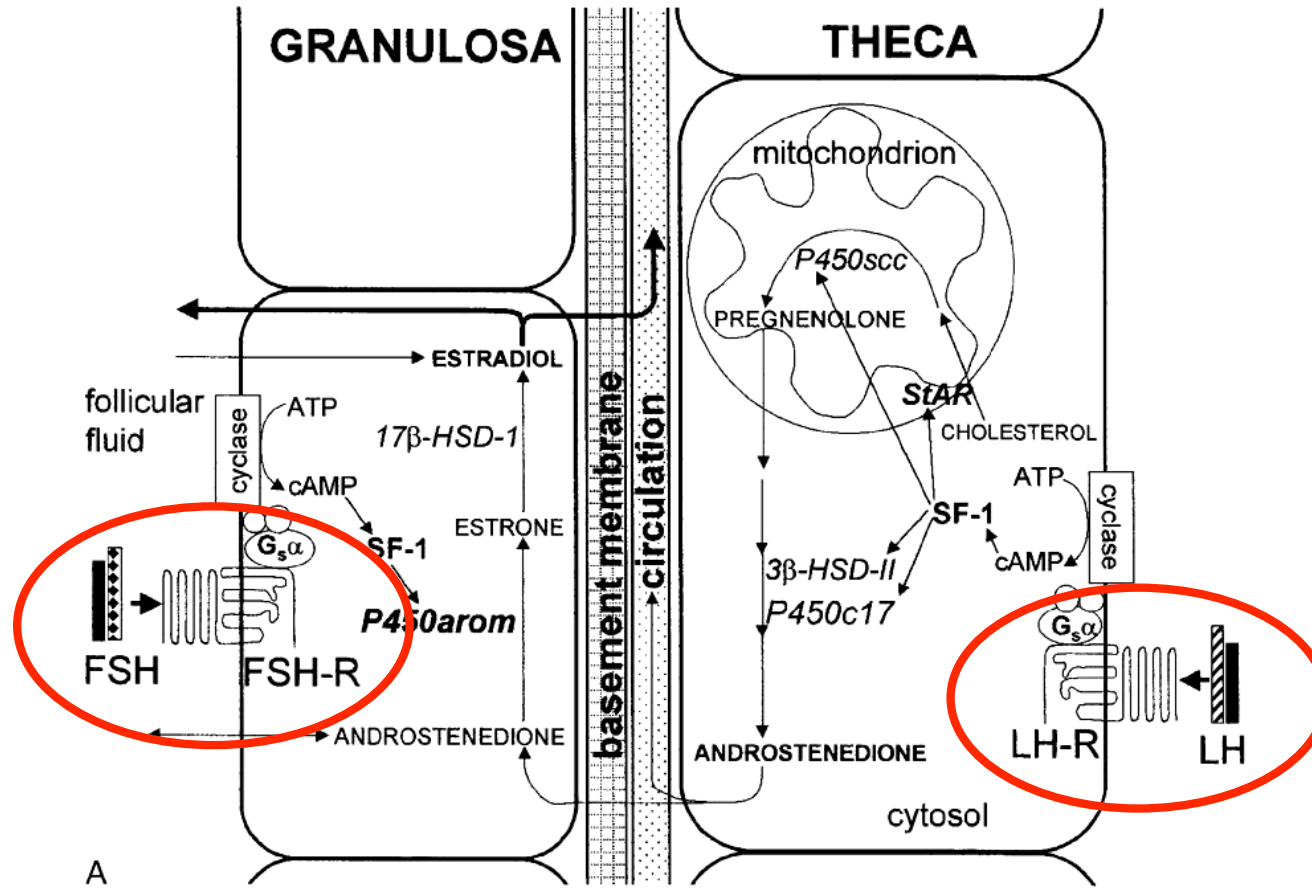


# Follicular growth, gonadotropin dependent



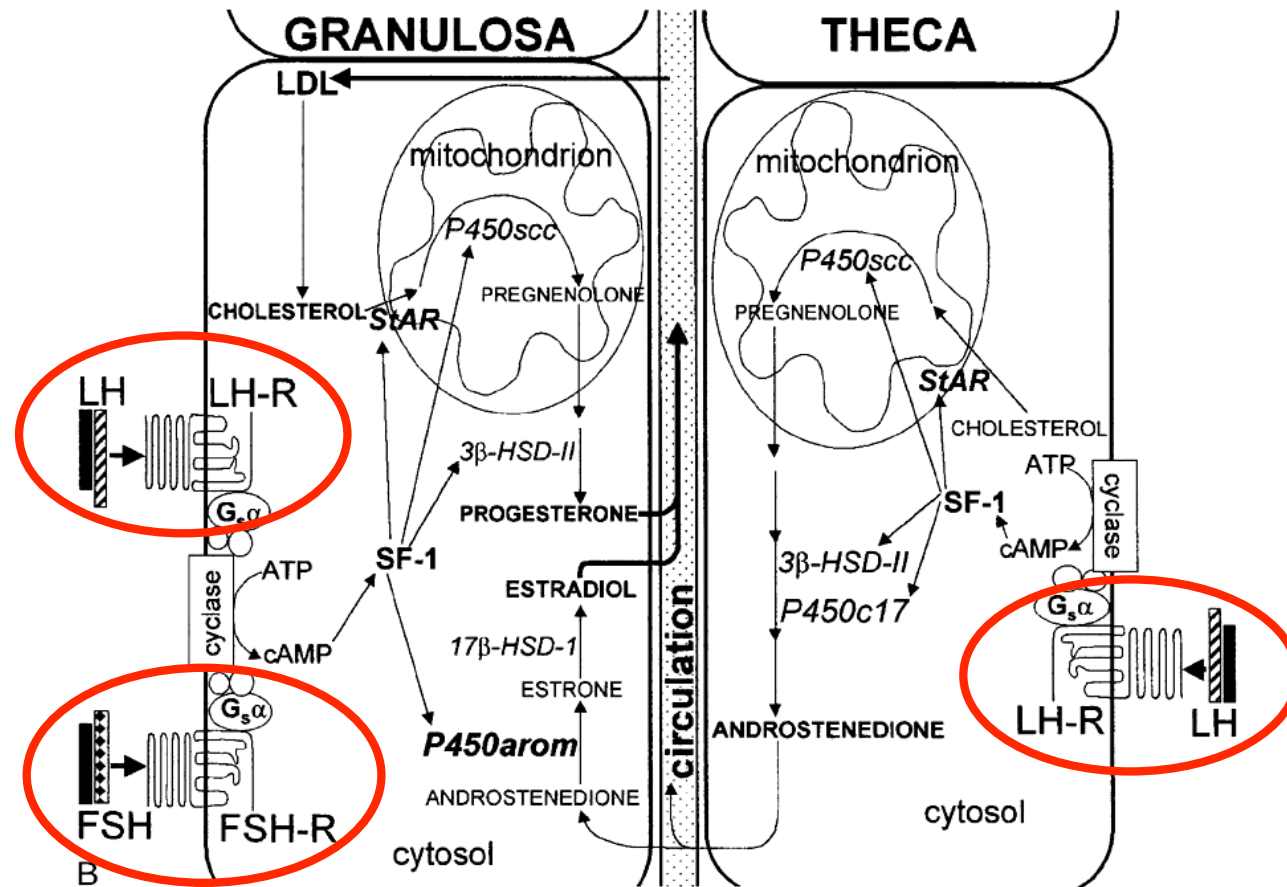


# The two cell hypothesis in a pre-ovulatory follicle





# The two cell hypothesis in the corpus luteum



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# Effects of oestrogens

On uterus : growth at puberty; increase in size of fallopian tubes

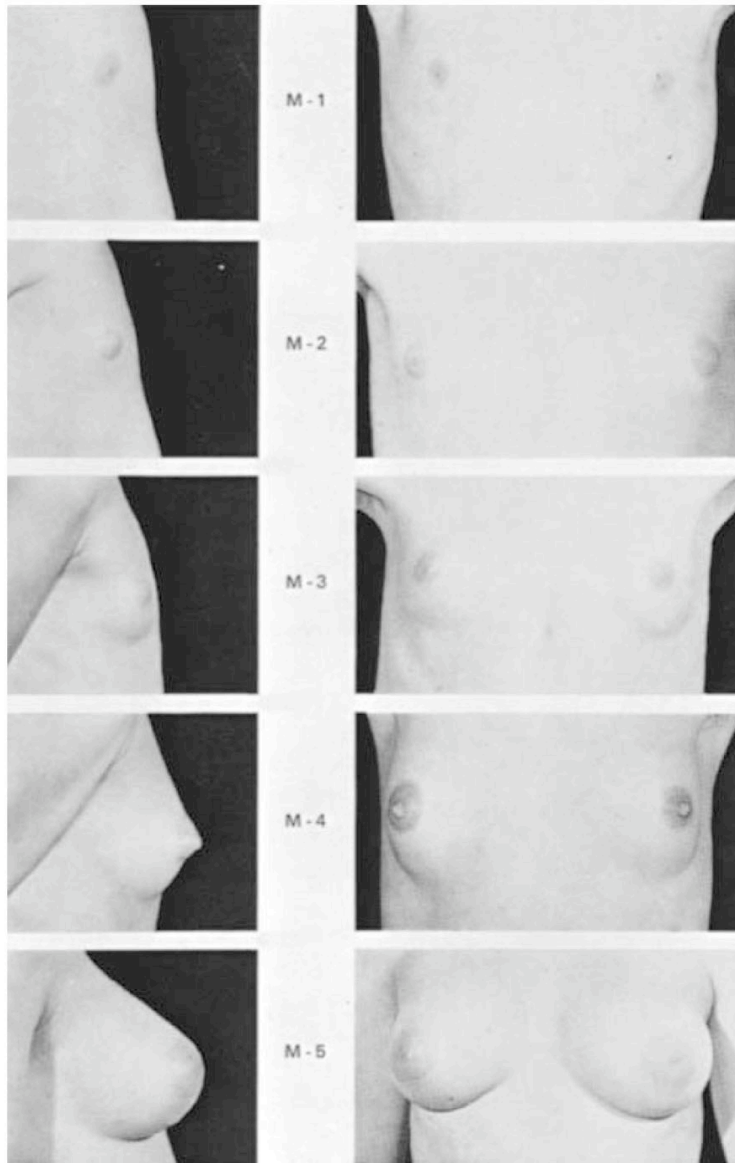
On vagina: increase in size; transformation of epithelium, from cuboid to stratified.

On endometrium: prolifération of endometrium; apparition of endometrial glands, useful to implantation and nutrition of fecondated ovum.

# Effects of oestrogens

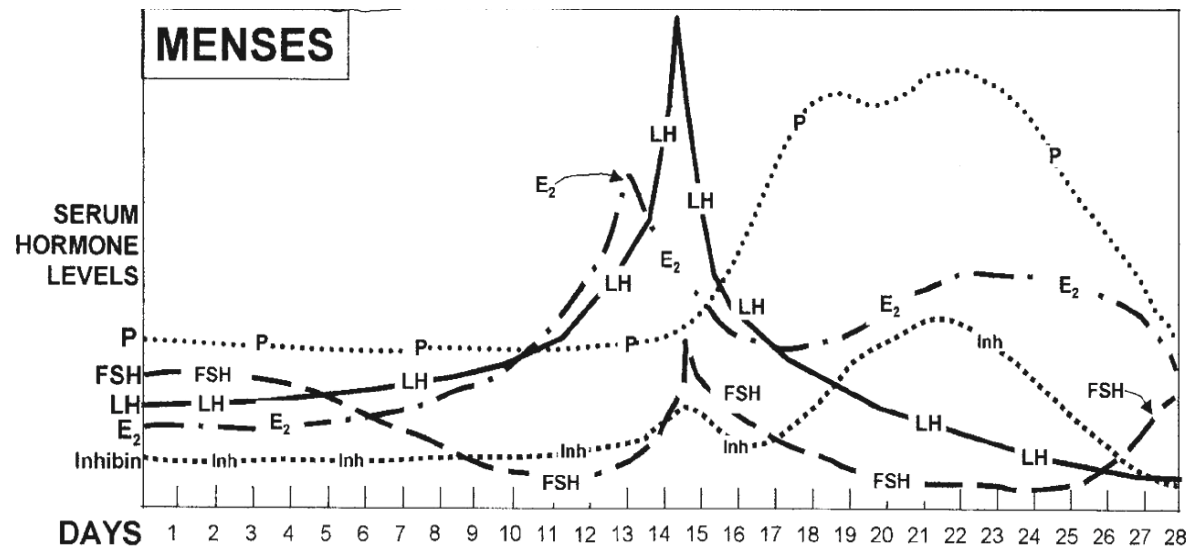
On bone : increase of osteoblastic activity; closure of epiphyses.

On adipose tissue: female-like repartition of fat (mammary gland, thighs)



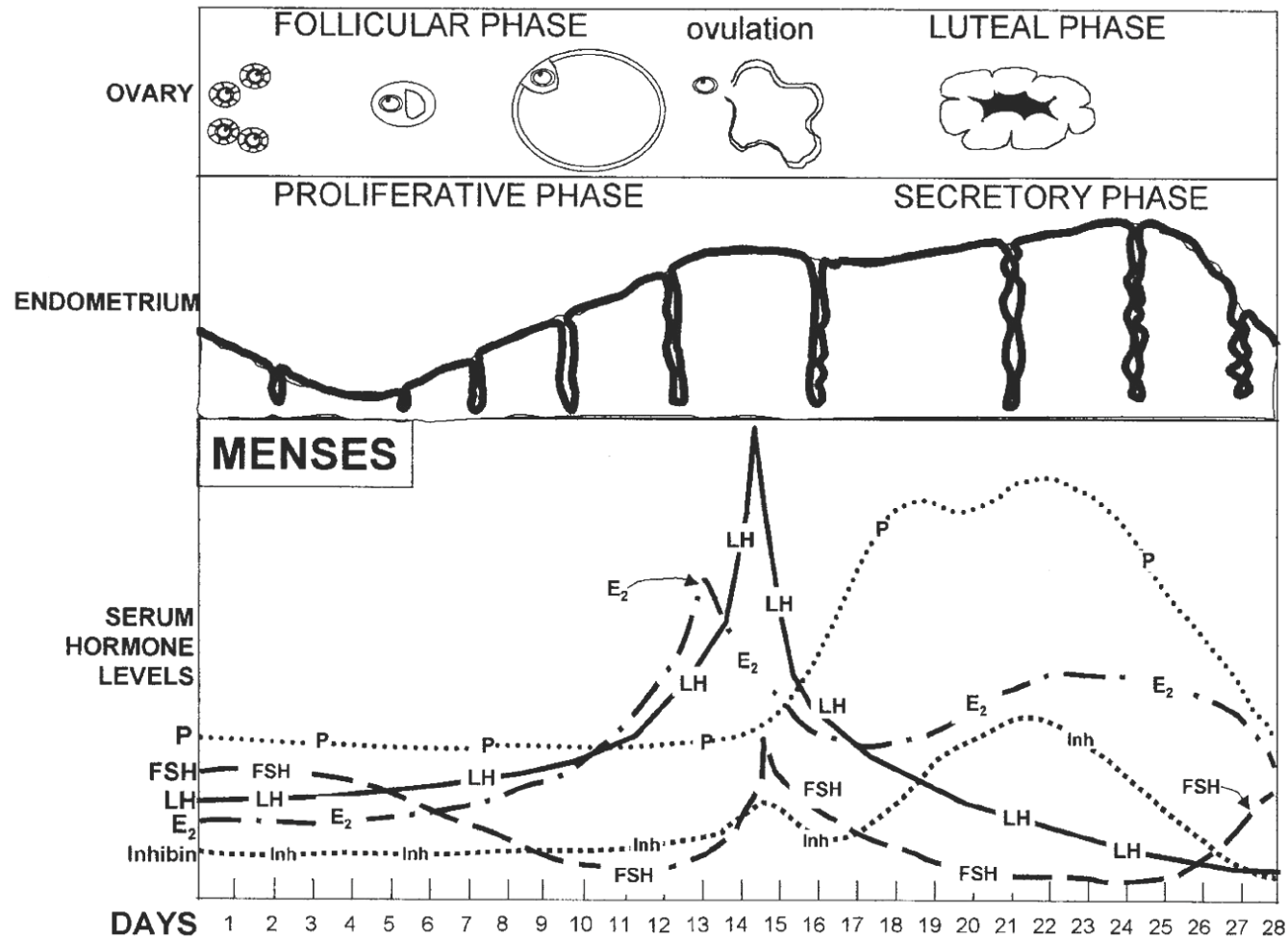
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# The menstrual cycle



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# The menstrual cycle



# Amenorrhea

## Primary or secondary

### Differential diagnosis

- **Physiological processes :**  
**Pregnancy, menopause**
- **Congenital or acquired anomalies**
- **Hypothalamic pathologies:** *hypogonadotrope amenorrhea (low LH and FSH)*
- **Ovarian pathologies:** *hypergonadotrope amenorrhea (high LH and FSH)*

# Ovarian insufficiency

## Genetic anomalies

(Turner syndrome, FSH inactivating mutations)

## Precocious ovarian insufficiency

Acceleration of follicular atresia in women of childbearing age

## Chronic anovulation

Often secondary to other endocrine dysfunctions, obesity, or of toxic origin (drugs...)

## Polycystic ovarian syndrome

Most frequent endocrine pathology



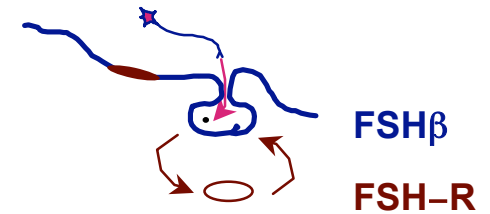
# Consequences of amenorrhea

- **Menstrual dysfunction**
- **Hirsutism/acne (androgene excess)**
- **Infertility**
- **Increased risk of endometrial cancer**
- **Possible increased risk of breast cancer**
- **Increased cardio-vascular risk**
- **Increased incidence of diabetes mellitus**
- **Increased risk of osteoporosis**

## **Consequences of amenorrhea**

**All occurrences of amenorrhea  
must be worked up, and then  
taken care of.**

# FSH Deficiency - Females



## FSH $\beta$

### Four cases described

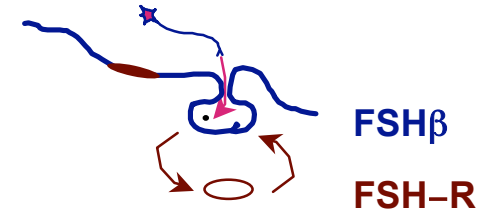
- **Phenotype:**
  - delayed puberty
  - primary amenorrhea
  - normal response to FSH with achievement of fertility

## FSH-R

### Finnish study

- **Phenotype:**
  - primary amenorrhea
  - ovarian dysgenesis with normal karyotype

# FSH Deficiency - Males



## FSH $\beta$

### Three cases described

- **Phenotype:**
  - 1) delayed puberty, low testosterone and absent spermatogenesis
  - 2) normal puberty and virilization, spermatogenic arrest

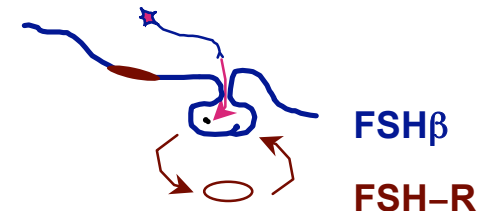
## FSH-R

### Finnish study

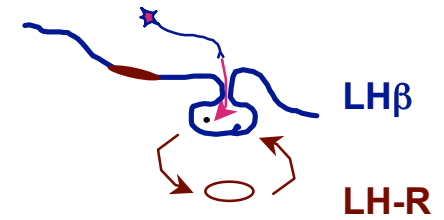
- normal virilization
- decreased testicular volume
- **variable suppression of spermatogenesis**

# Role of the FSH/FSH-R System

- Important for estrogen production, follicular maturation and fertility
- Role of FSH in spermatogenesis remains unclear:
  - variable spermatogenesis in FSH-R mutations
  - absent spermatogenesis in FSH $\beta$  mutations



# LH Deficiency - Females



## LH $\beta$

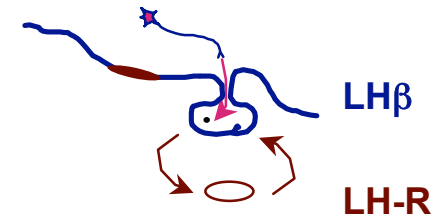
### One case described

- **Phenotype:**
  - 1) Secondary amenorrhea and infertility

## LH-R

- normal external genitalia
- normal pubertal development
- primary amenorrhea
- **no pre-ovulatory follicles**

# LH Deficiency - Males



**LH $\beta$**

**LH-R**

## Four cases described

Bio-inactive LH

Impaired heterodimer

- **Phenotype:**

- normal male
- delayed puberty
- response to hCG:

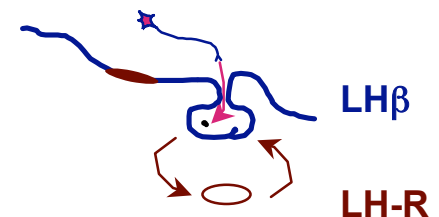
## Broad spectrum of phenotypic expression of inactivating mutations

- pseudohermaphroditism and complete azoospermia
- micropenis, delayed puberty and arrest of spermatogenesis

# Role of the LH/LH-R System

- Important for normal male development
- LH-R plays a role in spermatogenesis as well as ovulation

**LH-R is a candidate gene for male as well as female infertility**



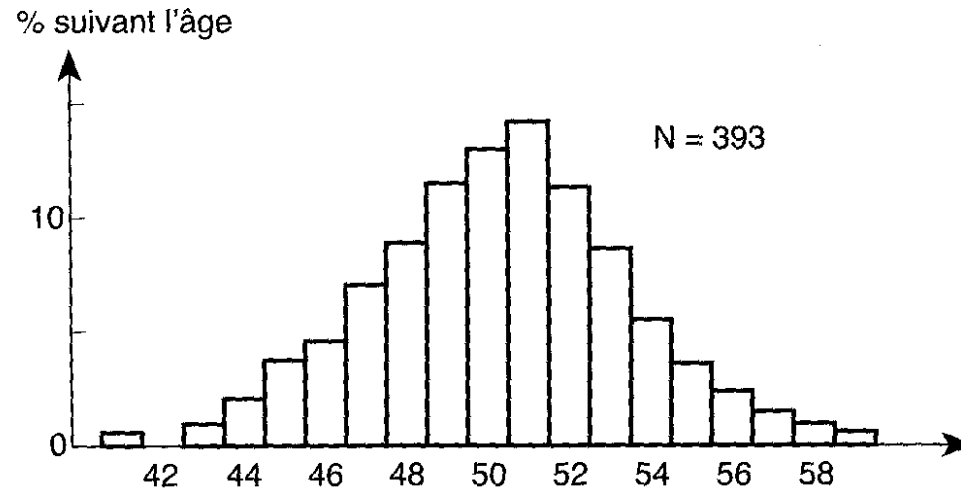


# Age at menopause in Switzerland

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Mean 50 yrs

- precocious <40 yrs
- late >55 yrs



Factors influencing the age at menopause:

Heredity, smoking, ethnical background, climate (?)

Female life expectancy (1997): 82.3 yrs

**32.3 yrs in menopause**

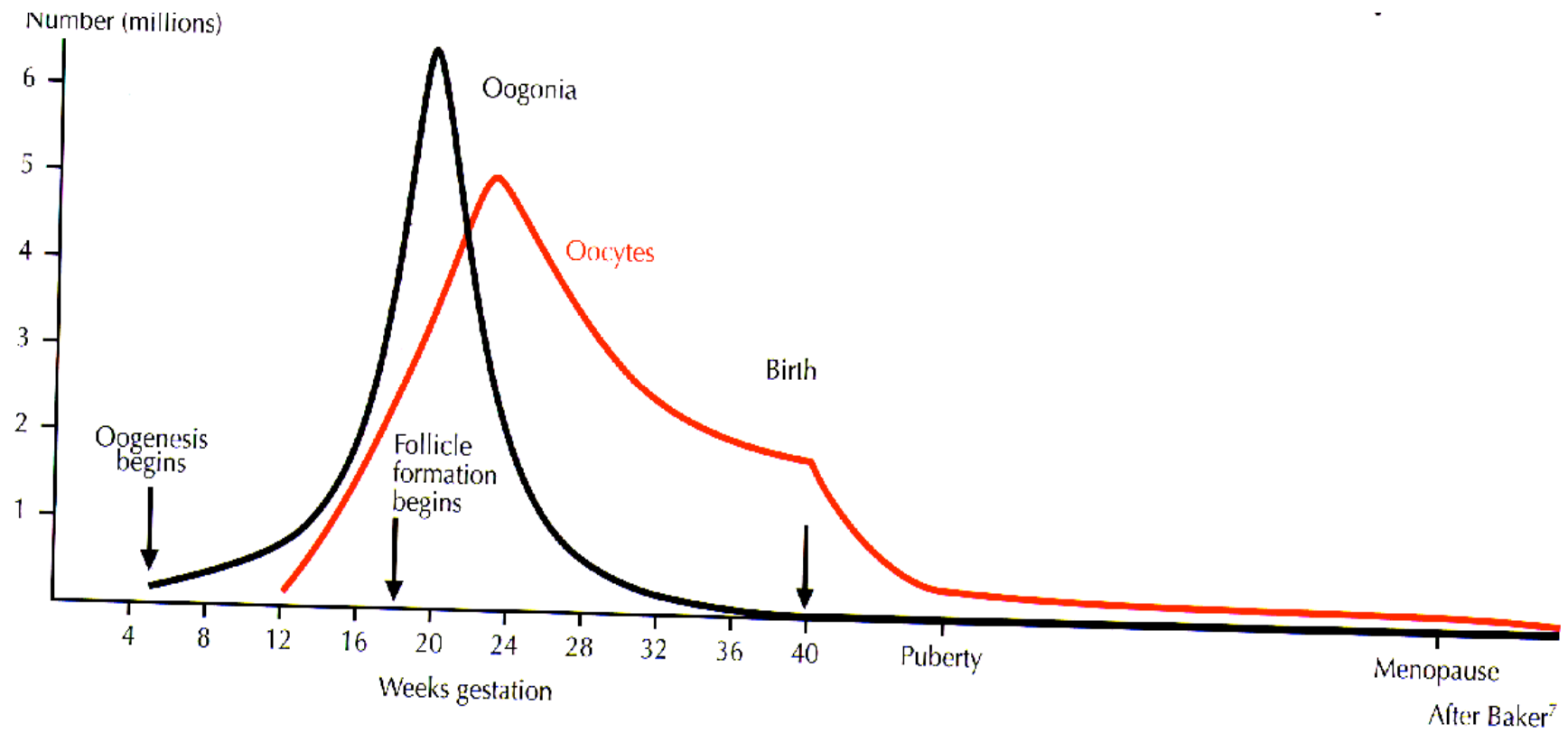
# Physiopathology of menopause: the apoptose phenomenon

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## Landmarks in ovocyte count in the human

- Foetus: 7 millions
- Birth: 1-2 millions
- Puberty: 400 000

Follicular depletion accelerates at around 37 yrs:  
imbalance between pro-apoptotic (Bax) and anti-  
apoptotic (Bcl2) transcription factors



# Evaluation of ovocyte depletion

## The Faddy-Gosden equation

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$$Dy/dx = -y[0.0595 + 3716(11780 + y)]$$

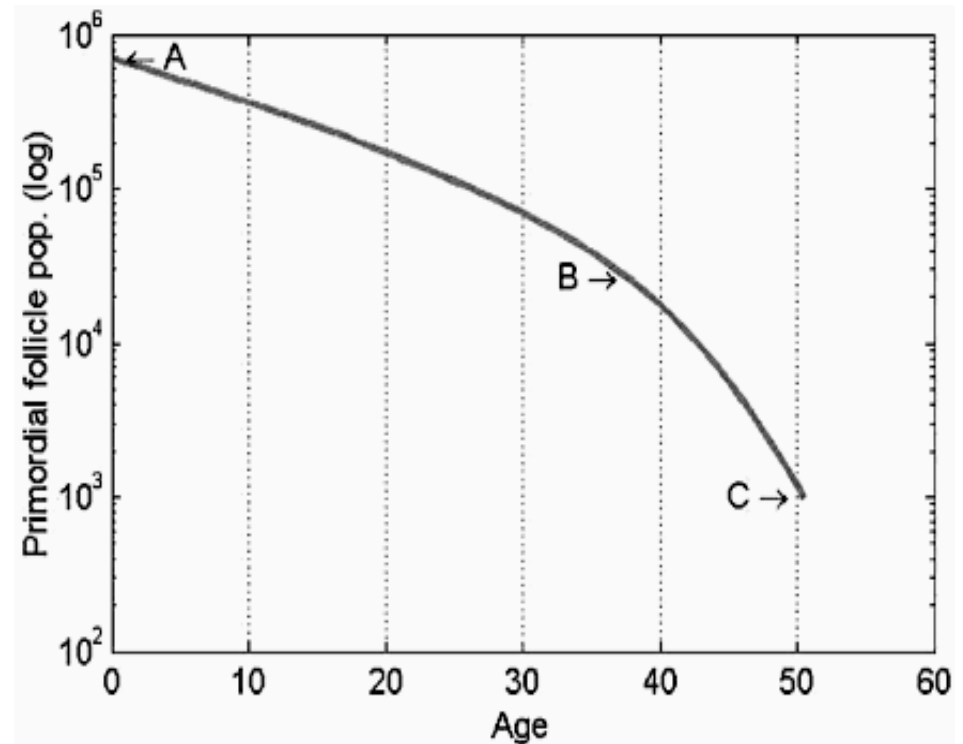
X=age

Y=number of primordial follicles

A=701 000 follicles

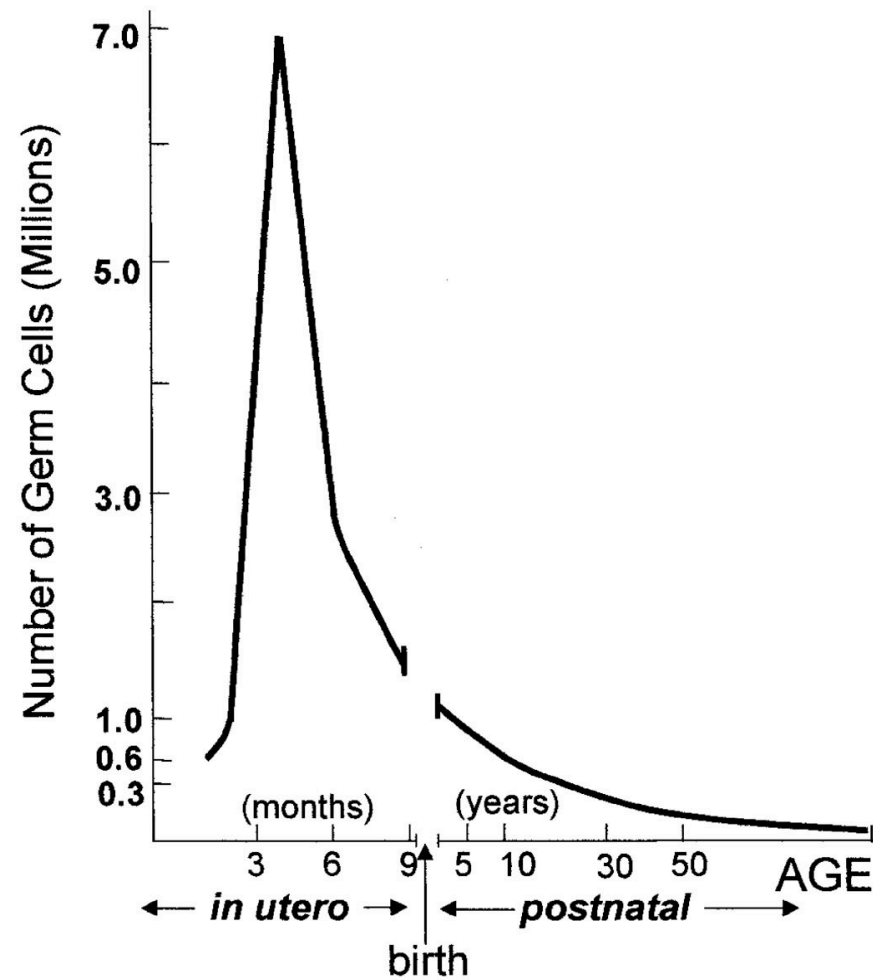
B=25 000 follicles

C=1000 follicles



# Production of germinal stem cells by the ovary

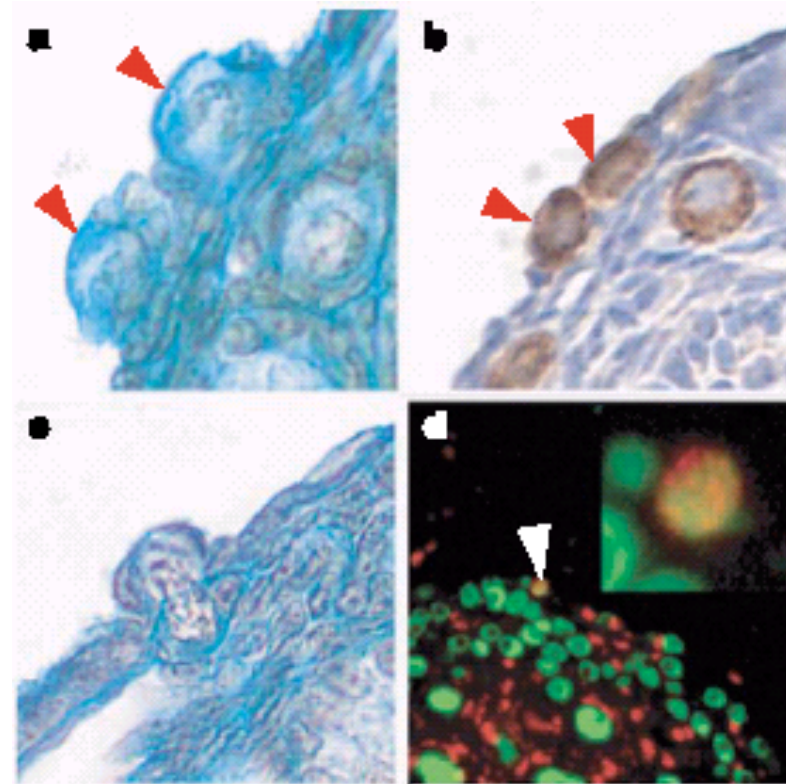
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# Germline stem cells and follicular renewal in the postnatal mammalian ovary

Joshua Johnson<sup>+</sup>, Jacqueline Canning<sup>+</sup>, Tomoko Kaneko, James K. Pru & Jonathan L. Tilly

- Germline stem cells present in the ovary, outside follicles
- These stem cells are dividing



Nature, March 2004

# Germline stem cells and follicular renewal in the postnatal mammalian ovary

- Germline stem cells transplanted into recipient ovaries produce new follicles

