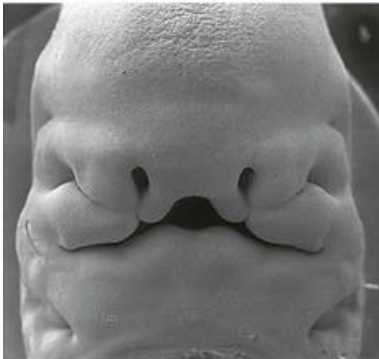
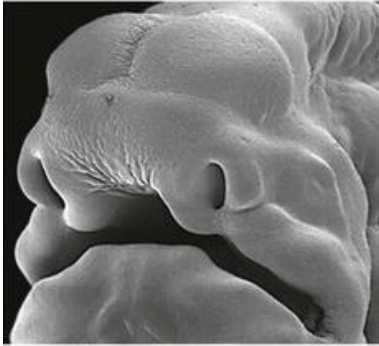


Basic embryology for Dentistry

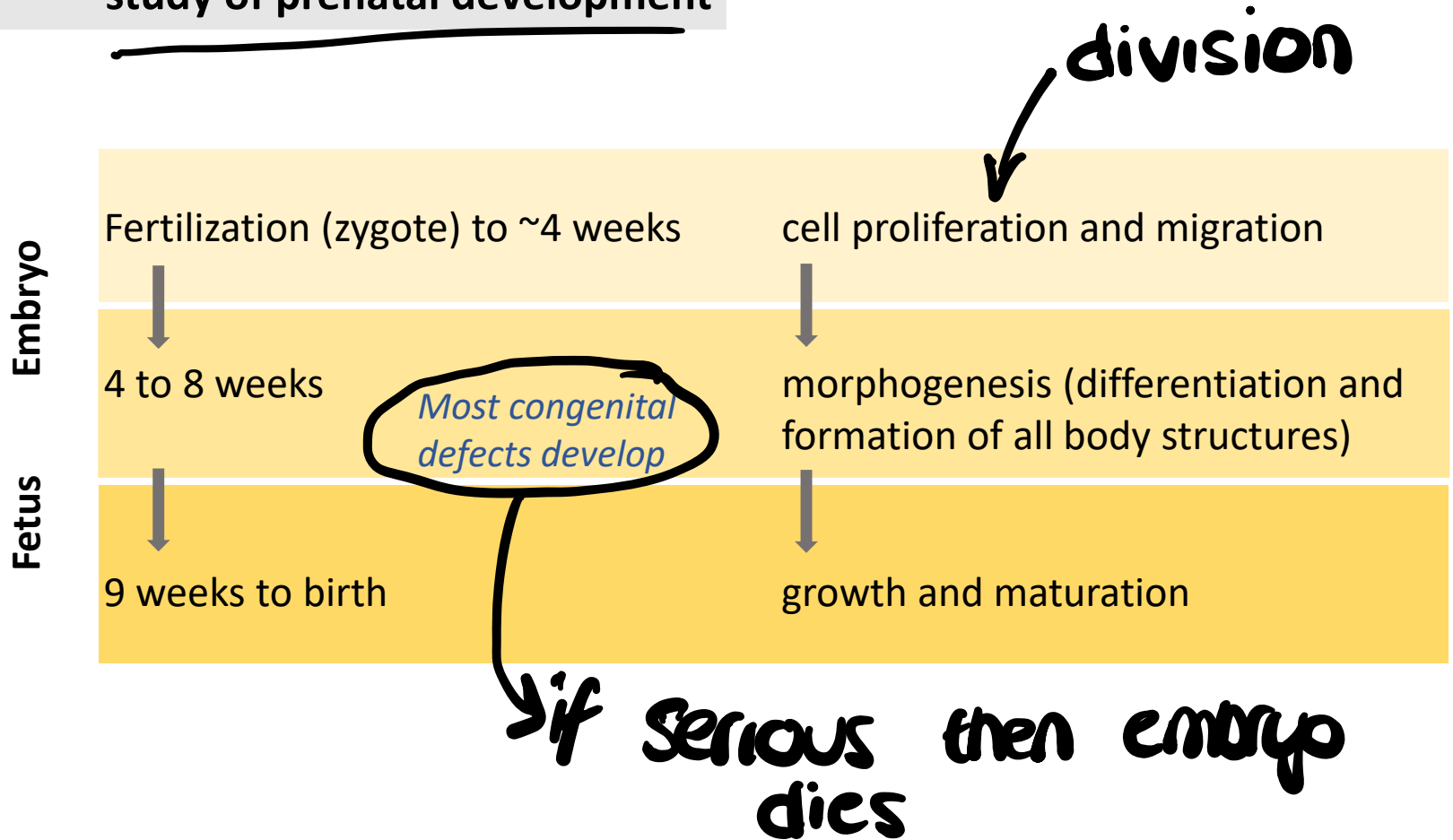
Dr Gosia Wiench

m.d.wiench@bham.ac.uk



To understand the embryological development of the oral tissues, the dental care professional needs to have a basic knowledge of the process of embryo formation, and the significance of the origins of various body tissues and organs to help understand how congenital defects, pathology and disease processes occur.

Embryology - study of prenatal development



Oral embryology - study of the development of the oral cavity, and the structures within it.

Lecture highlights:

- Early development from fertilisation to implantation
- The formation of a two and then three layered embryo, derivatives of ectoderm, mesoderm and endoderm
- The beginnings of nervous system formation
- Folding of the embryo
- Neural crest cells and their migration
- Regulation of embryonic development

www

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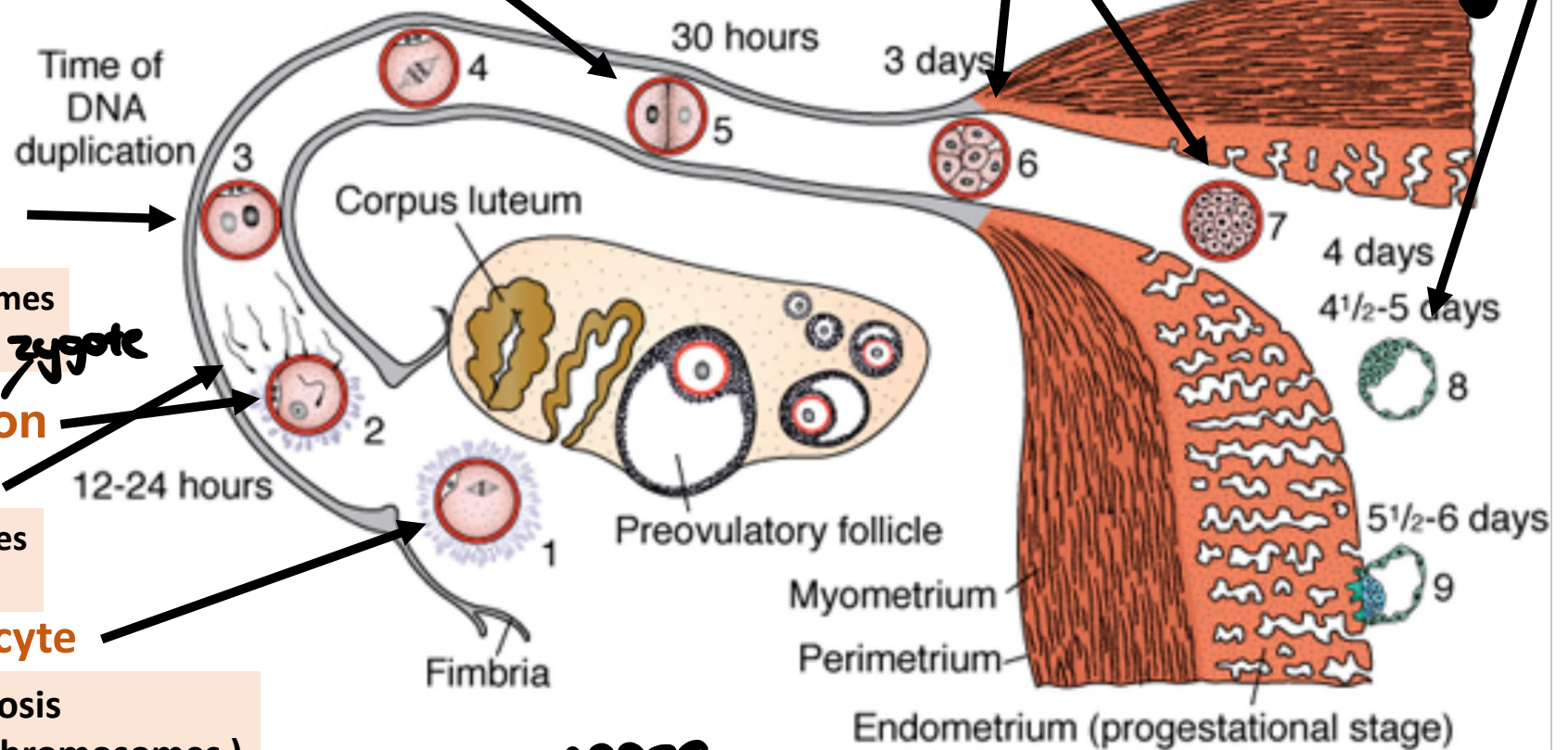
Fertilisation to implantation (~6 days) – cell proliferation

no structure
bunch of cells

2- cell stage

Morula

brings fluid = cavity
Blastocyst



Pronuclei

46 chromosomes
diploid

zygote

Fertilisation

Sperm

23 chromosomes
haploid

Oocyte

Meiosis

> Haploid (23 chromosomes)

inner
cell mass from outer

Blastocyst formation

Pronuclear

Cleavage Stage

Morula

Blastocyst

Day 0

Day 1

Day 2

Day 3

Day 4

Day 5+

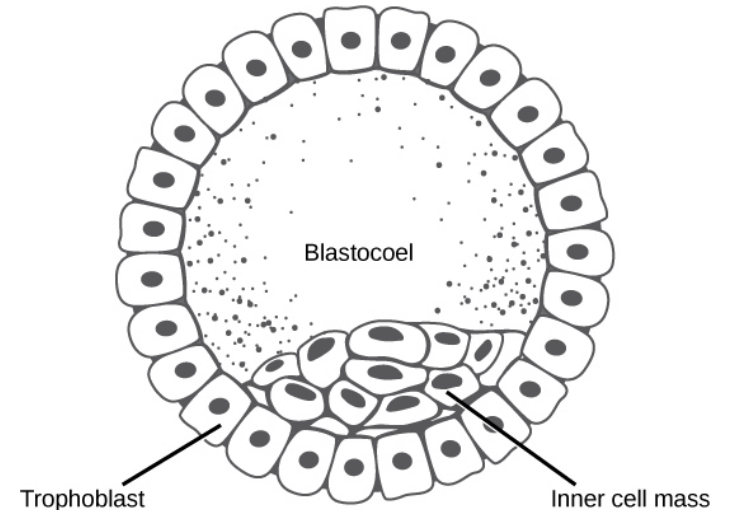


Two distinct cell populations:

Inner cell mass (embryoblast) >> embryo

Source of embryonic stem cells

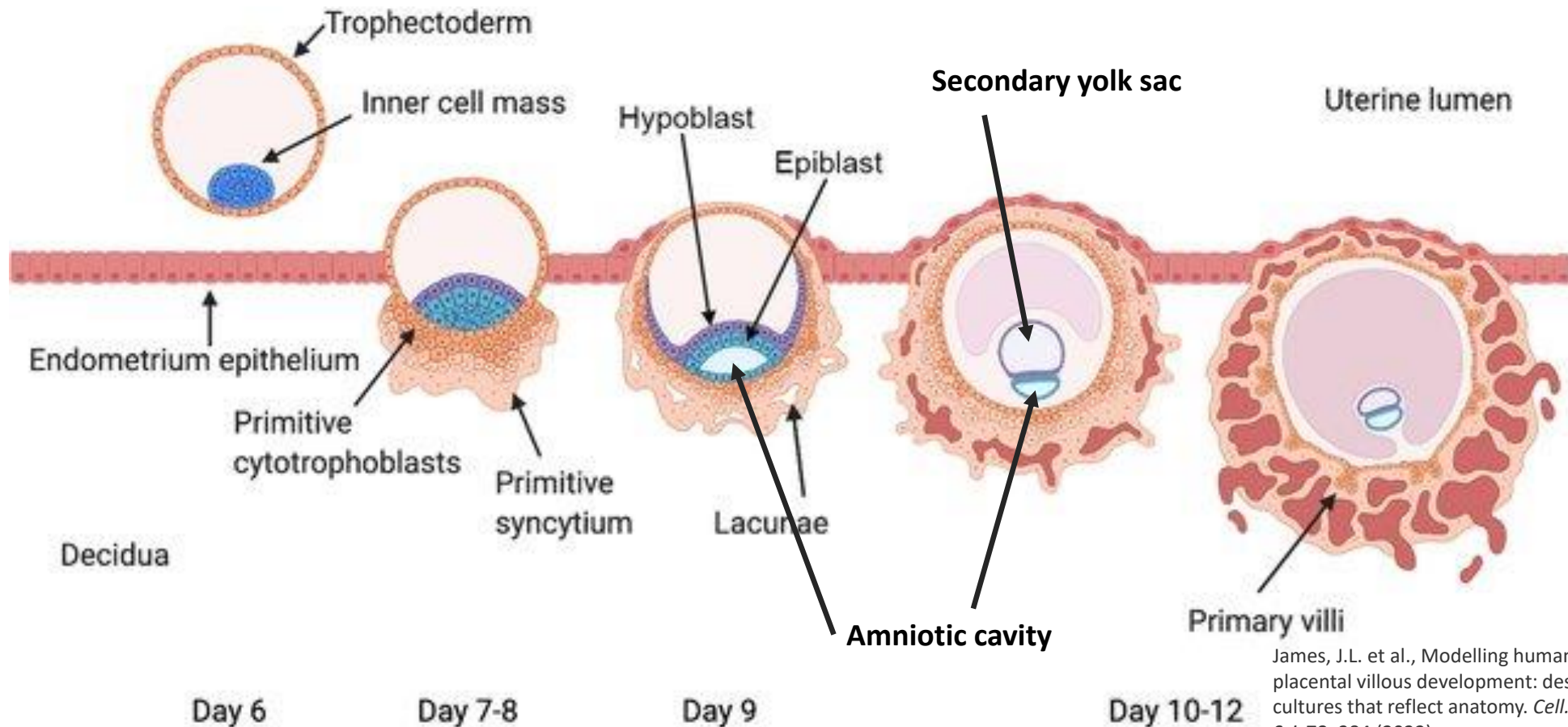
Trophoblast >> aids implantation and
placenta development



Implantation and formation of bilaminar germ disc

Epiblast forms
→ embryo

Hypoblast & Epiblast



James, J.L. et al., Modelling human placental villous development: designing cultures that reflect anatomy. *Cell. Mol. Life Sci.* **79**, 384 (2022)

Bilaminar germ disc at 2 weeks

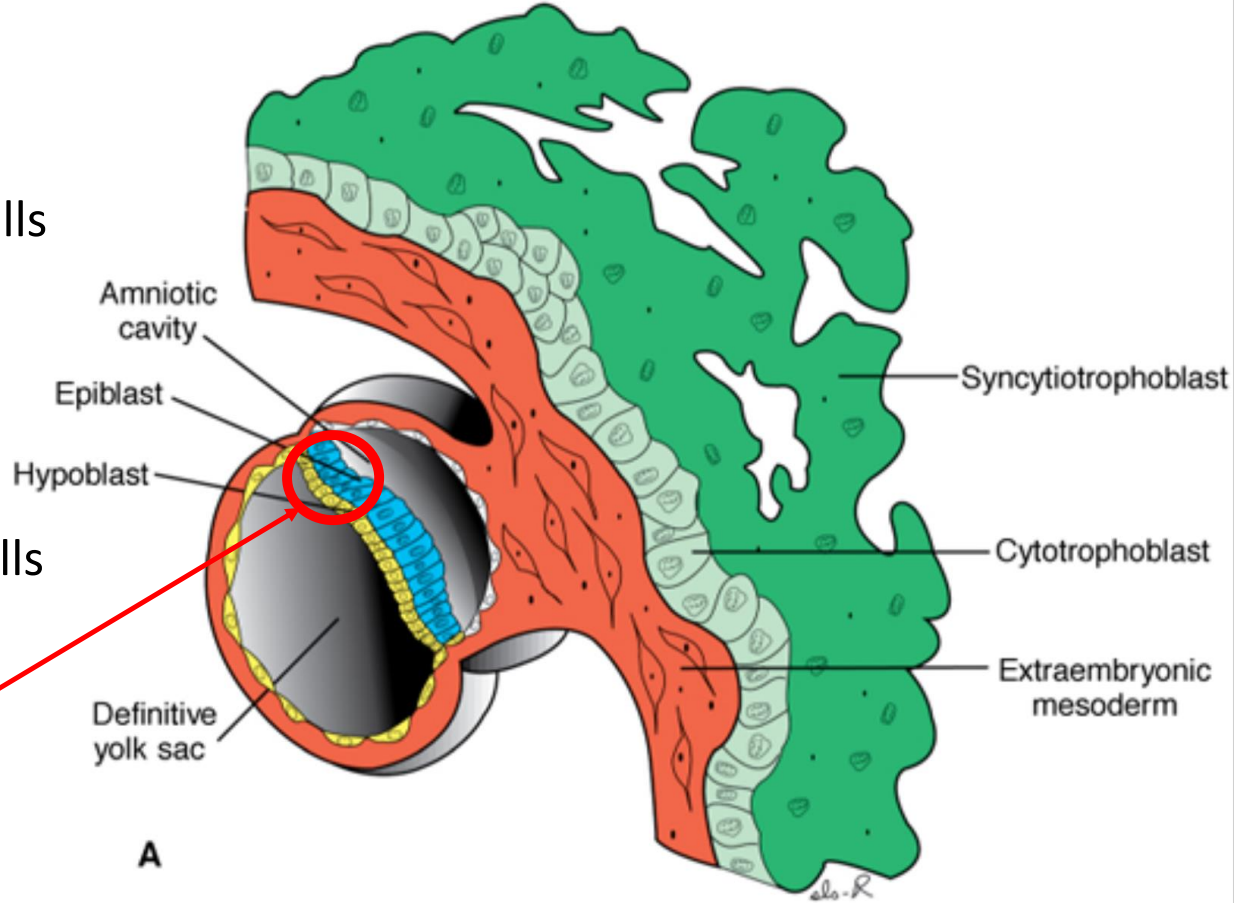
Dorsal aspect:

- Ectodermal layer with columnar cells
- Amniotic cavity formed

Ventral aspect:

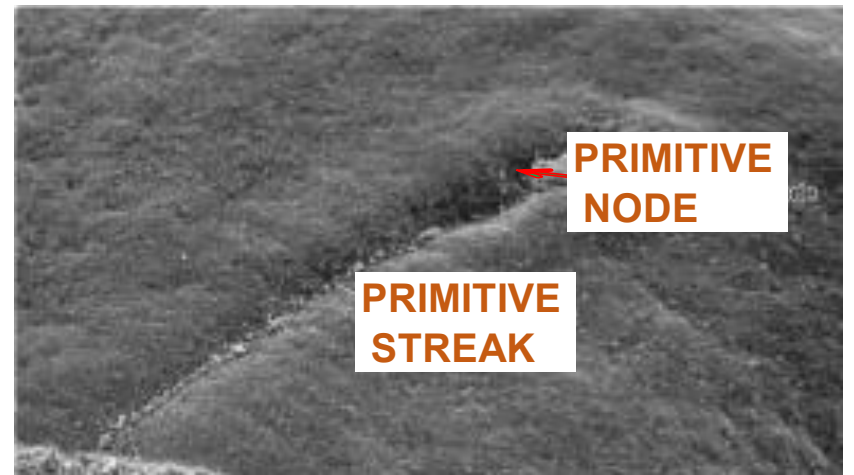
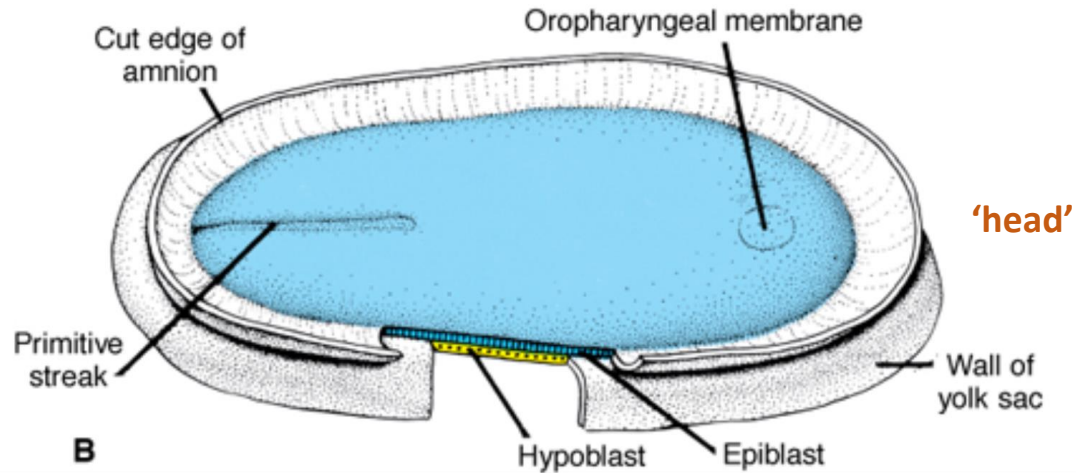
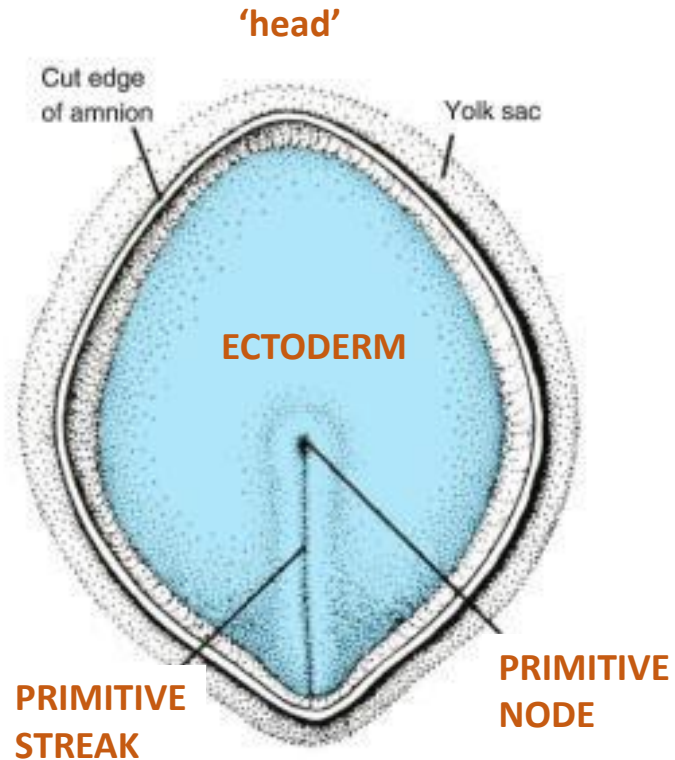
- Endodermal layer with cuboidal cells
- Definitive yolk sac formed

Prochordal plate
(rostral (head) end)



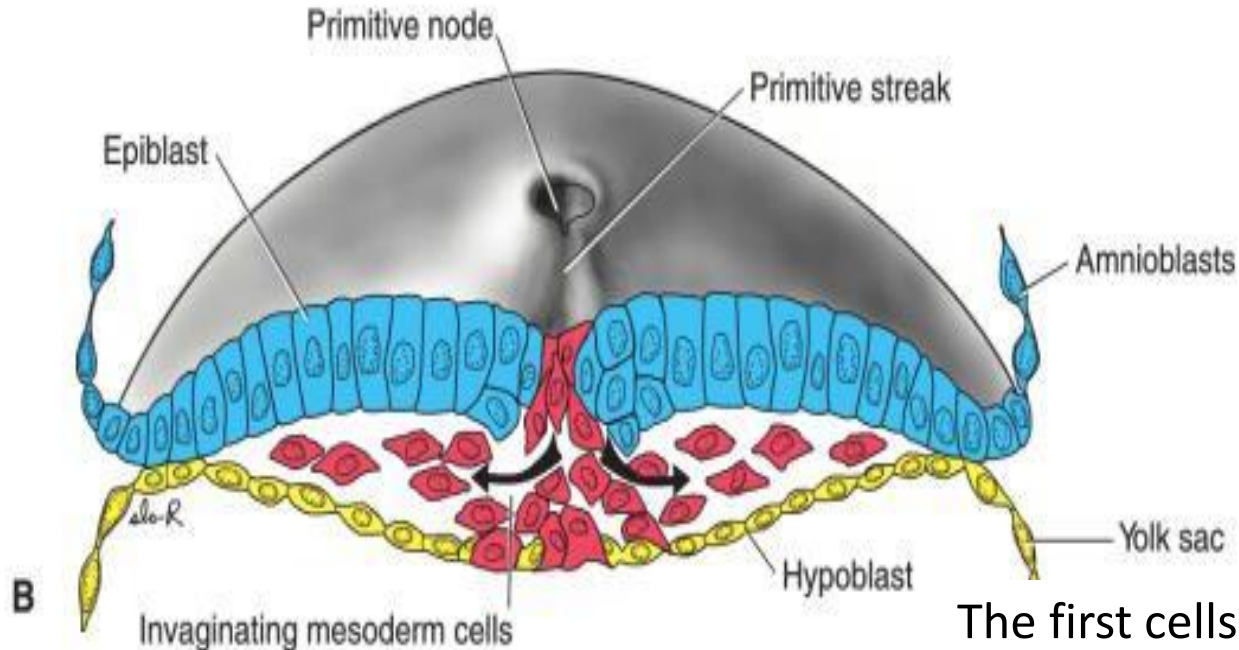
Gastrulation & formation of trilaminar germ disc at 2-3 weeks

- Disc of cells becomes pear shaped and develops a **head end** and a **tail end**
- Embryo now has two symmetrical halves – **left and right**



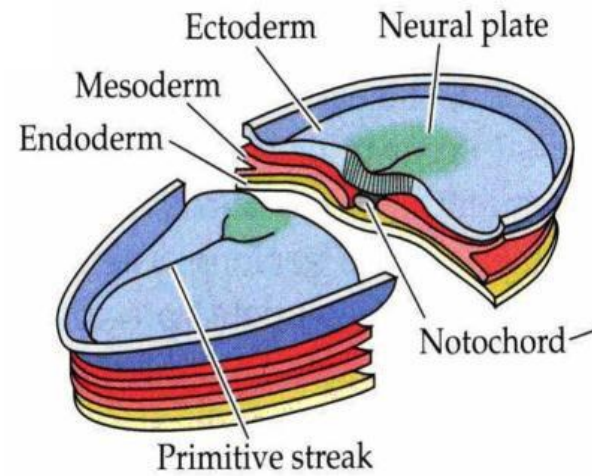
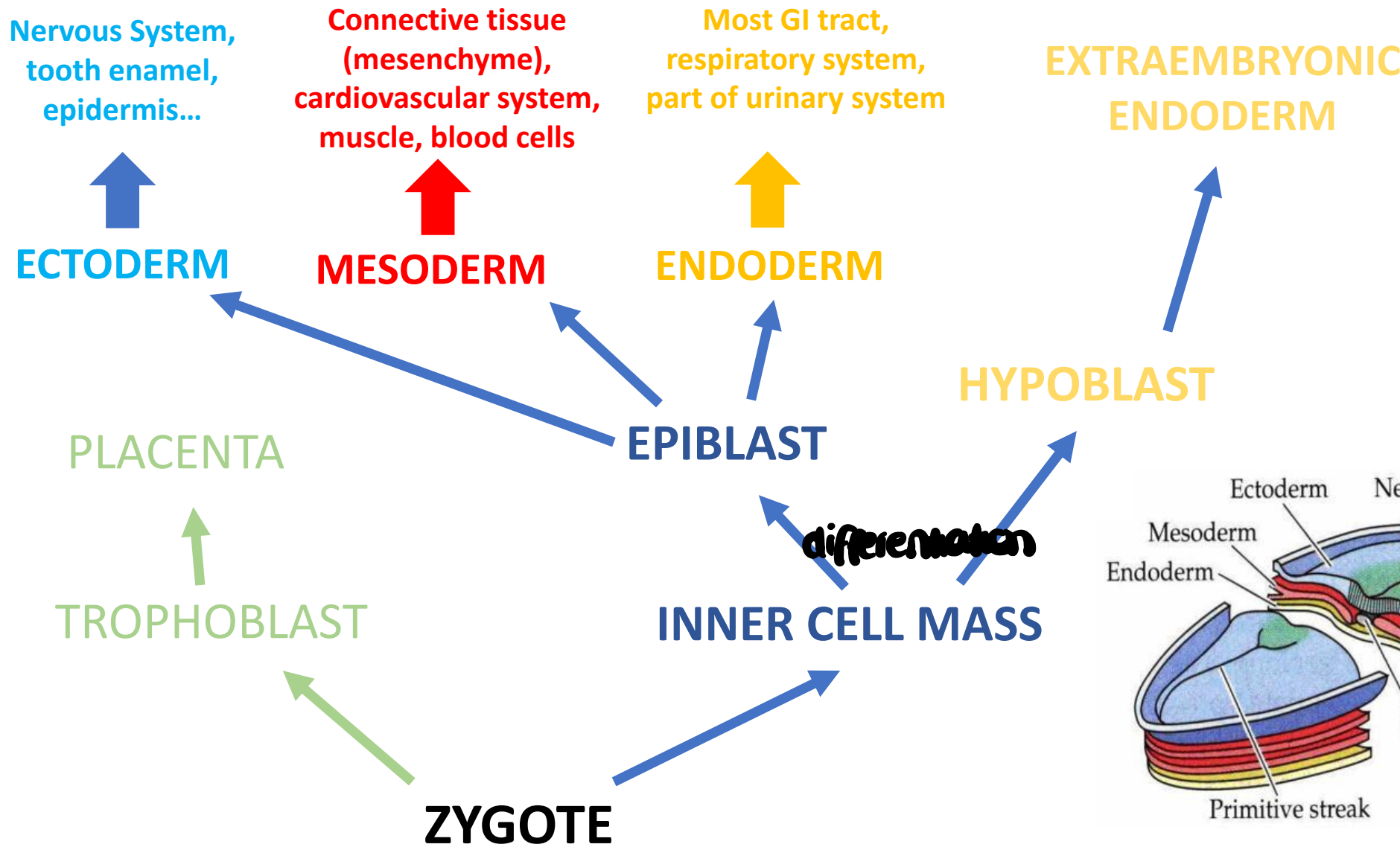
Formation of mesodermal layer

Cells of the **Epiblast** migrate towards the primitive streak and slip beneath it.



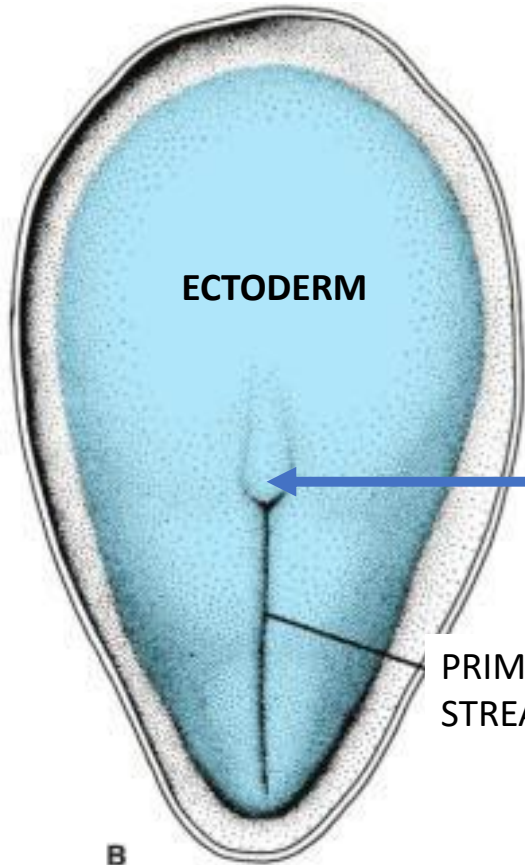
They then migrate either **BETWEEN** the **Epiblast** and **Hypoblast** or **DISPLACE** the cells of the **Hypoblast** to form two new layers

The first cells to move inward displacing the hypoblast create the **definitive endoderm**
The cells above form the **definitive Mesoderm**
Remaining cells of the epiblast form **Ectoderm**



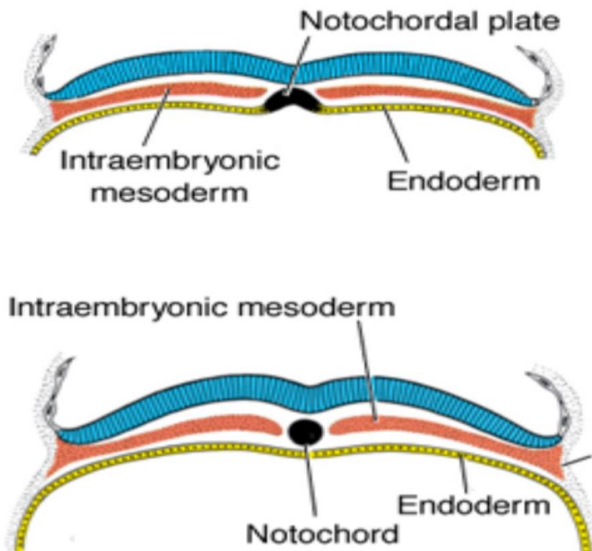
Formation of notochord – the start of nervous system development

Cranial (head) end

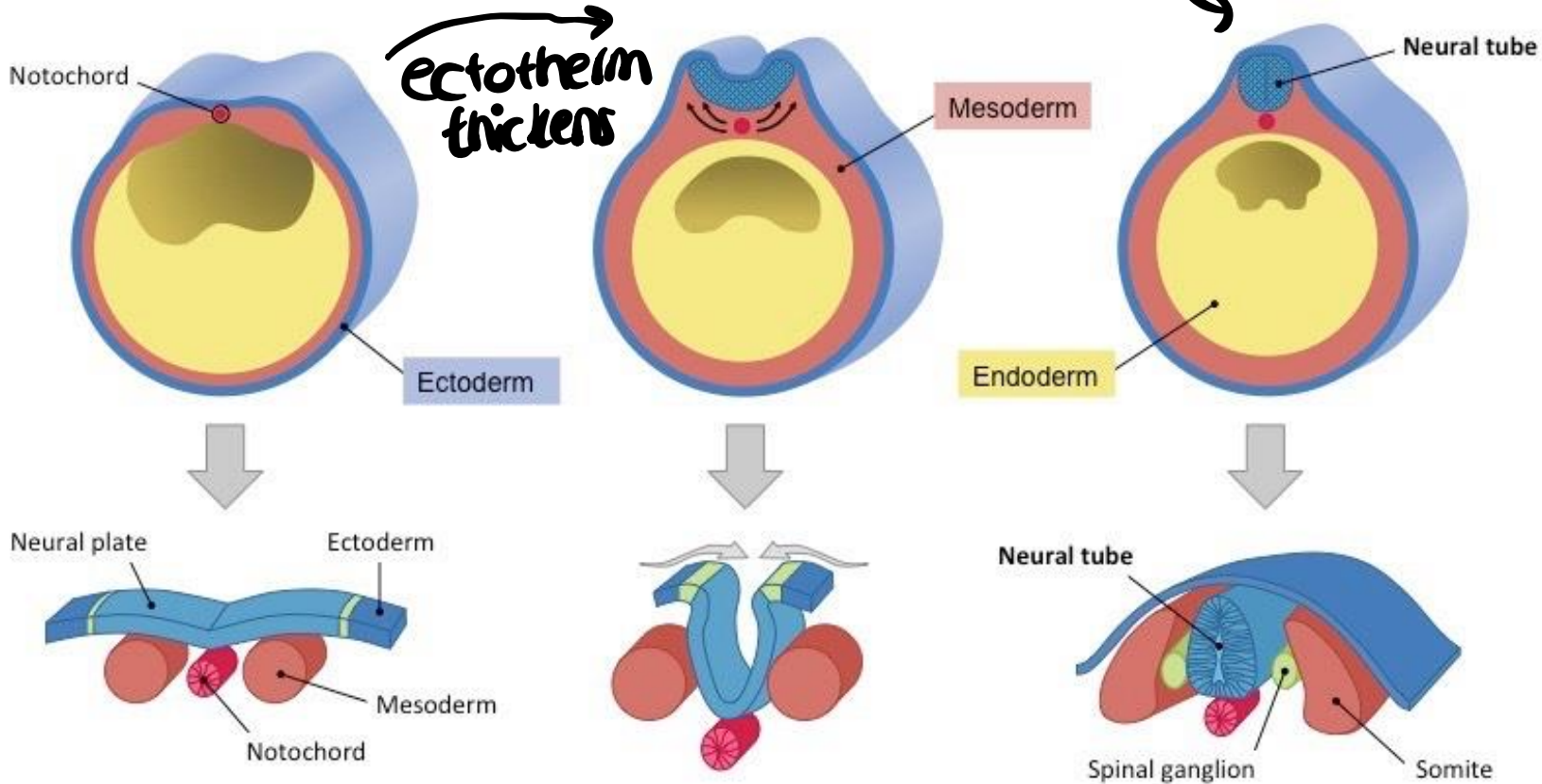


Caudal (tail) end

- Rod of cells develops from the primitive node and along the back to form the **notochord** (later spine)
- Notochord is an important site of signal secretion for nervous system development
- Ectoderm above notochord thickens and rolls to form a tubular structure (**neural tube**, later brain and spinal cord)



Formation of neural tube



1. Notochord forms from mesoderm cells soon after gastrulation is complete

2. Signals from notochord cause inward folding of ectoderm at the neural plate

3. Ends of neural plate fuse and disconnect to form an autonomous neural tube

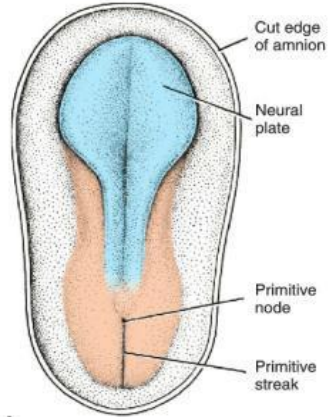
fusion

*head
neck
mainly*

- The nervous system develops as a thickening within the ectoderm giving **neural plate** (at cranial end)
- **Neural plate folds** to form **neural groove**
- Neural groove fuses to form **neural tube**
- Neural tube gives rise to brain and spinal cord
- **Neural crest cells** separate and start migrating
- **Mesoderm differentiates**

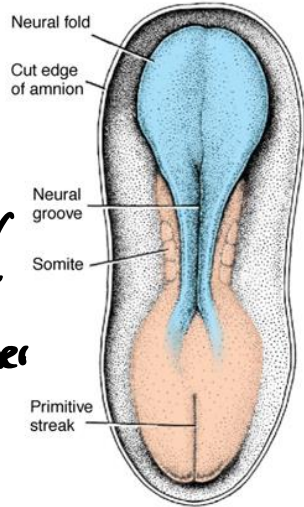
Formation of neural tube

thickening

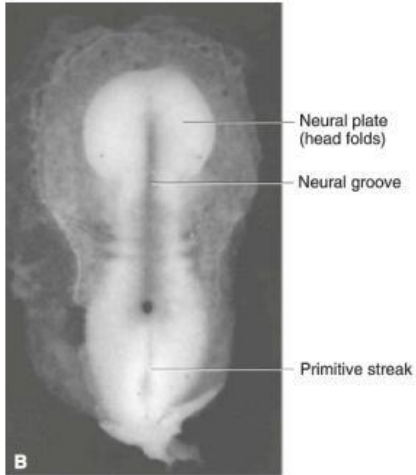


19 days

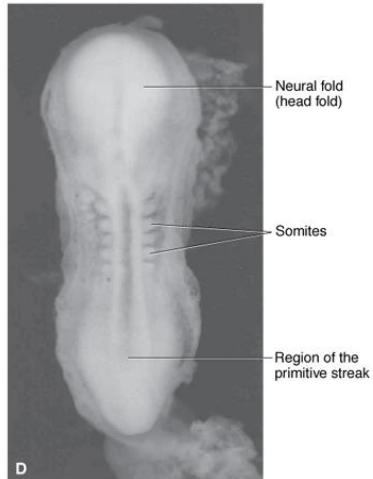
fuses together



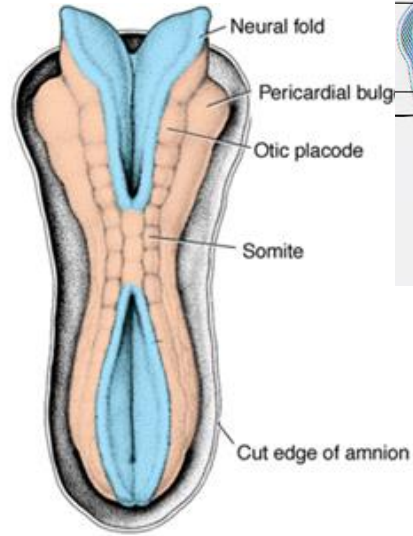
C



B

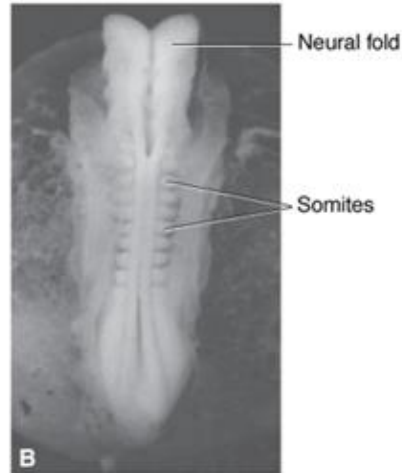


D

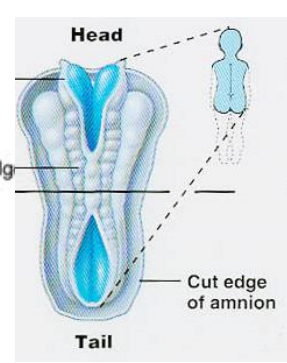


A

22 days

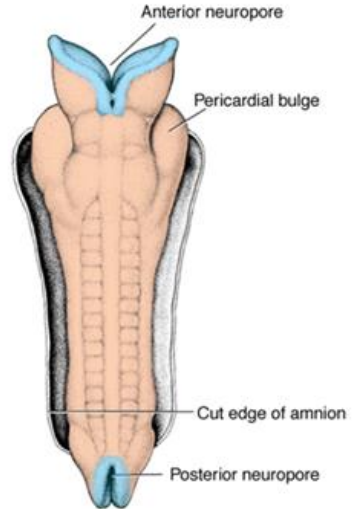


B



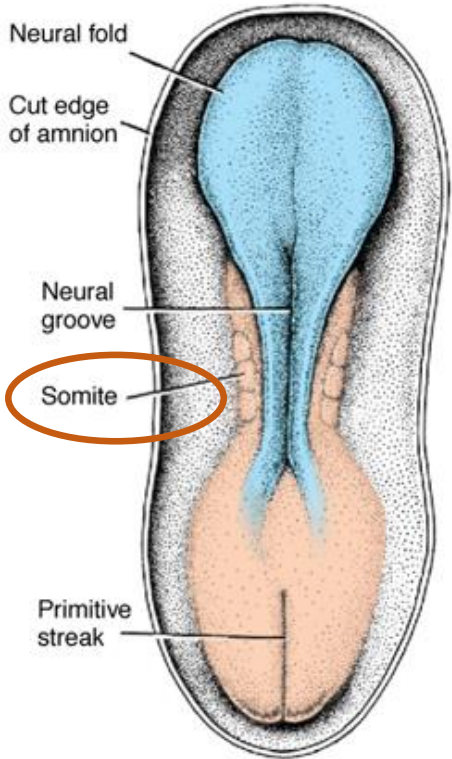
22 days after fertilisation

The cephalic and caudal ends of the neural tube communicate with the amniotic cavity by way of the **anterior (cranial) and posterior (caudal) neuropores**

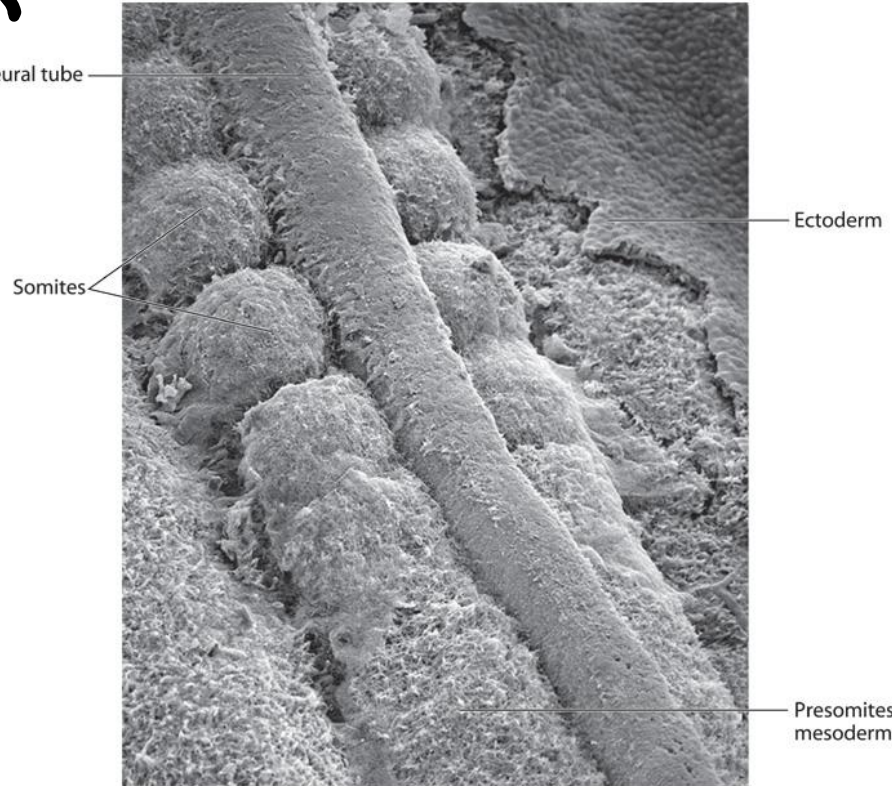


Formation and differentiation of mesoderm

↳ first process is differentiation of somites

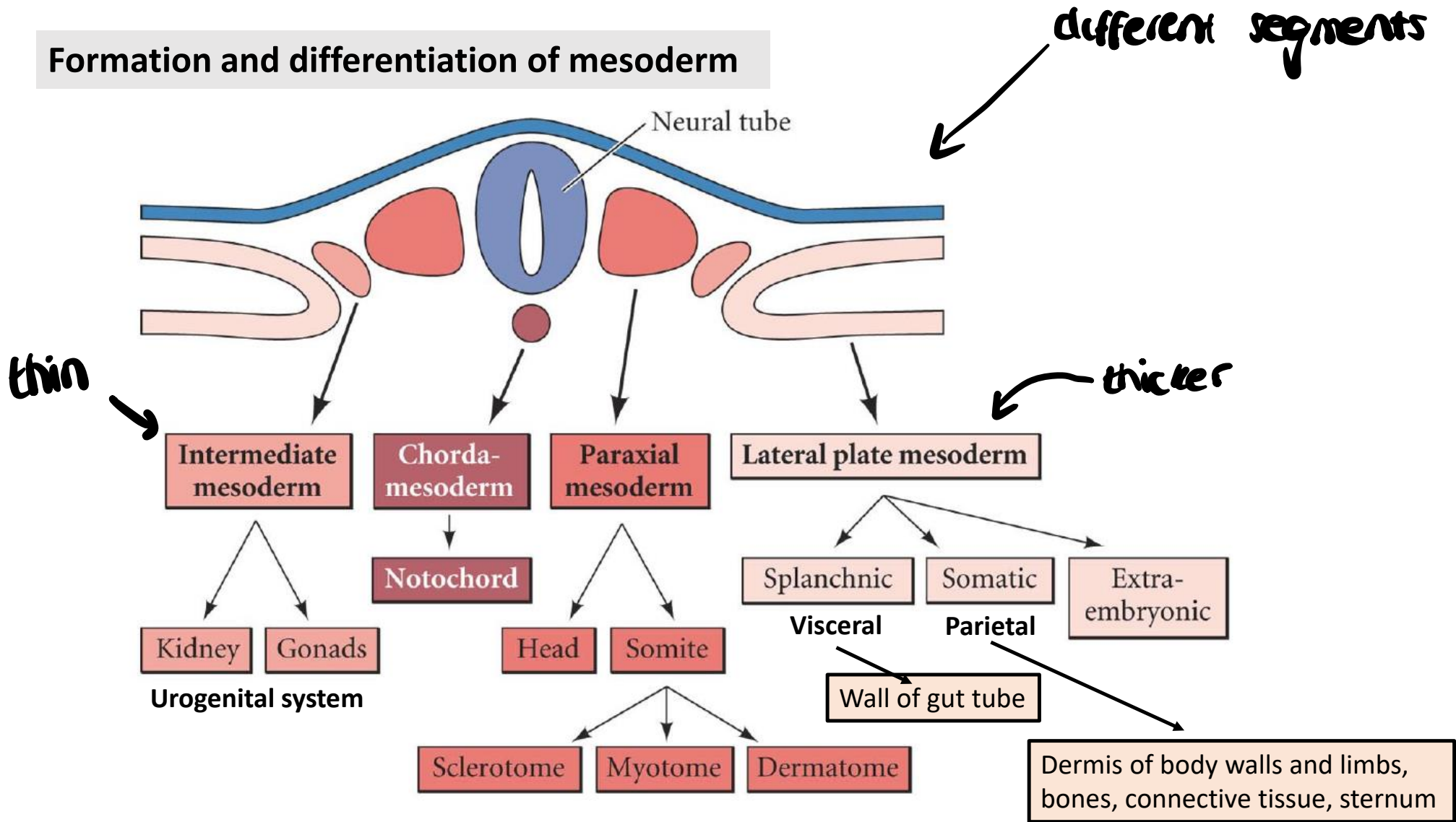


- The first phase in the differentiation of **somites** is a process of periodisation or **segmentation**.
- Segmented blocks of **somites** appear progressively from the anterior (cranial) end.

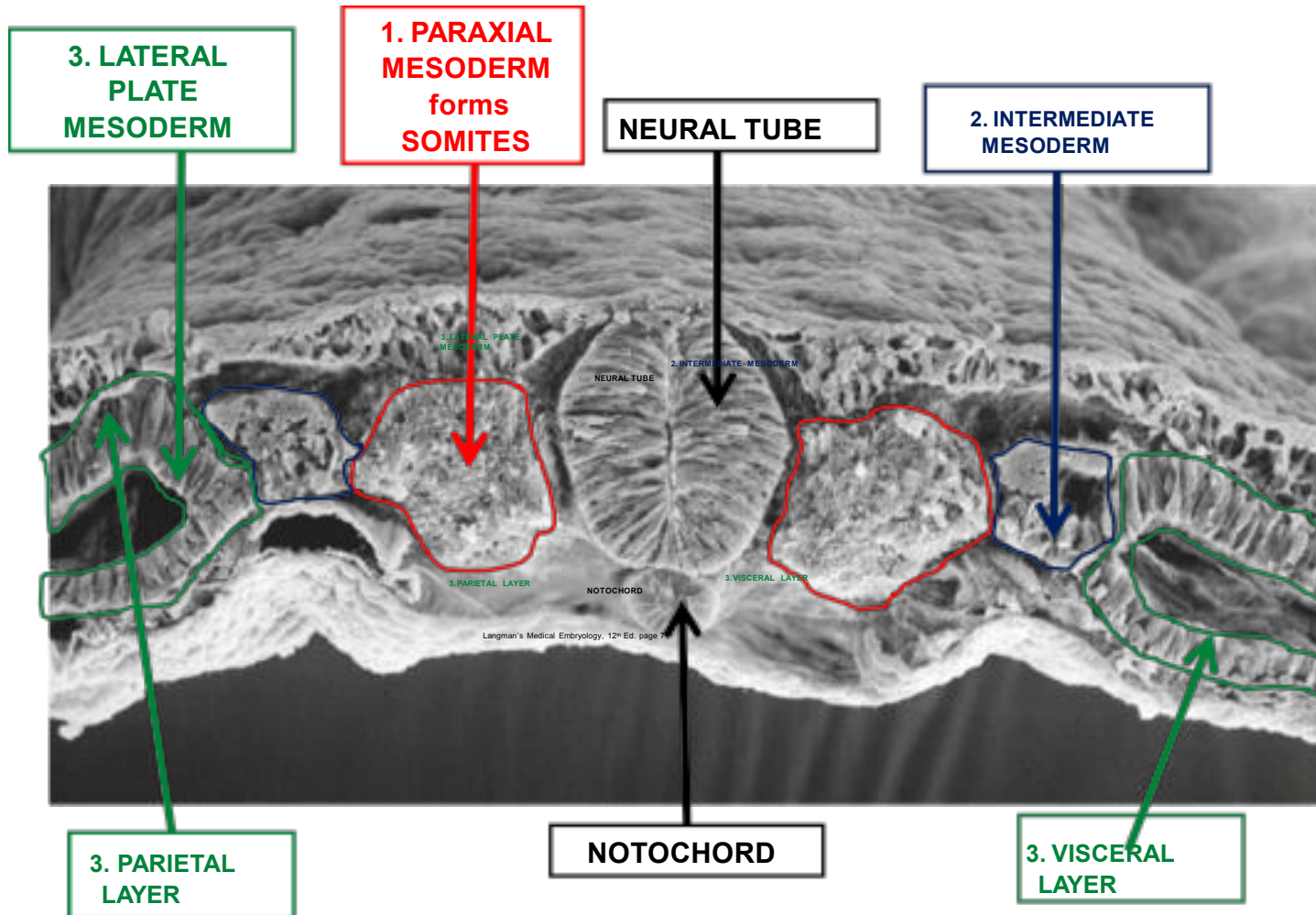


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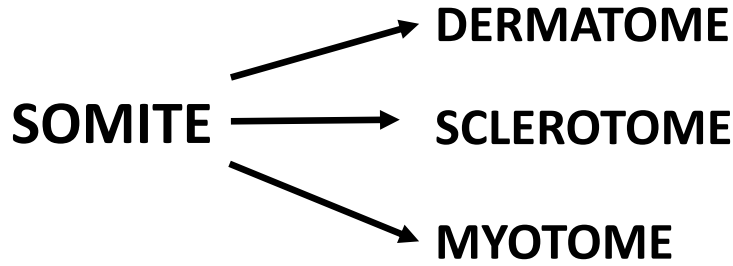
Formation and differentiation of mesoderm



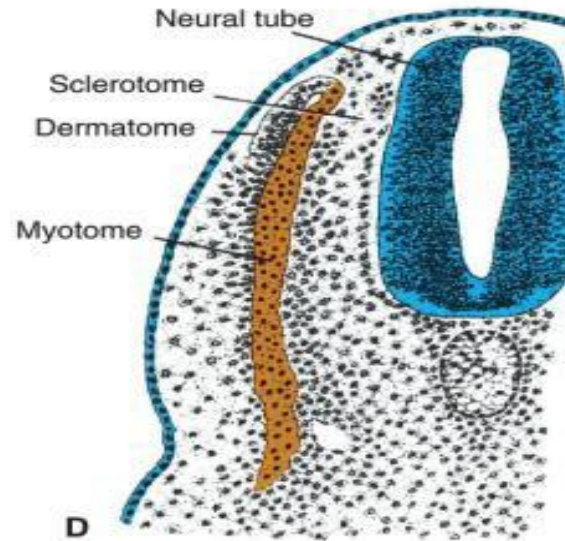
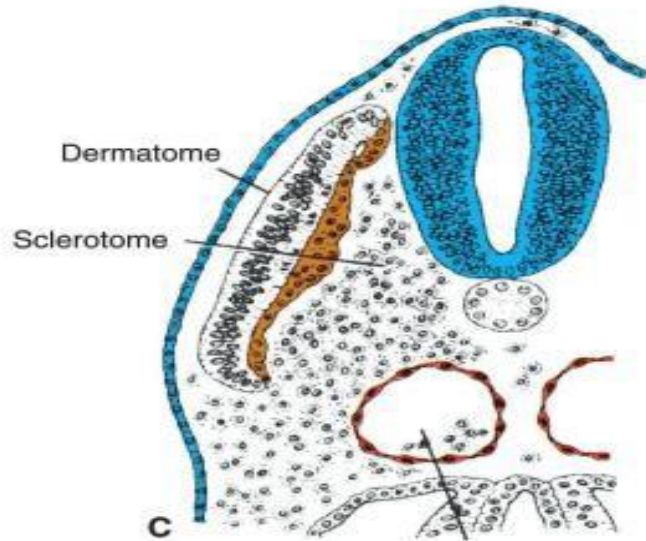
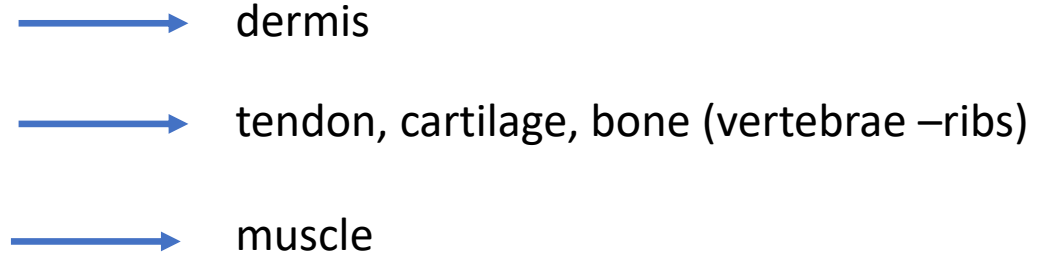
Organization of mesoderm



Somite differentiation



Supportive
Structure



Migration of neural crest cells

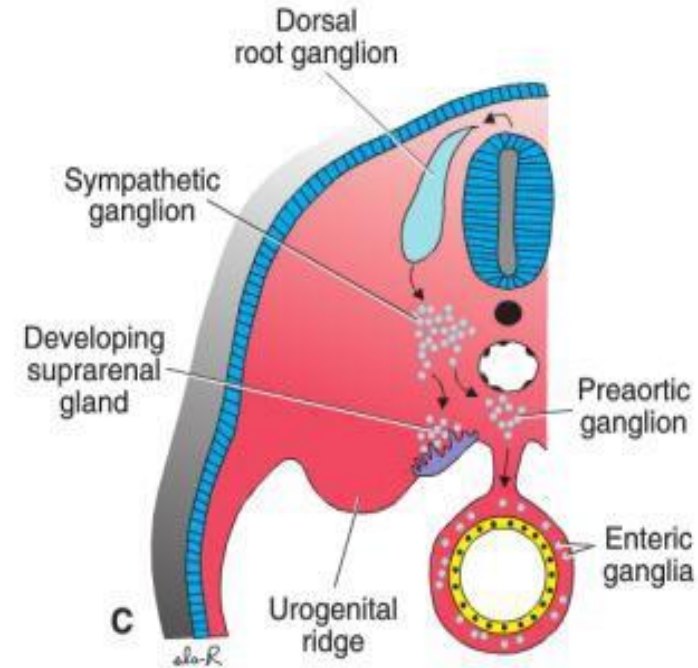
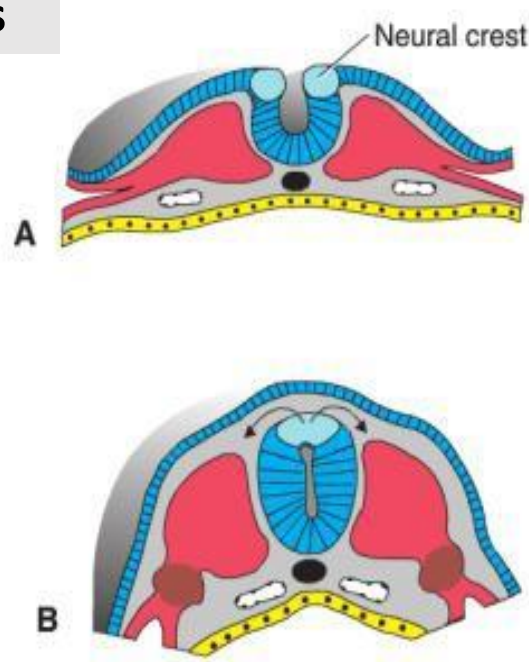
Neural crest cells – early cells with major role in development

Form at dorsal/lateral aspects of neural folds

They have **capacity to migrate and differentiate** into many cells and structures:

To ectoderm → melanocytes

To mesoderm → connective tissue and bones of face and skull; cranial nerve ganglia; odontoblasts, dermis in face and neck; dorsal root ganglia; sympathetic ganglia, adrenal medulla; glial cells...



In head region most of connective tissues are derived from neural crest cells, hence – **ectomesenchyme** (neuroectodermal origins)

In the rest of the body – from mesenchyme

*difference between head
+ rest of body*

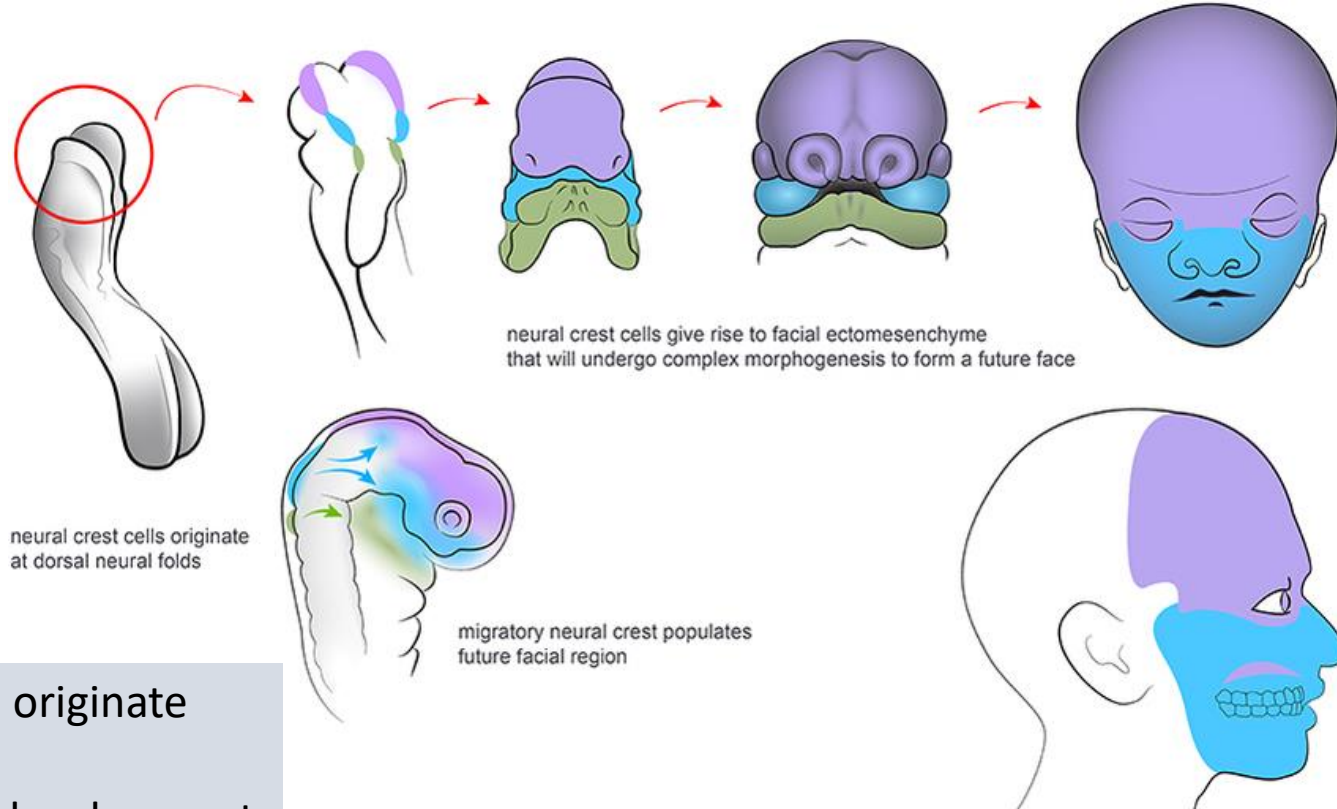
Cranial neural crest cells – development of oral tissues

formation of facial features

Proper migration of neural crest cells is key for the development of the face and the teeth

- Cranial and sensory ganglia and nerves
- Adrenal medulla
- Ectomesenchyme bones and skull
- Dentin
- Periodontal ligament
- Alveolar bone

Treacher Collins syndrome- failure of NCCs to migrate properly to facial region

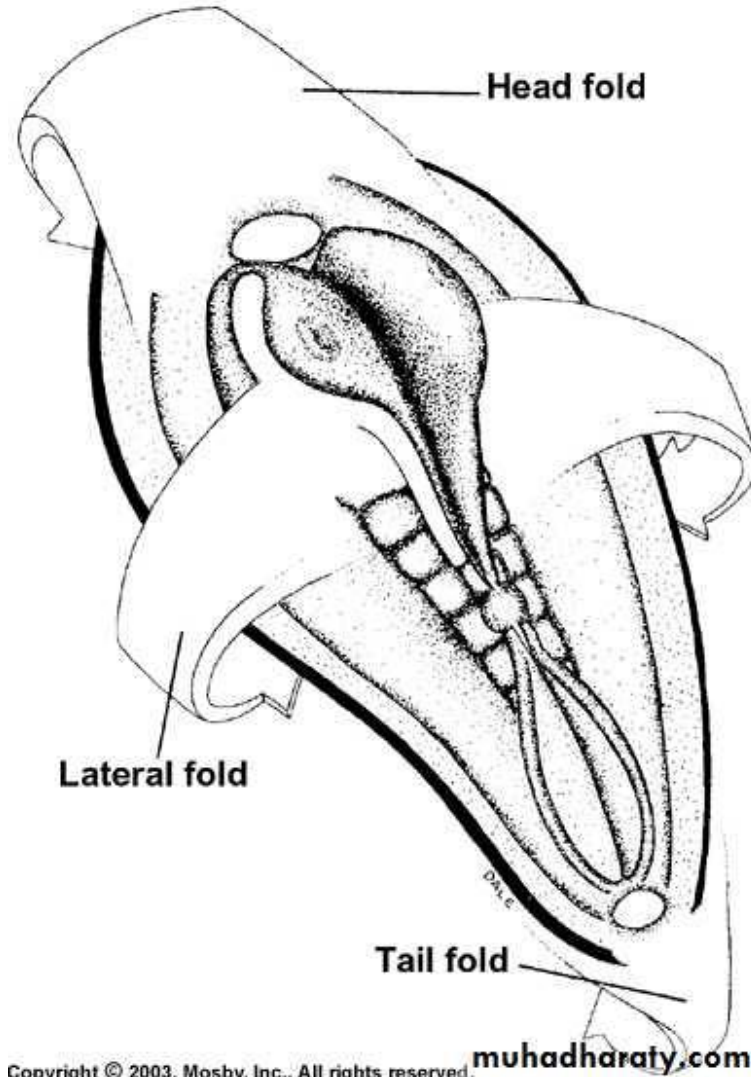


All teeth tissues (apart from enamel) originate directly from NCCs
NCCs are required for proper dental development

Folding of the embryo

Week 4-5

↳ how
embryo fold

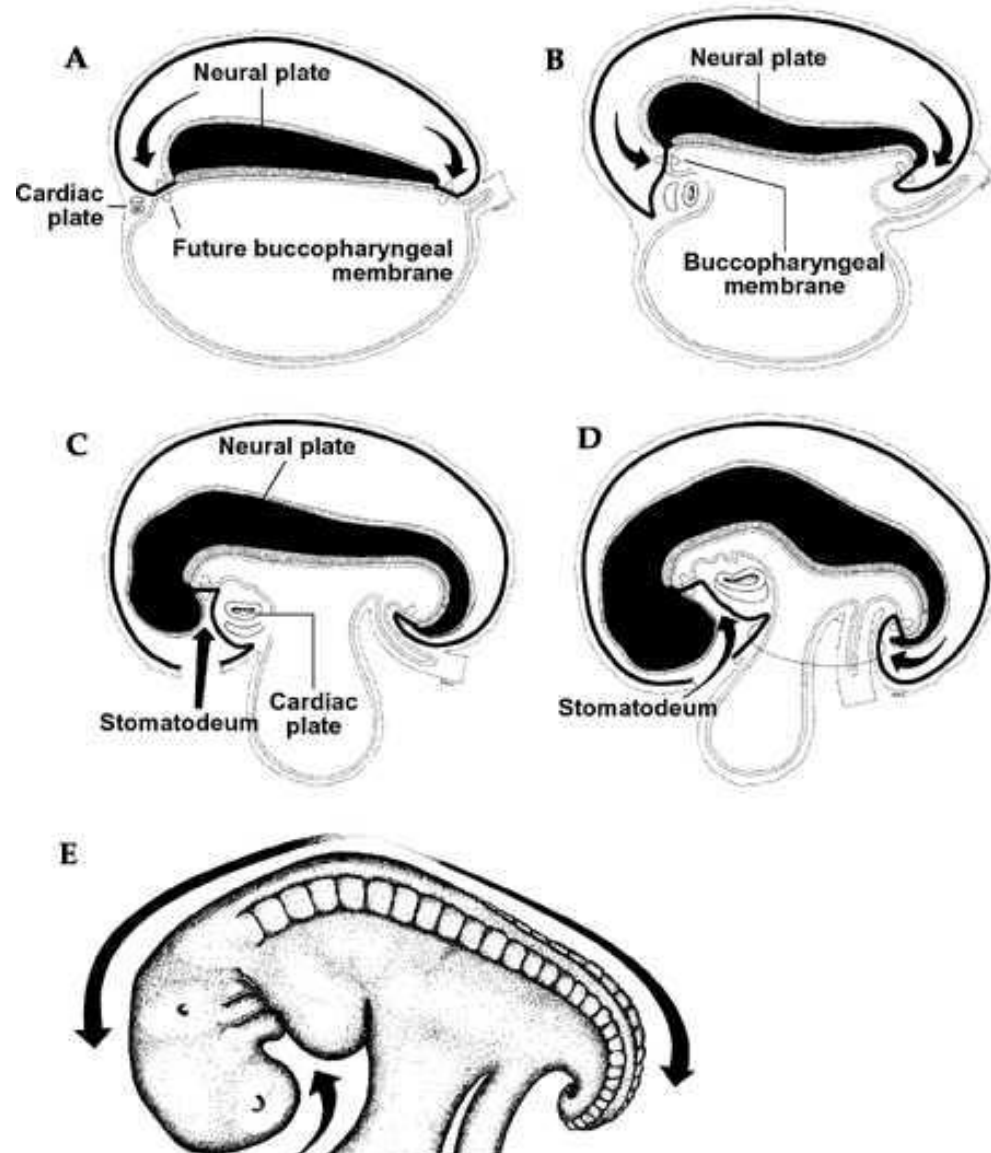


Craniocaudal folding

Head fold leads to formation of **stomatodeum** (later – oral cavity)

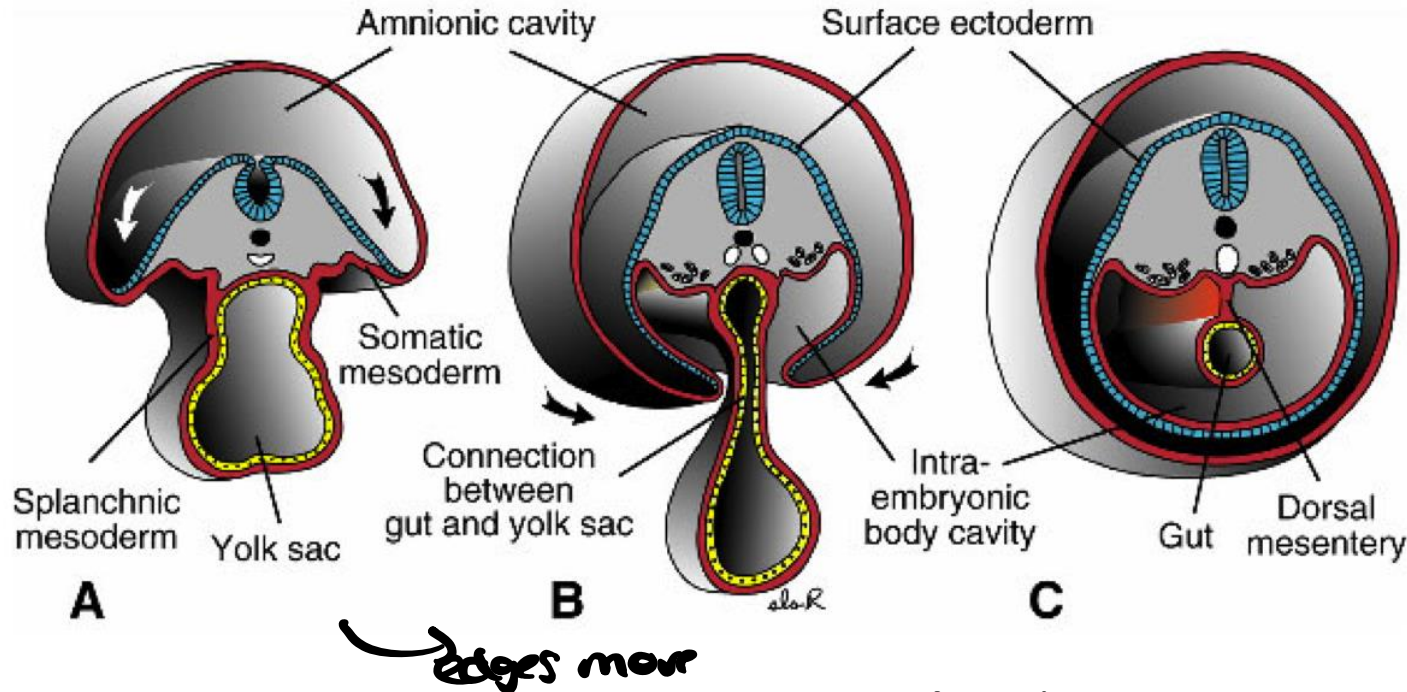
Ectoderm comes to line with stomatodeum separated from the gut by **buccopharyngeal membrane**

- oral cavity all ectoderm



Lateral folding

- the lateral edges of the embryonic disc move ventrally constricting the neck of the yolk sac
- the **ecto- , meso- and endodermal layers from each side fuse together**



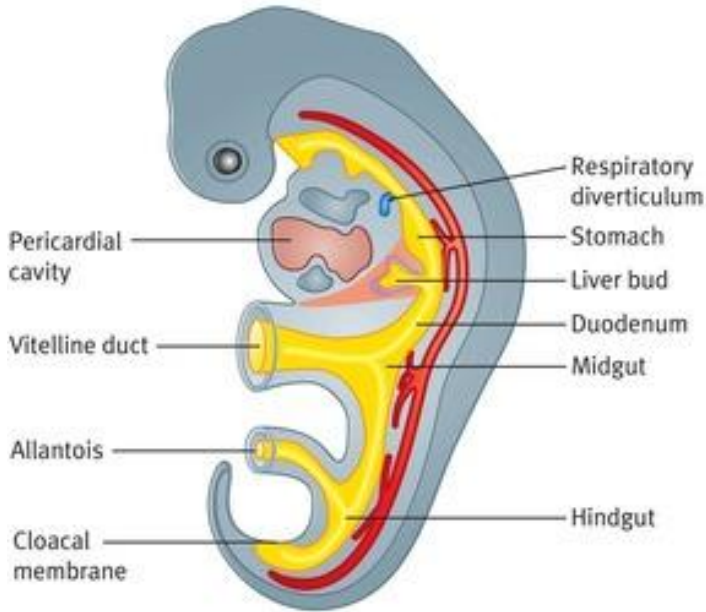
1. **Ectoderm** of the floor of the amniotic cavity encapsulates the embryo and covers the entire surface of the embryo (**surface ectoderm**)

2. **Mesoderm** disposition:

- The splanchnic mesoderm lines the visceral organs
- Somatic mesoderm forms the body wall and eventually the limb skeleton

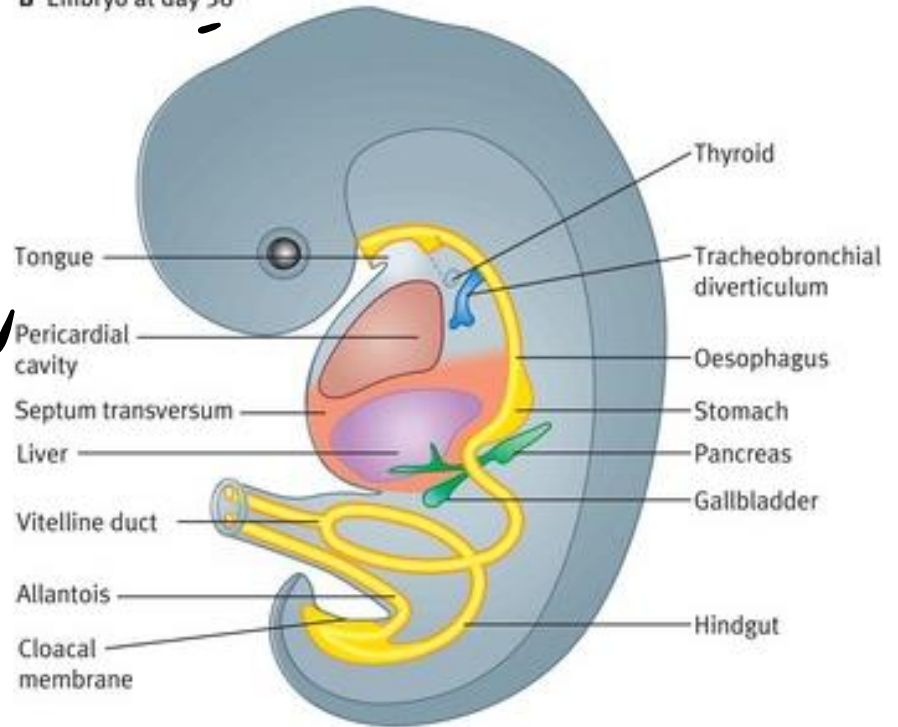
Derivatives of the endoderm

A Embryo at day 25



B Embryo at day 36

heart starts

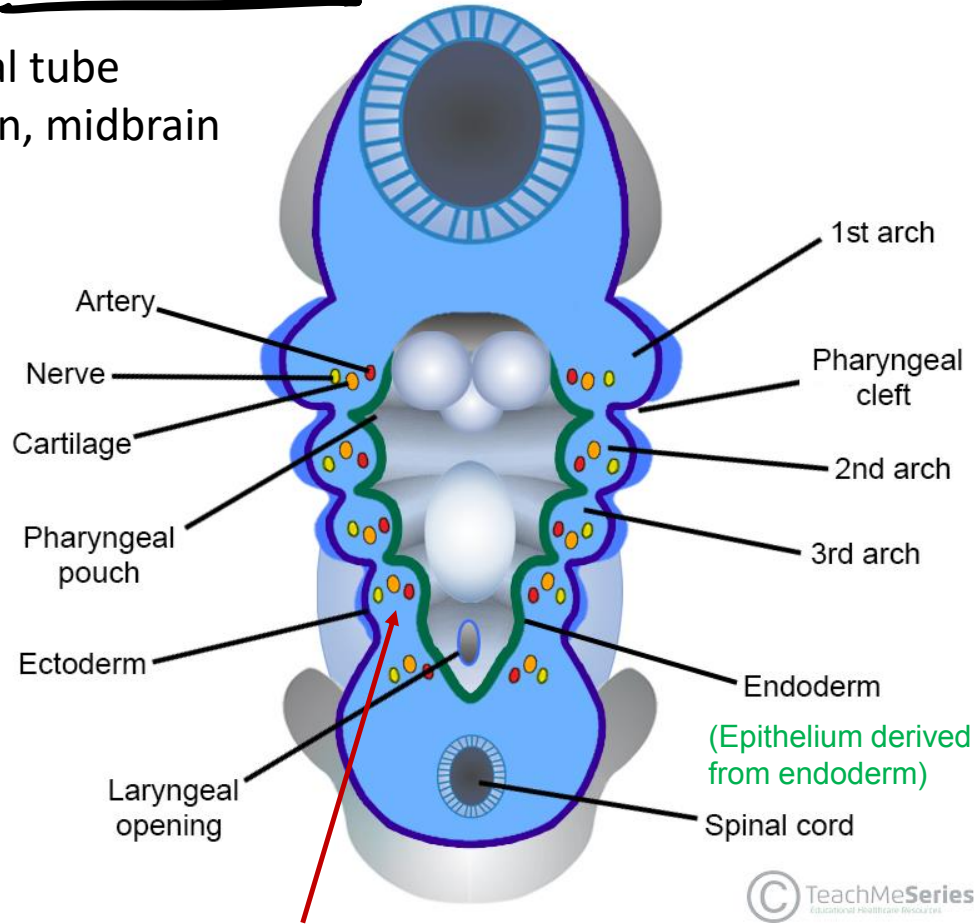


- Esophagus, stomach, small and large intestine
- Epithelium of respiratory tract
- Components of thyroid, parathyroids, liver and pancreas
- Epithelial lining of urinary bladder

Development of the head and neck

In the head region: neural tube expands to form forebrain, midbrain and hindbrain

Growth of mesenchymal tissue (connective tissue) in the cranial region of the embryo results in the formation of arches, separated by clefts. These are the **pharyngeal arches & pharyngeal clefts**.



Simultaneously, a number of out-pocketings appear on the lateral wall of the pharynx – the **pharyngeal pouches**.

The pouches separate the arches on the internal (endodermal, future pharyngeal) surface whilst the clefts separate the arches on the external (ectodermal, future skin) surface.

Core: derived from **paraxial** and **lateral mesoderm** (muscle) and **neural crest cells** (skeletal elements)

Pharyngeal arches

There are **SIX** pharyngeal arches – however, the **5th** regresses soon after forming.

In the adult, **each pharyngeal arch** is associated with **specific structures** within the head and neck.

1st pharyngeal arch:

• **Maxillary prominence** (dorsal portion) – becomes the future maxilla.

• **Mandibular prominence** (ventral portion) – becomes the future mandible.

Trigeminal nerve

Sensory field of the skin of the face, the lining of the mouth and nose, and general sensation to the anterior 2/3 of the tongue.

Stage 14
32 day
35 somite

optic
placode

frontonasal
prominence

nasal
placode

maxillary

1

mandibular

heart

2

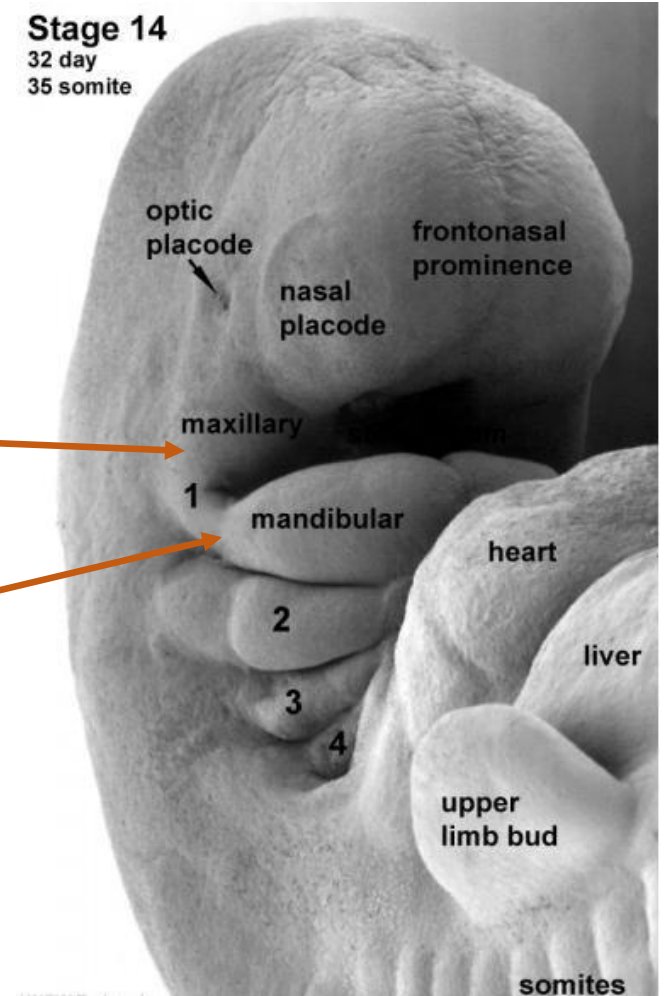
liver

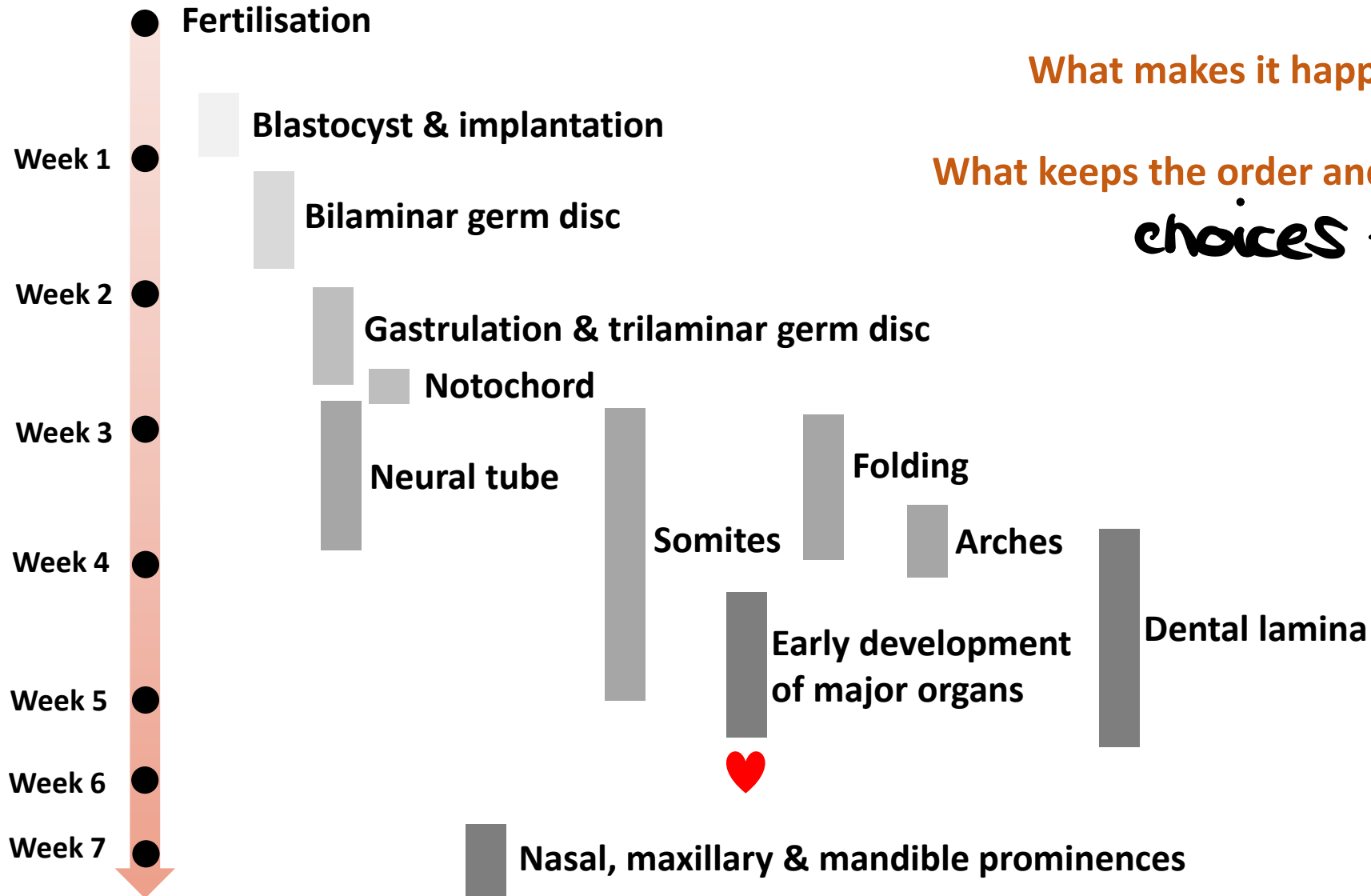
3

4

upper
limb bud

somites



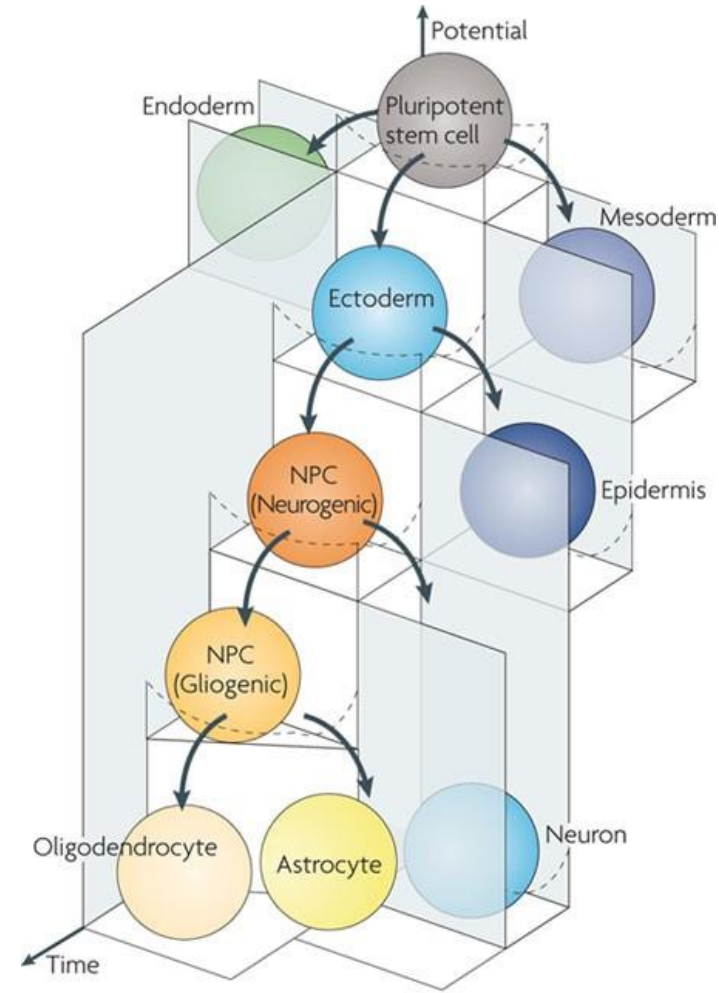
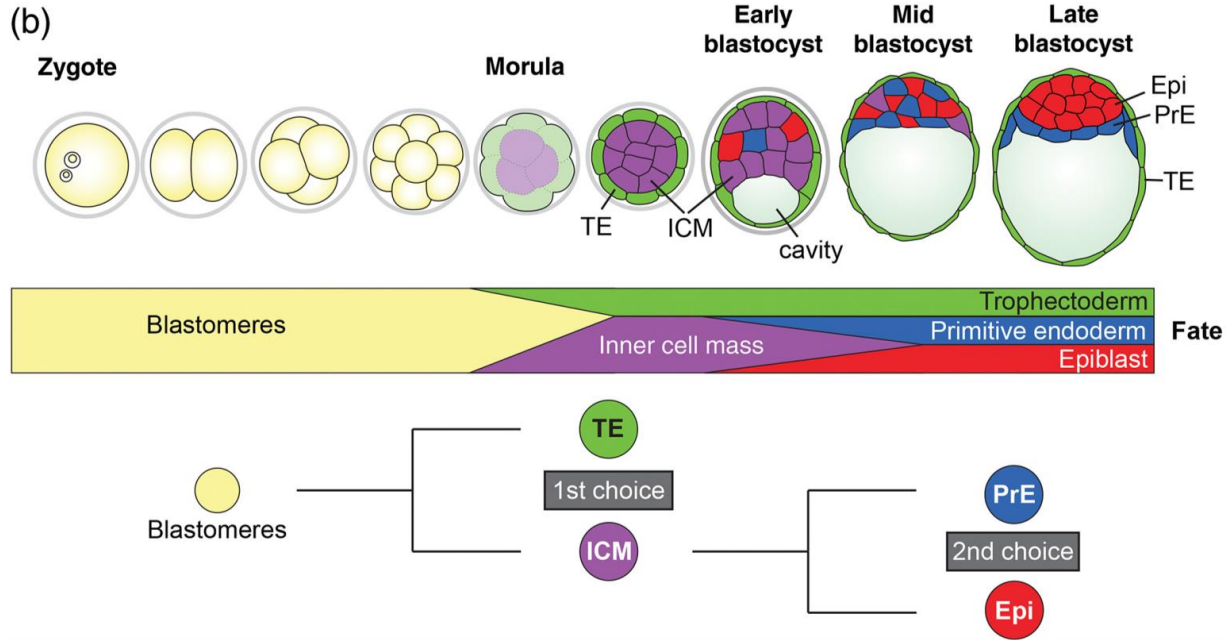


What makes it happen?

What keeps the order and pattern?

choices →

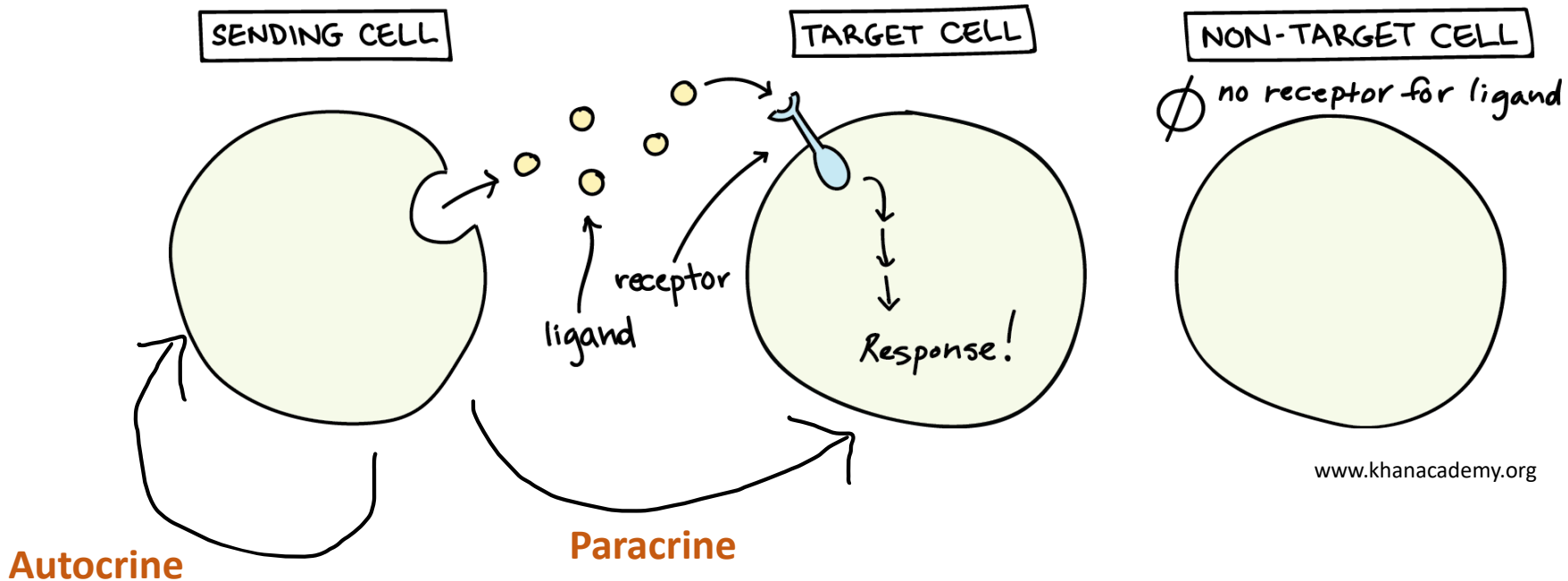
Regulation of embryogenesis - all about making choices



Regulation of embryogenesis = regulation of gene expression

choices made on

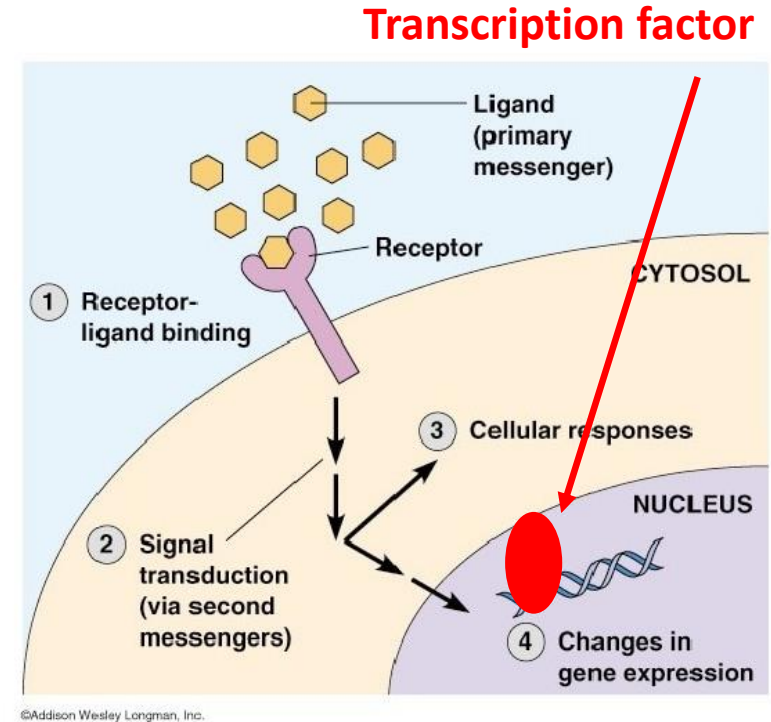
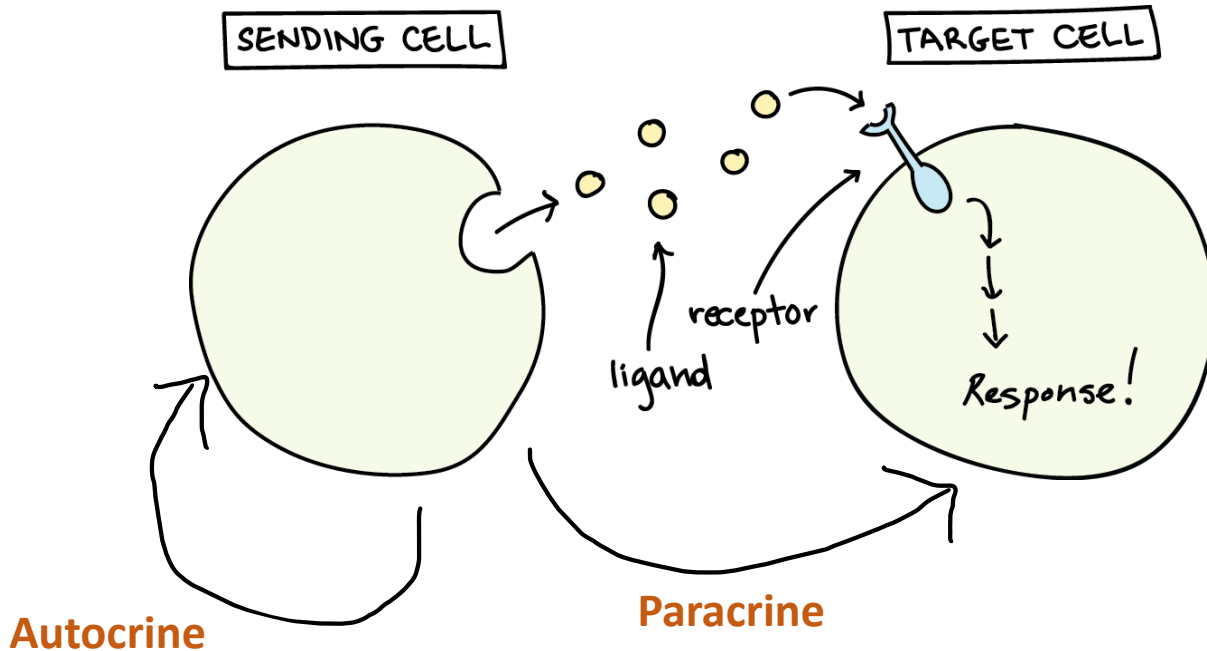
- 1 – **Signals:** autocrine & paracrine (growth factors, cytokines) *pressure ...*
one cell produces signals that other cells receive
- 2 – **Receivers:** receptor & transcription factors (regulate expression of other genes)



Regulation of embryogenesis = regulation of gene expression

1 – **Signals:** autocrine & paracrine (growth factors, cytokines)

2 – **Receivers:** receptor & transcription factors (regulate expression of other genes)



Regulation of embryogenesis = regulation of gene expression

1 – **Signals:** autocrine & paracrine (growth factors, cytokines)

2 – **Receivers:** transcription factors (regulate expression of other genes)

3 – **Outputs:** gene expression & eventually cell fate or phenotype

- ❖ death
- ❖ survival
- ❖ proliferation
- ❖ differentiation

e.g. structures between fingers

↳ specialisation

Patterning (head-to-tail, segmentation, dentition, etc) – spatiotemporal events

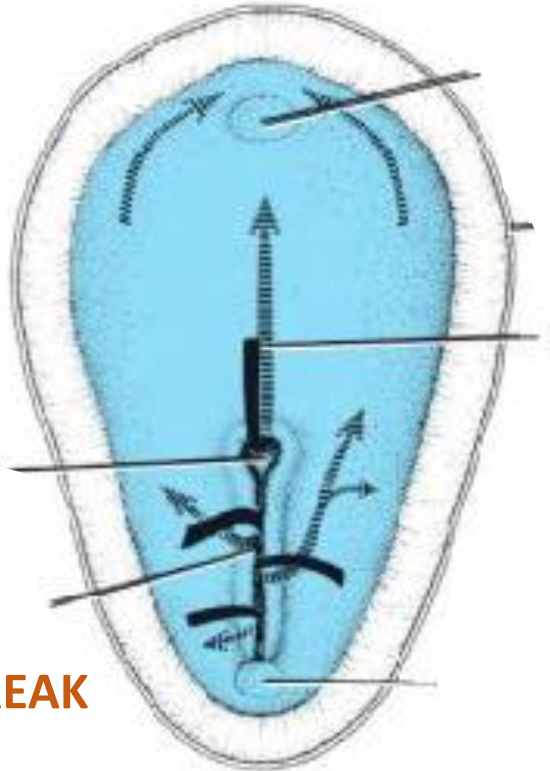
Regulation of embryogenesis – signals from primitive node and streak

Primitive Node releases signalling molecules that determine body axis and cell fate.

Cell migration and specification are controlled by fibroblast growth factor 8, **FGF8**, synthesized by the primitive streak cells.

PRIMITIVE NODE
'the Organiser'

PRIMITIVE STREAK



NODAL: maintains primitive streak; upregulates many developmental genes, including:

Bone Morphogenetic Protein 4 (BMP4) (e.g. stimulates formation of **skin** from the ectoderm)

Chordin, Noggin → block action of BMP4, stimulate formation of **nervous system** and **cranial structures**

Regulation of embryogenesis – neural tube

Sonic Hedgehog (SHH)

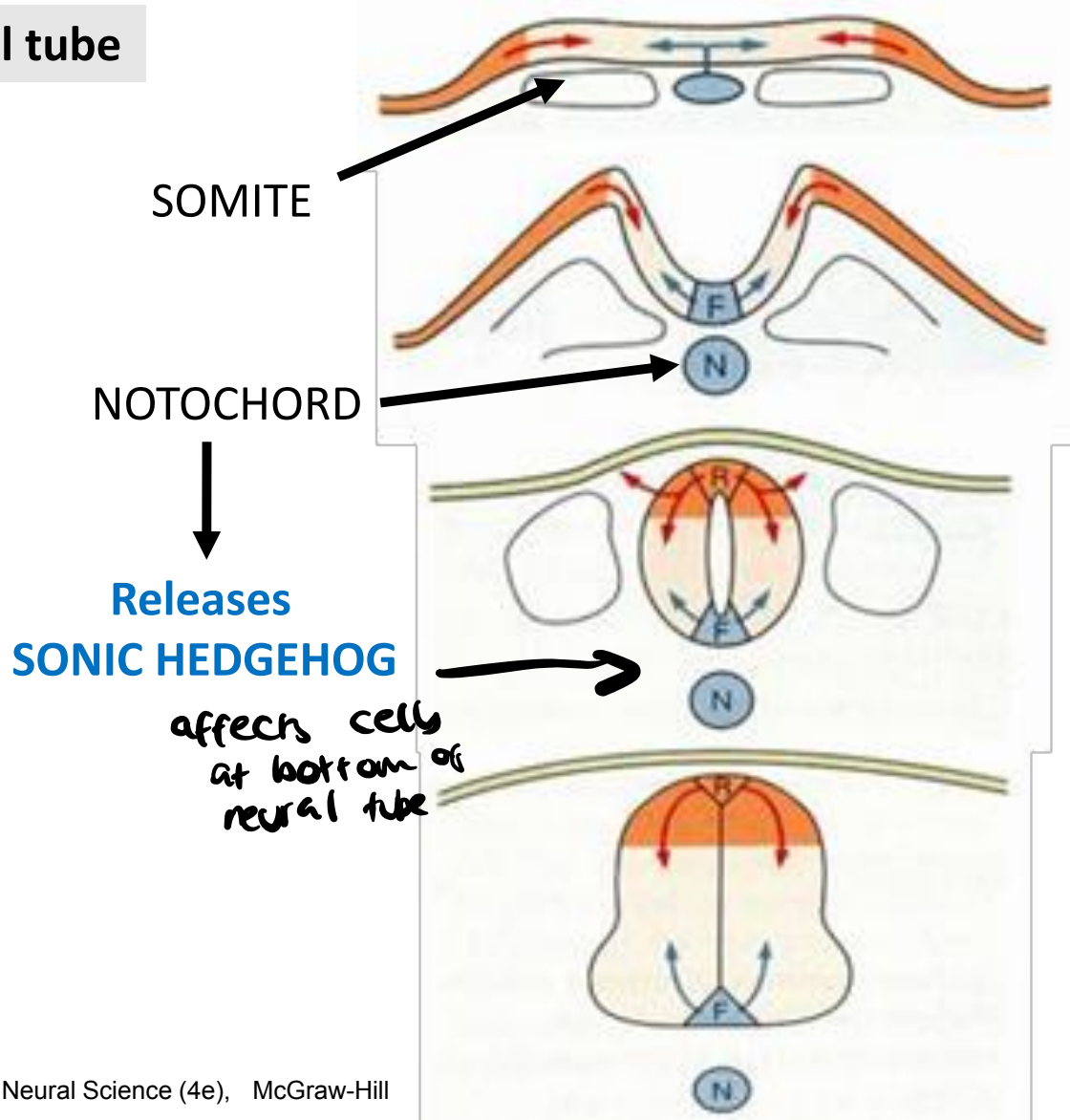
Patterns the **ventral** neural tube

(**F** = floor plate cells)

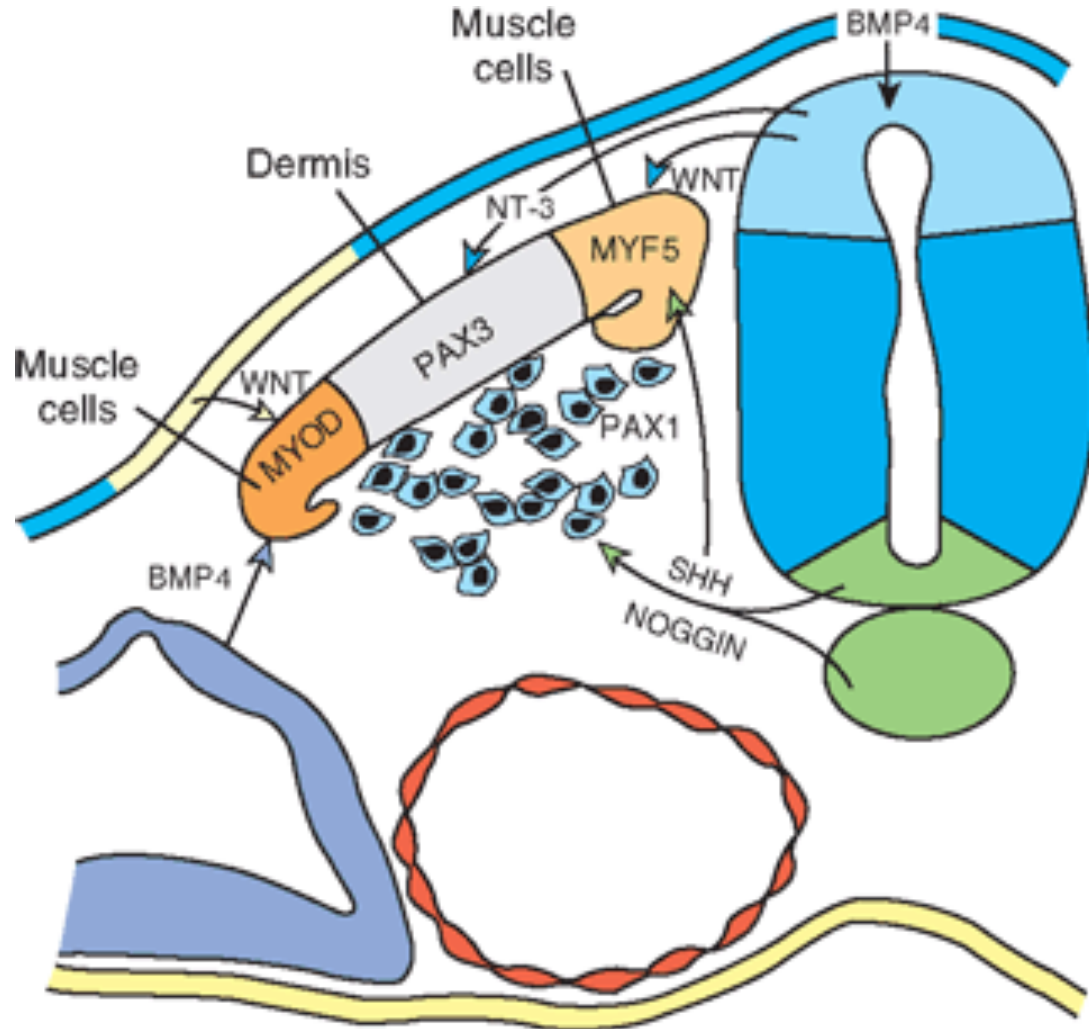
Bone Morphogenetic Proteins (BMPs)

Pattern the **dorsal** neural tube

(**R** = roof plate cells)



Regulation of embryogenesis – somite differentiation



Sonic hedgehog, noggin



Sclerotome



PAX1



Vertebrae formation

BMP4, WNT, NT-3



PAX3



Dermis

BMP, WNT



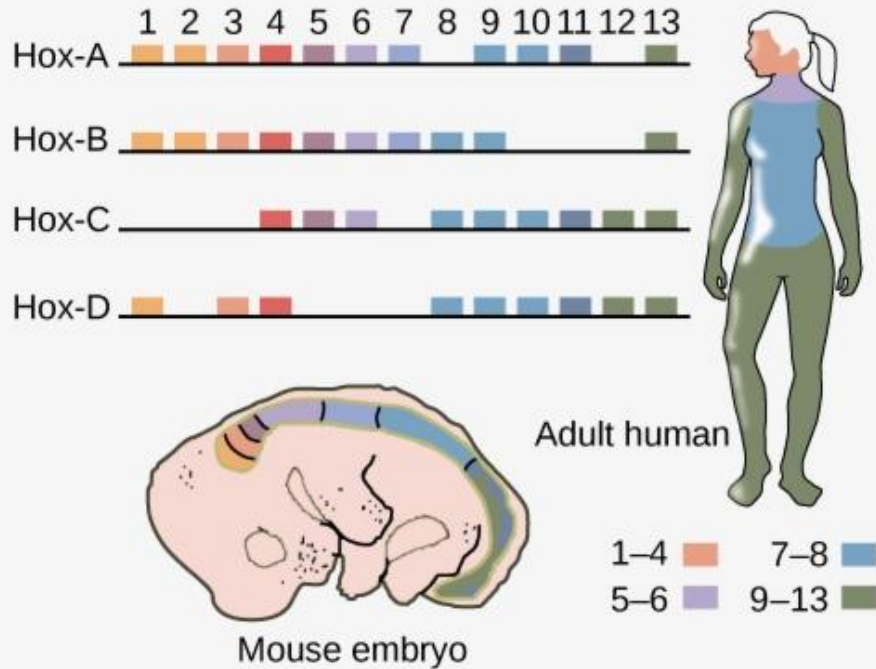
MYF5, MyoD



Muscle

Regulation of embryogenesis – body segmentation

HOX genes control body segmentation



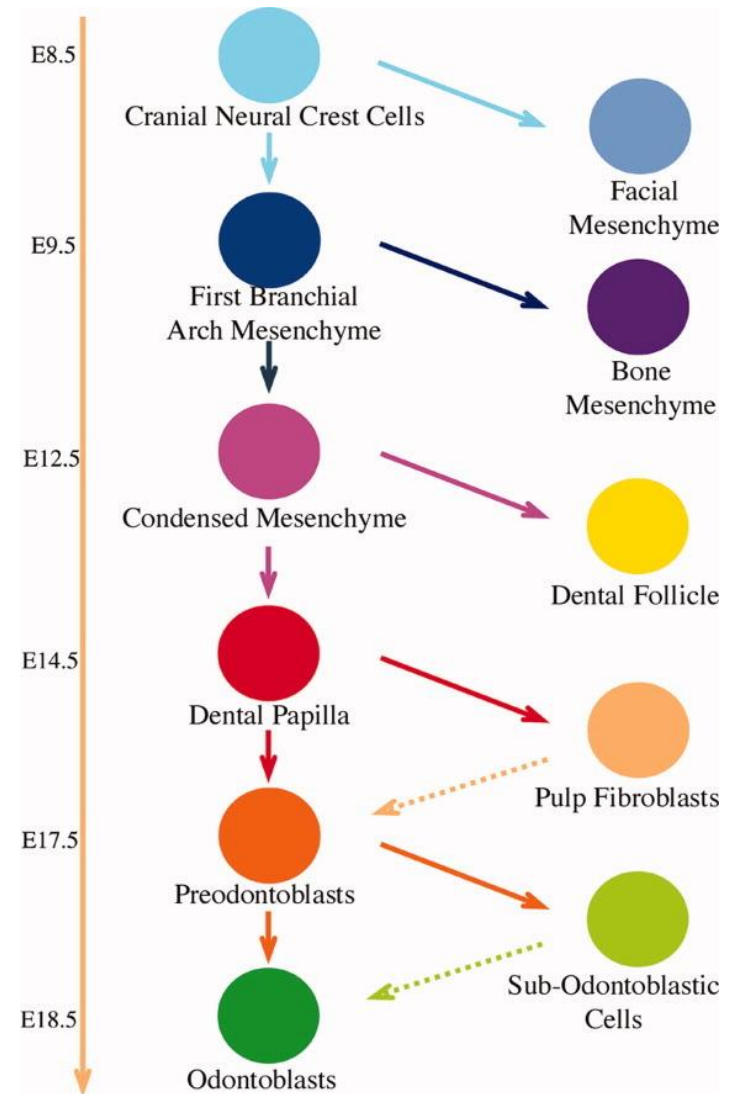
Involved in establishing the anterior-posterior axis and the identity of each body segment.

Tightly regulated temporal and spatial gene expression.

Oral embryology >>> Year 1 semester 2 + Year 2

**Year 1 semester 2
(Craniofacial Anatomy)**

**Year 2
(Oral Biology, Microbiology and Immunology)**



Learning Objectives:

- Describe the stages of development of the embryo from fertilisation to implantation.
- Describe the formation of a three layered embryo and derivatives of ectoderm, mesoderm and endoderm.
- Describe the beginnings of nervous system formation.
- Describe the folding of embryo and the main consequences of this folding.
- Describe the migration of neural crest cells and explain their importance.
- Explain briefly the importance of signalling molecules in embryonic development.

Resources:

Antonio Nanci

Oral Histology: Development, Structure, and Function