

## CHAPTER 15

### ENDOMETRIAL CHANGES IN EARLY IMPLANTATION

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#### **What are the main structural changes of the endometrium during implantation?**

To better understand endometrial morphological changes in response to implantation, it would be helpful to classify endometrial changes. This classification can be made in two main groups: “general changes of endometrium” and “local changes of endometrium”. General changes involves the entire endometrium. Prolongation or elevation of ovarian hormonal levels are important regulators of this process. Localized changes occur in the limited region that blastocyst implantation occurs. Localized changes can exaggerate or limit the general endometrial changes (1).

#### **What is “decidua”?**

The special zone in which blastocyst attaches and penetrates the epithelium of the endometrium is called “decidua”. Decidua is divided into three basic groups ; (i) Decidua basalis is the area that blastocyst settled on, (ii) Decidua capsularis is an endometrial part that overlying the blastocyst, (iii) Decidua vera/decidua parietalis is the rest of the endometrium (2). The term “Decidualization” refers to the transformation of the stromal compartment of the endometrium undergoing pregnancy (3).

#### **What does “predecidua” mean and what are the histological features of this stage of endometrium?**

Edema observed in the superficial stromal cells on the 18<sup>th</sup> day of the cycle becomes generalized on the 21<sup>st</sup> day of the cycle. Starting from day 23, there is a significant increase in the cytoplasm of endometrial stromal cells adjacent to terminal spiral arteries. On day 25<sup>th</sup> edema covers the vast majority of superficial layer of endometrium and the it was replaced by large cytoplasm of stromal cells and adjacent large endometrial stromal cells with large pale nuclei. At the 27<sup>th</sup> day of implantation, the superficial layer of endometrium appears almost solidified and endometrial stromal cells differentiate indistinguishably from the decidual cells of pregnant endometrium. This histological features seen at the endometrium is called “predecidua” (4-6).

plugs in the lumens of the spiral arterioles dissipate and significant flow starts within the intervillous space (49,50). Once this flow begins, the feeding task of uterine glands is also transferred to the placenta.

### **What is hemochorial placentation?**

Hemochorial placentation is a type of placentation that forms the maternal-fetal interface in order to facilitate feeding of the formed embryo, to ensure waste exchange and to support the development of healthy offspring(51). In this form of placentation, it is aimed to transfer maternal nutrients first from mother to placenta and then from placenta to fetus. The main feature of this placentation is the vascular reconstruction of the maternal uterine spiral arteries (52,53). Deep endovascular and interstitial intrauterine invasion of trophoblasts is the most important step in the formation of hemochorial placentation. As a result of this invasion the smooth muscle of the spiral arteries disappears, basement membrane undergoes restructuring, pseudoendothelial phenotypic alteration occurs in trophoblasts (51).

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