

CHAPTER 6

IMPLANTATION

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What are the basic principles of embryo implantation in human?

For successful implantation, a viable blastocyst and an effective communication with blastocyst and a receptive endometrium are required. It's a highly coordinated, complex and continuing process. The complex molecular and physical interaction between the embryo and the host endometrium is a requirement of this process (1). Embryo implantation in humans involves sequential steps for apposition, adhesion and invasion of an implantation-component blastocyst into a hormonally prepared receptive endometrium (2,3). Embryo should be well developed and be conducive to implantation. The endometrium needs to become a receptive state for implantation to occur (4).

What is the clinical importance of receptive endometrium in implantation?

Uterine receptivity refers to a structure for allowing and facilitating the implantation of conception. Ovarian hormones play a very important role in these events (5). The development of the embryo into the blastocyst stage suitable for implantation and the preparation of the endometrium for implantation should take place concurrently and synchronously (5). When the endometrium is receptive for the blastocyst the embryo must be at the blastocyst stage and has to be in the uterus. If the blastocyst is ready for implantation but the endometrium is not yet in the receptivity phase, the blastocyst may wait for endometrial receptivity. If the endometrium is in receptivity phase and ready for implantation but the blastocyst is not suitable for implantation endometrium can not wait for blastocyst to be ready (6-7). "Window of implantation" is the time that the endometrium is receptive for the implantation of blastocyst. After the end of the receptive period uterus becomes unresponsive, refractory, insensitive, and even toxic to the blastocyst and as a result the receptivity of endometrium is lost (8).

How the invasive extravillous trophoblasts “know” when to stop?

In the decidualization process, some protective mechanisms are working which limit excessive trophoblast invasion and thus prevent pathologies such as placenta accrete (64). The invasion process is tightly regulated. Decidua, myometrium and decidual natural killer cells play a role in guiding and limiting this process. To moderate the depth of invasion of the invasive extravillous trophoblast, decidual stromal cells express tissue inhibitors of matrix metalloproteinases and plasminogen activator inhibitors. To inhibit direct invasion of the spiral arteries decidual natural killer cells produce and release chemoattractants (65,66).

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