Harvard-MIT Division of Health Sciences and Technology HST.071: Human Reproductive Biology Course Director: Professor Henry Klapholz

HST071: Human Reproductive Biology Homework 2 **Female Reproduction**

1.	Prolactin increases synthesis and secretion from the hypothalamus.
	Dopamine and dopamine agonists such as subsequently inhibits
	secretion. In females, prolactin inhibits
	synthesis and release, which inhibits .
2.	synthesis and release, which inhibits List the following hormones in order of decreasing potency: estriol, estradiol, estrone.
	Unopposed estrogen therapy leads to an increased risk of cancer.
	Use of with estrogen decreases this risk.
4.	Estrogen is important for endometrial during the follicular phase. Progesterone maintains activity of the uterus during the luteal phase
	Progesterone maintains activity of the uterus during the luteal phase
5.	stimulates theca cells to produce, which diffuses to
	stimulates theca cells to produce, which diffuses to nearby cells. There, it is converted to by
	aromatase. This step is stimulated by
6.	aromatase. This step is stimulated by Ovulation occurs days before menstruation, regardless of cycle length. Ovulation occurs as a result ofinduced surge. During the luteal phase, based body temperature (increases/decreases) due to the effect of
	Ovulation occurs as a result of induced surge.
1.	During the futear phase, basar body temperature (mercases/decreases) due to the effect of
	on the thermoregulatory center. If fertilization occurs, the corpus luteum is rescued from regression by
8.	If fertilization occurs, the corpus luteum is rescued from regression by
	which is produced by the
9.	which is produced by the The fetal gland synthesizes dehydroepiandrosterone-sulfate (DHEA-
	S), which is hydroxylated in the fetal The intermediates are
	S), which is hydroxylated in the fetal The intermediates are transferred to the, where enzymes remove sulfate and aromatize to
	estrogens.
10.	Although prolactin levels increase steadily during pregnancy (stimulated by the hormone
), lactation does not occur during pregnancy because
	and block the action of prolactin on the breast.
11.	Menopause is characterized by the cessation of production with age-
	linked decline in the number of ovarian
	The most common microbial cause of mastitis is
13.	Which of these substances decreases the number and density of gap junctions
	(A) connexin-43
	(B) oxytocin
	(C) estrogen
	(D) progesterone
	(E) prolactin
14.	Oxytocin receptors are found in the highest concentrations in the
	(A) cervix
	(B) fundus

	(C) lower segment of the uterus
	(D) vagina
	(E) fundus and cervix
15.	Which of the following explains the suppression of lactation during pregnancy?
	(A) Blood prolactin levels are too low for milk production to occur
	(B) Human placental lactogen levels are too low for milk production to occur
	(C) The fetal adrenal gland does not produce sufficient estriol
	(D) Blood levels of estrogen and progesterone are high
	(E) The maternal anterior pituitary is suppressed
16.	The source of estrogen during the second and third trimesters of pregnancy is the
	(A) corpus luteum
	(B) maternal ovaries
	(C) fetal ovaries
	(D) placenta
	(E) maternal ovaries and fetal adrenal gland
	(F) maternal adrenal gland and fetal liver
	(G) fetal adrenal gland, fetal liver, and placenta
17.	Secretion of oxytocin is increased by
	(A) milk ejection
	(B) dilation of the cervix
	(C) increased prolactin levels
1.0	(D) increased serum osmolarity
18.	Secondary amenorrhea refers to the absence of menses for months in a woman
	who previously had menses. The most common cause is, so a
10	serum assay is always the first step in an evaluation.
19.	Secondary amenorrhea can be classified pathophysiologically as follows:
	• Hypothalamic/pituitary disorders, characterized by (increased/decreased/normal) FSH
	and LH. These include primary and functional gonadotropism deficiencies.
	• Ovarian disorders, characterized by (increased/decreased/normal) FSH and LH.
20	• End-organ disease, characterized by (increased/decreased/normal) FSH and LH
20.	In addition to gonadotropin levels, a progesterone challenge is an excellent test to perform in
	the initial evaluation of these patients. Withdrawal bleeding indicates that the endometrial
	mucosa must have been primed with, so the
	axis and ovaries must be normal. It also rules out an end-organ defect.

Match the following clinical descriptions of women with secondary amenorrhea with the most likely laboratory findings.

	Serum FSH	Serum LH	Bleeding following
			Progesterone administration
(A)	Normal	Normal	No
(B)	Increased	Increased	No
(C)	Normal	Normal	Yes
(D)	Decreased	Decreased	No
(E)	Decreased	Increased	Yes

21.	A 35-year-old woman with a history of numerous dilation and curettage procedures
	for menorrhagia. (For extra credit, this woman likely has syndrome).
22.	A 24-year-old woman with anorexia nervosa.
23.	A 42-year-old woman whose ovaries have been surgically removed; hormone
	replacement has not been initiated.