Conference on Female Reproduction

VIBS 443/602
Fig. 7.5: Female internal sexual organs.
Female fertility tests

- Insufflation – manometer
- Instillation of radio-opaque tracer
- Injection of dye – surgery
- Endometriosis
- Spinnbarkeit – elasticity of mucus
- Ferning pattern of dried mucus
- In vitro fertilization
179 Fallopian tube - infundibulum frimbriae
Fallopian tube
Fallopian tube - ciliated epithelium
Fallopian tube
GENERAL STRUCTURE

PERIMETRIUM

MYOMETRIUM

ENDOMETRIUM

ZONA BASALIS

ZONA FUNCTIONALIS

SPIRAL ARTERIES
Slide 184, cervix
1. Lumen
2. Cervical glands
3. Lamina propria
4. Smooth muscle
Cervix,
1. junction of endocervix and ectocervix
2. Vagina cervix
ENDOCERVIX ends in the Vagina which has no MUCUS glands.
Vagina epithelium
1. Stem cells
2. Prickle cell layer
3. Nonkeratinized squamous epithelial cells
CONFERENCCE ON THE FEMALE REPRODUCTIVE SYSTEM

1. In fully one-third of females with infertility, the problems with conception can be traced to the Fallopian tube, indicating the importance of this structure in the reproductive process and the need to assess it carefully during examination of an infertile couple.

   A. As a basis for considering the potential problems associated with the oviduct, describe the various functions that it performs during successful reproduction.

   B. Often the culprit in infertility is an infection. How might an infection involving the oviducts interfere with these functions?

   C. As a basic assessment, how would you test for tubal patency?

   D. In the condition known as endometriosis, uterine endometrial tissue grows on the outside of organs in the peritoneal cavity. How might this condition cause problems with tubal function? How would you determine if this is the problem?
2. Evaluation of an infertile couple reveals normal function of the male and normal ovulation and a patent Fallopian tube in the female. The problem usually lies in the lower female tract. Since the second most common cause of female infertility is a "cervical factor", consider the following questions concerning the cervix.

A. Aside from its involvement in reproduction, what critical function does the cervix perform?

B. How does the cervix cope with the paradox presented by this function and its serving as a conduit for sperm?

C. Related to this, how does the ovarian cycle influence cervical secretions?

D. What problems or conditions in the cervix might prove detrimental to reproduction?

E. How would you evaluate cervical function?

F. Can you conceive of ways in which the problems with the cervix can be circumvented?