



UNIVERSIDADE
ESTADUAL DE LONDRINA

FERNANDA MITHIE OGO

**EFEITOS DA ALTERAÇÃO DO CICLO CIRCADIANO
MATERNO SOBRE O DESENVOLVIMENTO DO SISTEMA
REPRODUTOR DA PROLE NA VIDA ADULTA EM RATOS**

Londrina
2019

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Exame de defesa apresentado ao Programa de Pós-Graduação em Patologia Experimental, da Universidade Estadual de Londrina, como requisito para a obtenção do título de Doutor.

Orientadora: Profa. Dra. Glaura Scantamburlo
Alves Fernandes

Londrina
2019

Ficha de identificação da obra elaborada pelo autor, através do Programa de Geração Automática do Sistema de Bibliotecas da UEL

Ogo, Fernanda Mithie.

Efeitos da alteração do ciclo circadiano materno sobre o desenvolvimento do sistema reprodutor da prole na vida adulta em ratos / Fernanda Mithie Ogo. - Londrina, 2019.
103 f. : il.

Orientador: Glaura Scantamburlo Alves Fernandes.

Tese (Doutorado em Patologia Experimental) - Universidade Estadual de Londrina, Centro de Ciências Biológicas, Programa de Pós-Graduação em Patologia Experimental, 2019.

Inclui bibliografia.

1. 1. Ciclo circadiano; 2. Desenvolvimento; 3. Sistema reprodutor masculino; 4. Sistema reprodutor Feminino - Tese. I. Fernandes, Glaura Scantamburlo Alves . II. Universidade Estadual de Londrina. Centro de Ciências Biológicas. Programa de Pós-Graduação em Patologia Experimental. III. Título.

CDU 616

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BANCA EXAMINADORA

Orientadora: Profa. Dra. Glaura Scantamburlo
A. Fernandes
Universidade Estadual de Londrina – UEL

Profa. Dra. Alessandra Lourenço Cecchini
Universidade Estadual de Londrina – UEL

Profa. Dra. Daniela Cristina Ceccatto Gerardin
Universidade Estadual de Londrina – UEL

Profa. Dr. Fábio Goulart Andrade
Universidade Estadual de Londrina – UEL

Profa. Dra. Marli Cardoso Martins Pingue
Universidade Estadual de Londrina – UEL

Londrina, 29 de março de 2019.

DEDICO,

Aos meus pais, Nelson e Márcia, que apesar da imensa distância física, sempre estiveram presentes, apoiando-me e solidificando-me durante esta jornada...

Meu eterno amor e gratidão!

AGRADECIMENTOS

À Deus, pela força dada para chegar até o presente momento.

Agradeço à minha orientadora Profa. Dra. Glaura Scantamburlo Alves Fernandes por ter me concedido a oportunidade de ser sua orientanda tanto no mestrado como no doutorado, pelos ensinamentos científicos, apoio, confiança, paciência, por mostrar a importância de se abrir os horizontes no estudo, e principalmente por não me fazer desistir, aqui ficam meus eternos agradecimentos.

Agradeço à Universidade Estadual de Londrina por me proporcionarem o espaço, a experiência e as condições necessárias para a realização deste trabalho.

Agradeço ao programa de pós-graduação Patologia Experimental.

Agradeço também às parcerias com o Prof.Dra. Andrea Name - UEL, Prof. Dr. Paulo Cezar Mathias - UEM, Prof. Dra. Marina Trevizan Guerra, que muito colaboraram para a realização deste trabalho.

À minha amiga que veio do Laboratório, Glauca, pela maravilhosa amizade, momentos de alegria, pela paciência de me ensinar tudo que sei no laboratório, conselhos, apoio e também pelas excelentes conversas que nos distraíram em momentos difíceis.

Aos meus colegas do laboratório de Toxicologia e distúrbios metabólicos da reprodução pela amizade e paciência.

Ao André pelo amor, parcerias, colaboração no experimento e principalmente pela paciência que teve em momentos difíceis. À minha filha Mariah que chegou no meio de tudo isso, mesmo sem entender, me proporciona momentos de muitas alegrias, onde consigo renovar as minhas energias.

A minha irmã e amiga Marcela, ao meu cunhado Alexandre pelo apoio, conselhos e paciência e a minha tia Ilma pelo apoio por ficar com a minha filha quando precisei e por compartilharem comigo momentos de tristezas e também de alegrias. E também aos meus sobrinhos Gabriel, Beatriz e Isadora, mesmo não entendendo muita coisa me proporcionam muitas alegrias.

Aos meus avós Emiko, Áurea e Antônio, que mesmo timidamente sempre estiveram presentes ajudando e torcendo para a concretização de mais uma etapa.

Às minhas chefes Silvana e Paula, que me deram a oportunidade de realizar meus experimentos juntamente com o trabalho na indústria. As meninas da indústria Silvia e Aline que seguraram as pontas na indústria quando eu precisava sair.

E a todas as outras pessoas que de certa forma contribuíram para a realização deste trabalho, seja pela amizade ou pelos conhecimentos proporcionados.

Feliz aquele que transfere o que sabe
e aprende o que ensina.

(Cora Coralina).

OGO, Fernanda Mithie. **Efeitos da alteração do ciclo circadiano materno sobre o desenvolvimento do sistema reprodutor da prole na vida adulta em ratos.** 2019. 103 f. Tese (Doutorado em Patologia Experimental) - Universidade Estadual de Londrina, Londrina, 2019.

RESUMO

Alterações no ciclo circadiano são conhecidas por causar distúrbios fisiológicos nos eixos hipotálamo-hipófise-adrenal e hipotálamo-hipófise-gonadal em indivíduos adultos. Portanto, o presente estudo teve como objetivo avaliar se a exposição de ratas prenhas à luz constante pode alterar o desenvolvimento do sistema reprodutor da prole masculina e feminina. As mães foram divididas em dois grupos: um grupo claro-escuro (LD) que de ratas prenhas foram expostas a um fotoperíodo claro-escuro (12h/12h), e um grupo claro-claro (LL) que de ratas prenhas foram expostas a um fotoperíodo de luz constante durante o período de gestação. Após o nascimento, os filhotes de ambos os grupos permaneceram no fotoperíodo claro-escuro normal (12h/12h) até a idade adulta. Um filhote (macho e fêmea) de cada ninhada foi selecionado e, na idade adulta (PND 90), o sangue do tronco foi coletado no PND90 mensuração dos níveis plasmáticos de testosterona, testículos e epidídimo para contagem de espermatozoides, estresse oxidativo e análises histopatológicas, e os espermatozoides dos vasos deferentes, para realizar as análises morfológicas e de motilidade em machos e na prole feminina, foi coletado na fase de estro, para análise dos níveis plasmáticos de hormônio luteinizante (LH) e progesterona, e o útero e os ovários foram colhidos para estresse morfométrico, histológico e oxidativo avaliações. Os resultados das análises realizadas em machos mostraram que um fotoperíodo de luz constante causou diminuição nos níveis de testosterona, peso do epidídimo e contagem de espermatozóides no epidídimo, diâmetro do túbulo seminífero, número de células de Sertoli e número de espermatozóides normais. Danos histopatológicos também foram observados nos testículos, e alterações estereológicas, no grupo LL. Enquanto os resultados da prole feminina observaram-se uma redução do LH adulto e aumento dos níveis plasmáticos de progesterona, além de lesões uterinas como aumento do número de glândulas endometriais e redução dos níveis de enzimas antioxidantes, como glutathione redutase e glutathione S-transferase. Em conclusão, a exposição à luz constante durante o período gestacional prejudica o sistema reprodutivo da prole tanto masculina quanto feminina na idade adulta.

OGO, Fernanda Mithie. **Effects of the alteration of the maternal circadian cycle on the development of the reproductive system of the offspring in the adult life in rats.** 2019. 103 p. Thesis (Doctorate in Experimental Pathology) - State University of Londrina, Londrina, 2019.

ABSTRACT

Alterations in the circadian cycle are known to cause physiological disorders in the hypothalamic-pituitary-adrenal and the hypothalamic-pituitary-gonadal axes in adult individuals. Therefore, the present study aimed to evaluate whether exposure of pregnant rats to constant light can alter reproductive system development of male offspring. The dams were divided into a light-dark group (LD) of pregnant rats exposed to a light-dark photoperiod (12h/12h), and a light-light group (LL) of pregnant rats exposed to a photoperiod of constant light during the gestation period. After birth, offspring from both groups remained in the normal light-dark photoperiod until adulthood. The trunk blood was collected at PND90 to measure plasma testosterone levels, testes and epididymis for sperm count, oxidative stress and histopathological analyses, and the spermatozoa from the vas deferens, to perform the morphological and motility analyses. Results showed that a photoperiod of constant light caused a decrease in testosterone levels, epididymal weight and sperm count in the epididymis, seminiferous tubule diameter, Sertoli cell number and normal spermatozoa number. Histopathological damage was also observed in the testes, and stereological alterations, in the LL group. In conclusion, exposure to constant light during the gestational period impairs the reproductive system of male offspring in adulthood.

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1. INTRODUÇÃO

1.1 SISTEMA CIRCADIANO

Os ritmos circadianos são responsáveis pela organização dos sistemas fisiológicos em uma ordem temporal, assim como seu alinhamento em ciclos ambientais de 24 horas (MAN *et al.*, 2017). O termo “circadiano” é derivado do latim *circa*, que significa “ao redor” e *diem*, que significa “dia”. Dessa forma, o sistema circadiano pode ser definido como o processo biológico que exhibe uma oscilação endógena de cerca de 24 horas em um ambiente sem influências externas (MAN *et al.*, 2017).

O ritmo circadiano está envolvido em vários processos fisiológicos, incluindo os processos de sono / vigília (DIJK; DUFFY, 1999), regulação da temperatura corporal (VAN SOMEREN, 2000), secreção hormonal (COPINSCHI; VAN CAUTER, 1995), reparo tecidual (JANICH; MENG; BENITAH, 2014) e função cardiovascular (COOKE-ARIEL, 1998). Ademais, está presente em quase todos os organismos vivos, incluindo plantas, espécies não mamíferas e mamíferas (MAN *et al.*, 2017).

Além de se apresentar distribuído em todos os ramos evolutivos, o sistema circadiano também pode estar relacionado com respostas imunes e inflamatórias. Variações circadianas interferem na taxa de sobrevivência de camundongos infectados com doses letais de bactérias (HALBERG *et al.*, 1960; SHACKELFORD; FEIGIN, 1973). Estudos com a infecção murina por espécies bacterianas mostraram letalidade aumentada no final da fase de repouso, aproximadamente duas horas antes do início da atividade. Como os roedores são espécies noturnas, o início da atividade imunológica ocorre quando no ciclo escuro. Embora esse processo seja complexo e ainda especulativo, ele coincide com o período de redução da indução de citocinas pró-inflamatórias, juntamente com a redução da depuração e da letalidade das bactérias (HALBERG *et al.*, 1960; SHACKELFORD; FEIGIN, 1973; MAN *et al.*, 2017).

A alteração de processos circadianos está relacionada também com a expressão diferencial de genes relacionados à resposta imune. Esta variação pode levar a aumentos da resposta inflamatória a componentes bacterianos como LPS (ELLA *et al.*, 2016); atenuação do recrutamento de monócitos (GAGNIDZE *et al.*, 2016); ritmos alterados dos fatores imunológicos das células natural killers (NK),

assim como diminuição da função desse tipo celular (LIU *et al.*, 2006; LOGAN *et al.*, 2013) e aumento da expressão de citocinas inflamatórias (KELLER *et al.*, 2009).

Nos mamíferos, os ritmos circadianos são controlados por um relógio central localizado no núcleo supraquiasmático (NSQ) do hipotálamo (DIBNER; SCHIBLER; ALBRECHT, 2010), atuando através de uma rede coordenada de relógios circadianos moleculares em células individuais para gerar ritmos de 24 horas. A captação de estímulos luminosos pela retina é o principal mecanismo de marca-passo central, estando diretamente relacionada como a capacidade de sincronização do relógio circadiano interno com o ciclo geofísico dos períodos de claro e escuro (LEE *et al.*, 2013; MAN *et al.*, 2017).

A partir do momento da percepção da luz por células sensoriais presentes na retina, o estímulo é conduzido através do trato retino-hipotalâmico. Os neurônios dessa região se projetam da região ocular para o núcleo supraquiasmático (NSQ), fazendo a sinalização através de AMP cíclico, modulando assim o relógio molecular para atingir o pico / fase das oscilações, permitindo a sincronização com o meio ambiente (GOOLEY *et al.*, 2001; PANDA *et al.*, 2002; LEE *et al.*, 2013). O processo de regulação baseia-se em uma série de loops de *feedback* de transcrição e tradução por um grupo de genes circadianos conhecidos como “*clock genes*” ou “genes de relógio”.

Do ponto de vista molecular, a família de *CLOCK genes* inclui os fatores de transcrição BMAL1 e CLOCK; as proteínas codificadas pelos genes PER1, PER2, PER3, CRY1, CRY2 e a enzima casein-quinase-1 Épsilon (CK1 ϵ) (DUNLAP, 1999). Em mamíferos, um loop de feedback típico de transcrição e tradução consiste nos dois ativadores transcricionais (Bmal1 e Clock) que formam heterodímeros no citoplasma e entram no núcleo, onde se ligam às sequências de E-box nos promotores de Per (Período) 1, 2 e Cry (Cryptochrome) 1, 2 ativando sua expressão. No citoplasma, as proteínas Per e Cry interagem umas com as outras e entram no núcleo para inibir a atividade dos complexos Bmal / Clock. Os níveis de transcritos Per e Cry e suas respectivas proteínas, portanto, diminuem. Acredita-se que Bmal e Clock contribuam para a ativação da atividade de transcrição de outros *clock genes* através de uma série de modificações das histonas (associadas à atividade da histona acetil transferase), fosforilação e desfosforilação (HARDIN; YU, 2006), atuando, portanto, de maneira epigenética. *CLOCK genes* são expressos em quase

todos os tipos de tecido, incluindo o coração, fígado, músculos, e na glândula adrenal (VALENZUELA *et al.*, 2008).

A sincronização circadiana dentro da célula e entre diferentes sistemas corporais é crucial para a manutenção da saúde, e a quebra deste relógio de 24 horas pode levar a condições patológicas envolvendo os sistemas neurológico, metabólico, cardiovascular, endocrinológico e gastrointestinal (RICHARDS; GUMZ, 2012). Hipotetiza-se que a evolução dos *clock genes* nos mamíferos esteja relacionada como a capacidade de antecipar as mudanças ambientais relacionadas ao fotoperíodo e aos ciclos sazonais (EDGAR *et al.*, 2012). Isso permite que o corpo se adapte e responda a vários sinais ambientais, incluindo o aumento do estresse oxidativo (IVASHKIV, 2013; MAN; LOUDON, CHAWLA, 2016).

O eixo hipotalâmico-hipofisário é um importante fator que também está sob controle circadiano, afetando o momento da ovulação e a secreção hormonal. A desregulação dos ritmos circadianos pela exposição inadequada à luz ou a manipulação do relógio biológico afeta negativamente a implantação e o sucesso da prenhez em animais (SUMMA; VITATERNA; TUREK, 2012). Trabalhos demonstram que a interrupção do relógio circadiano pelo trabalho em turnos pode resultar em infertilidade, desregulação menstrual e aborto espontâneo (STOCKER *et al.*, 2014; FERNANDEZ *et al.*, 2016).

Em modelos murinos, o desenvolvimento do NSQ se inicia a partir do 12º dia do desenvolvimento embrionário e a ritimicidade só se inicia ao final da gestação, como isso, o sistema circadiano materno é o responsável pela maior parte da regulação que ocorre na prole durante esse período, e tal regulação ocorre principalmente pelo fotoperíodo e a produção de melatonina (SLÁDEK *et al.*, 2004; MENDEZ *et al.*, 2016).

Um importante fator amplamente descrito para a regulação circadiana é a melatonina. Também conhecida como N-acetil-5-metoxitriptamina, a melatonina é um hormônio neuroendócrino produzido pela glândula pineal (HARDELAND; PANDI-PERUMAL; CARDINALI, 2006), placenta (OKATANI *et al.*, 1998) e ovário (CUTLER; GARCIA, 1980) e é considerado um hormônio “cronobiótico” com um sinal fotoperiódico universal, e uma molécula com função fisiológica diversa (BRZEZINSKI, 1997). Sua secreção é regulada por estímulos claro / escuro, o que por sua vez influencia o ritmo circadiano. Em humanos, o pico e a baixa dos ritmos circadianos para diferentes variáveis fisiológicas, incluindo a pressão arterial e o

ciclo sono / vigília, ocorrem em diferentes momentos do relógio. Sob ciclos normais de luz e escuridão, a concentração de melatonina alcançaria um pico em torno das duas horas da manhã (DUBOCOVICH *et al.*, 2010).

Em mamíferos, a melatonina é um potente imunomodulador (MILLER *et al.*, 2006) em termos de regulação circadiana na proliferação de linfócitos (KUHLWEIN; IRWIN, 2001) aumentando a fagocitose (PAREDES *et al.*, 2007) e estimulando a produção de citocinas (ALVAREZ-GARCIA *et al.*, 2012). Injeções múltiplas diárias de melatonina na glândula pineal de ratos podem promover um aumento significativo no número de macrófagos (KAUR; LING, 1999). Além da expressão dos diferentes genes relacionados ao controle de relógio, a melatonina e os glicocorticóides regulam inúmeras atividades proteicas e expressões gênicas, que são reguladores críticos do relógio circadiano e do sistema imunológico (SILVER *et al.*, 2012). Entre esses fatores, a melatonina aparece como um candidato-chave para a regulação circadiana durante a reprodução feminina. Além de ser um antioxidante potente, foi relatado o importante papel da melatonina na função folicular e do corpo lúteo, gravidez, puberdade e parto, indicando seu papel crucial na reprodução (BRZEZINSKI *et al.*, 1987).

A melatonina é rapidamente transferida da circulação materna para a fetal, fornecendo informações fotoperiódicas ao feto para a diferenciação tecidual e o metabolismo hormonal (OKATANI *et al.*, 1998). Portanto, a interação entre o sistema imunológico e o relógio circadiano durante a gravidez é de vital importância para o crescimento e o desenvolvimento fetal. No entanto, essa interação envolve diversos fatores que ainda não foram completamente elucidados (MAN *et al.*, 2017).

Estudos relacionados com perturbações do ritmo circadiano causados pela configuração de trabalho em turnos, apontaram que variações da relação entre o ciclo claro e o escuro durante o período gestacional podem refletir em alteração dos padrões de expressão gênica da prole, assim como danos metabólicos e comportamentais da mesma (ROMAN; KARLSSON, 2013; MENDEZ *et al.*, 2016; VARCOE *et al.*, 2016). A exposição constante à luz do 12º ao 18º dia de gestação também leva à alterações no metabolismo e expressão de alguns genes na fase adulta da prole, apontando que reflexos da alteração circadiana, não somente afetam o desenvolvimento intrauterino como podem refletir na fase adulta da prole, em roedores (SPICHIGER *et al.*, 2015; VOICULESCU *et al.*, 2016).

1.2 TESTÍCULO E EPIDÍDIMO

O sistema genital masculino é composto pelas gônadas (testículos), epidídimos, ductos deferentes, glândulas sexuais e órgão copulador (JUNQUEIRA; CARNEIRO, 2004). Nos túbulos seminíferos, acontece a espermatogênese e no interstício, a esteroidogênese; estas duas regiões (túbulos seminíferos e interstício) formam o testículo (RODRIGUEZ; FAVARETTO, 1999).

A região do interstício é formada por tecido conjuntivo, vasos (linfáticos e sanguíneos), tecido nervoso, células de defesa (macrófagos) e células de Leydig (responsáveis pela produção de hormônios andrógenos) (RUSSEL et al., 1990). Já o parênquima testicular é formado por uma série de túbulos seminíferos, que se organizam compartimentalizados em lóbulos de tecido conjuntivo nos humanos. Ao final de cada túbulo, há epitélio de transição (túbulos retos), que conectam cada túbulo seminífero a uma rede testicular de canais anastomosados (FOLEY, 2001). Em indivíduos que já atingiram a maturidade sexual, os túbulos seminíferos são organizados em camadas concêntricas de células de Sertoli (basais) e células germinativas.

As células germinativas são divididas em: espermatogônias, espermatócitos primários e secundários e espermatídes, posteriormente dando origem aos espermatozoides (figura 1). A célula de Sertoli por sua vez, é uma célula somática com função de promover suporte estrutural e nutricional às células germinativas em formação, secretar fluidos e hormônios, realizar fagocitose e se organizar na forma de barreira hematotesticular (FOLEY, 2001).

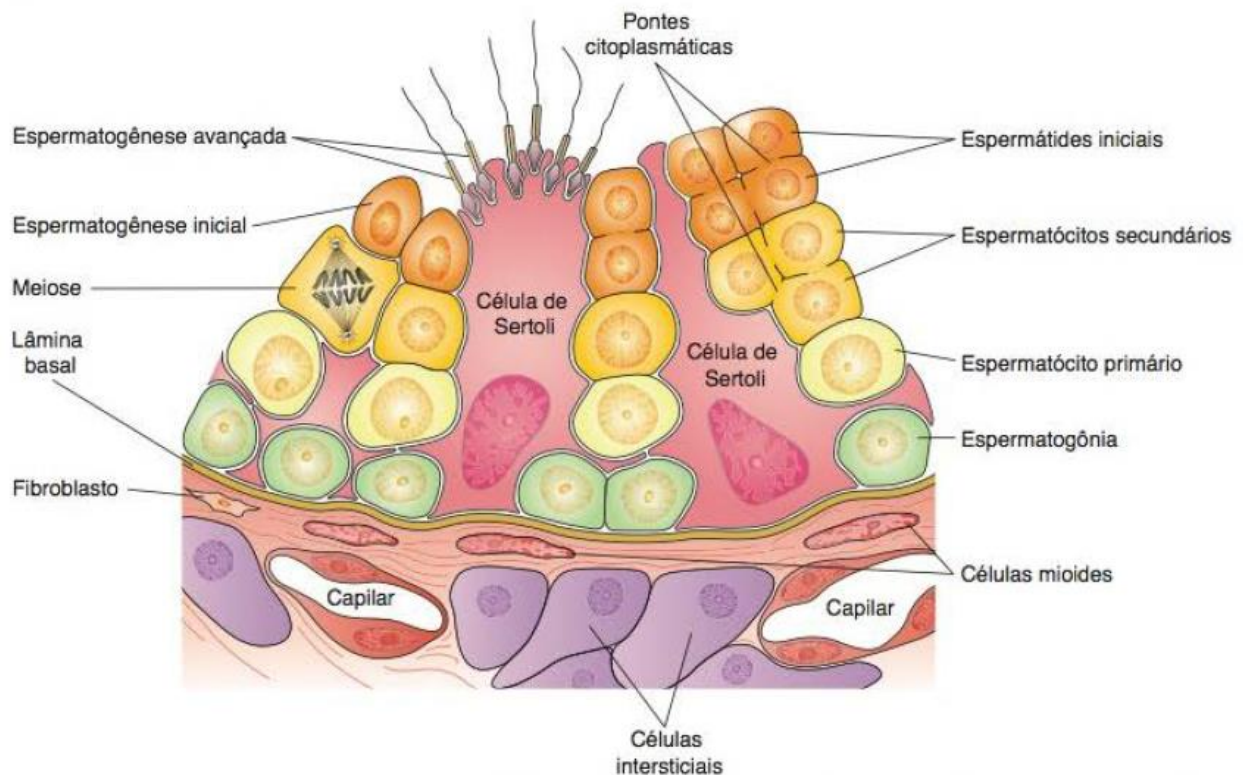


Figura 1 – Esquema de túbulo seminífero e da área intersticial. Os túbulos seminíferos são cercados por lâmina basal, células mioides e pelo tecido intersticial que contém células intersticiais (de Leydig), capilares sanguíneos e fibroblastos. Espermatogônias estão localizados na região basal do túbulo seminífero. Espermatócitos, espermatídeos e espermatozoides maduros estão localizados na porção apical às junções oclusivas das células de Sertoli, as quais compõe a barreira hemato-testicular. As células de Sertoli se projetam da lâmina basal até o lúmen do túbulo, fazendo a ancoragem das células da linhagem germinativa.

Fonte: JUNQUEIRA; CARNEIRO, 2013.

O processo espermatogênico está sob o controle neuroendócrino do eixo hipotalâmico-hipofisário-gonadal e tem início a partir da puberdade, devido a um aumento na secreção de gonadotrofinas (FSH: hormônio folículo-estimulante; LH: hormônio luteinizante). O FSH age nas células de Sertoli estimulando suas funções sobre a espermatogênese, enquanto o LH estimula as células de Leydig a produzirem andrógenos (MAEDA *et al.*, 2000; MARTY *et al.*, 2003).

O processo de espermatogênese pode ser dividido em três fases distintas: mitótica ou proliferativa, meiótica e espermiogênica (CLERMONT, 1972; RUSSEL *et al.*, 1990). A fase mitótica é caracterizada pela proliferação das células tronco espermatogoniais com a finalidade de aumentar a população espermatogonial. Em determinado momento, grupos de espermatogônias tornam-se diferenciados e formam os espermatócitos primários (AMANN, 1986; RUSSEL *et al.*, 1990). Na fase meiótica os espermatócitos primários (diploides) sofrem meiose I originando os

espermátocitos secundários (haploides), que por sua vez sofrem meiose II formando as espermatídes (haploides). Durante a fase espermiogênica, as espermatídes passam por um processo de citodiferenciação no qual ocorre condensação do material genético, formação do acrossoma, reposicionamento das mitocôndrias, perda de citoplasma e formação do flagelo, originando, finalmente, os espermatozoides (CLERMONT, 1972).

Nos testículos, os túbulos seminíferos se convergem e formam a rede testicular, a qual se continua com os ductulos eferentes. Por sua vez, estes ductulos se unem para formar um ducto único e altamente enovelado, o epidídimo, que vai se ligar através de sua porção terminal ao ducto deferente (ROBAIRE; HINTON, 2015).

Nos roedores, o epidídimo é composto pelo segmento inicial, cabeça, corpo e cauda, enquanto nos humanos somente as regiões de cabeça, corpo e cauda compõe o órgão (ROBAIRE; HINTON, 2015). Em ratos, estas porções são histologicamente subdivididas em zonas, sendo: 1A, 1B, 2A, 2B, 3A e 3B para a região da cabeça; 4A e 4B para a região do corpo; 5A, 5B, 6A e 6B para a região da cauda (MILLER; KILLIAN, 1987). As zonas são designadas de acordo com a altura do epitélio e distribuição e quantidade dos seus seis tipos de células os quais são: basais, principais, estreitas, halo, claras e apicais. Cada zona apresenta um microambiente bioquímico próprio, necessário para as etapas da maturação espermática (ROBAIRE; HINTON, 2015).

Os espermatozoides formados nos testículos são morfologicamente prontos, mas ainda são imóveis e incapazes de fertilizar um ovócito II (DACHEUX; DACHEUX, 2015). Assim, além do transporte até o ducto deferente para ser ejaculado, o epidídimo tem papel crucial sobre a maturação espermática. É neste órgão que acontece a aquisição da motilidade, da capacidade de sofrer reação acrossômica e de reconhecer e fundir-se com o ovócito, além de ser sítio de importantes modificações da membrana plasmática dos espermatozoides (DACHEUX; DACHEUX, 2015; ROBAIRE; HINTON, 2015).

1.3 ÚTERO E OVÁRIOS

Nas fêmeas, o sistema genital é formado por dois ovários, duas tubas uterinas, o útero, a vagina e a genitália externa. Sua função consiste em, além da produção de gametas femininos e hormônios sexuais, manter o ovócito fertilizado

durante seu desenvolvimento completo ao longo das fases embrionária e fetal até o nascimento (JUNQUEIRA; CARNEIRO, 2013).

Em humanos, o sistema genital feminino sofre modificações periódicas a partir da primeira menstruação (menarca). Estas modificações são cíclicas e ocorrem durante toda a idade reprodutiva da mulher e se encerra na menopausa, onde inicia-se uma lenta involução da fertilidade feminina. Todos estes períodos são regulados por mecanismos neuro-humorais (GARTNER; HIATT, 2003; JUNQUEIRA; CARNEIRO, 2013).

Os ovários estão localizados na região pélvica, caudalmente aos rins. O ovário se conecta ao ligamento largo do útero pelo mesovário, uma dobra especial do peritônio, responsável pela irrigação sanguínea desta glândula. O epitélio superficial que cobre o ovário, denominado epitélio germinativo, é uma modificação do peritônio e, apesar deste nome, este epitélio não dá origem às células germinativas (figura 2A; KOMÁREK *et al.*, 2000).

Imediatamente abaixo do epitélio germinativo está localizada a túnica albugínea, que consiste em uma cápsula de tecido conjuntivo denso não modelado com pouca vascularização. O tecido ovariano é subdividido em córtex, onde estão presentes os folículos ovarianos, e medula, constituída principalmente por tecido conjuntivo frouxo altamente vascularizado (GARTNER; HIATT, 2003). Em mamíferos, o ovário é formado por duas populações celulares: as células somáticas e as células germinativas, que são produzidas durante a vida intratuterina. Após o nascimento, os ovócitos entram em uma pausa de divisão em diacinese, onde permanecem até o momento da puberdade (BIGGERS, 1975).

O ciclo ovulatório em mamíferos, que acontece a partir da puberdade, inclui múltiplos eventos: foliculogênese; ovulação; preparação do sistema genital para a fertilização e implantação; gestação (BOUÉ; BOUÉ; LAZAR, 1975).

No ovário estão presentes uma quantidade variável e limitada de folículos, dependendo da idade da mulher. O folículo ovariano é formado por um ovócito envolvido por uma ou mais camadas de células foliculares ou células da granulosa. Ao nascimento, o indivíduo geneticamente feminino apresenta no córtex ovariano apenas folículos primordiais, formados na vida fetal. Estes folículos são formados por um ovócito primário envolvido por uma única camada de células foliculares achatadas (JUNQUEIRA; CARNEIRO, 2013).

A partir da puberdade, momento marcado pela menarca nas mulheres, um pequeno grupo de folículos primordiais inicia um processo chamado crescimento folicular. Esse processo é estimulado pelo FSH e caracteriza-se por modificações foliculares e no ovócito. À medida que os folículos se desenvolvem, é observado um aumento no tamanho do ovócito e o número e forma das células foliculares que o circundam. Assim, a primeira etapa do desenvolvimento folicular é a modificação de folículo primordial em primário, que passa a apresentar uma ou mais camadas de células foliculares cúbicas ao redor do ovócito I (GARTNER; HIATT, 2003). O próximo estágio de desenvolvimento é a produção de líquido folicular pelas células da granulosa; este líquido se acumula entre as células, formando o antro. Quando os folículos apresentam antro, são denominados folículos secundários ou antrais. Nesta etapa do amadurecimento folicular, além das células da granulosa, os folículos apresentam duas camadas celulares denominadas tecas. A teca interna é formada por células produtoras de estrogênios, enquanto a teca externa tem estrutura semelhante ao estroma ovariano e não apresenta função hormonal (JUNQUEIRA; CARNEIRO, 2013).

Ainda sob influência do FSH, um dos folículos secundários torna-se dominante, e apresenta crescimento muito mais acentuado que os demais. Este, então, desenvolve-se até formar o folículo maduro ou de Graaf, que apresenta um aumento significativo no tamanho da cavidade folicular e do número de células da granulosa, além de possuir suas tecas mais espessas (figura 2B; GARTNER; HIATT, 2003; JUNQUEIRA; CARNEIRO, 2013).

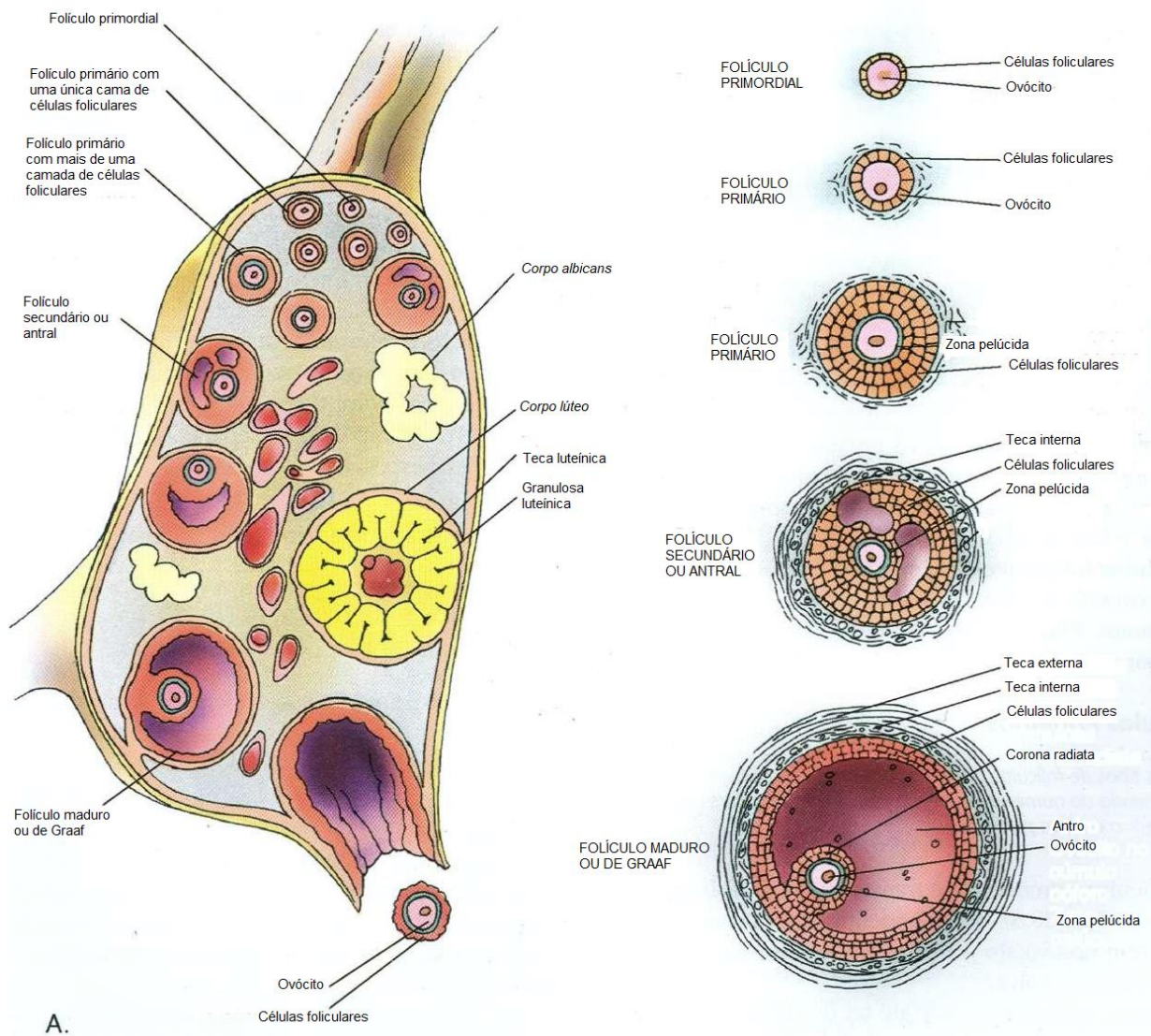


Figura 2 – (A) Esquema ilustrativo do ovário contendo os folículos e desenvolvimento. (B) Folículos ovarianos e suas estruturas.

Fonte: GARTNER; HIATT (2003).

A ovocitação, ou seja, liberação do ovócito II para posterior fertilização, é resultante de interações entre regiões hipotalâmicas, hipófise e ovário. O hipotálamo libera GnRH e como resposta, a hipófise é estimulada e os níveis de FSH e LH aumentam subitamente. Este súbito aumento hormonal leva ao desenvolvimento folicular e estimula o ovócito primário presente no folículo maduro a terminar a primeira divisão meiótica. Além disso, os hormônios hipofisários fornecem estímulos para a cascata de eventos ovarianos que resulta na ovocitação do ovócito secundário em metáfase da segunda divisão meiótica (BOUÉ; BOUÉ; LAZAR, 1975; SCHOENWOLF *et al.*, 2015).

Após a ovocitação, as células foliculares remanescentes no ovário se diferenciam em corpo lúteo e iniciam a secreção de progesterona para manutenção de uma possível gestação. Os demais folículos que se desenvolveram, mas não ovocitaram, degeneram por um processo denominado atresia (KOMÁREK *et al.*, 2000).

Em humanos, o útero tem a morfologia própria, na qual o corpo do útero é a porção dilatada, e a porção superior tem formato de cúpula (fundo do útero); a porção caudal é estreita e se abre na vagina (cérvix ou colo uterino). Esta morfologia é conhecida também como “forma de pera”. Em roedores, o útero é duplo, formado por dois tubos que se unem e abrem na vagina. O útero é um órgão muscular de parede espessa, que é formada por três camadas: 1) o perimétrio, caracterizado por uma camada delgada serosa; 2) o miométrio, uma espessa camada de músculo liso; 3) endométrio, que reveste internamente a luz uterina e é composto por um grande volume de vasos sanguíneos e glândulas, altamente responsivos à ação de hormônios sexuais (JUNQUEIRA; CARNEIRO, 2013).

As glândulas endometriais estão presentes em úteros de várias espécies, incluindo os roedores. Estas glândulas originam-se da invaginação do epitélio luminal em direção ao estroma uterino, formando um epitélio cuboide glandular (BRANHAM; SHEEHAN, 1985; OGASAWARA *et al.*, 1983). Estas estruturas endometriais produzem e transportam secreções fundamentais para a implantação embrionária. Apesar da formação das glândulas acontecer de maneira independente dos hormônios sexuais, a exposição inapropriada do sistema genital feminino imaturo a interferentes ambientais pode resultar em desregulação do desenvolvimento necessário para a fertilidade na idade adulta (BRANHAM; SHEEHAN, 1985).

1.4 DESENVOLVIMENTO INTRAUTERINO DO SISTEMA GENITAL

A manifestação sexual do embrião em desenvolvimento começa com a determinação sexual genética que acontece com a fertilização (46, XX ou 46, XY em condições normais). O genótipo sexual direciona o desenvolvimento gonadal, que direcionará o desenvolvimento dos órgãos internos do sistema genital, bem como a genitália externa (SCHOENWOLF *et al.*, 2015).

Apesar do sexo cromossômico ser definido no momento da fertilização, as características masculinas ou femininas são evidentes apenas na 7^a semana de

desenvolvimento embrionário. Até este momento, o sistema genital em ambos os sexos é semelhante; dessa forma, o período inicial do desenvolvimento genital é chamado de estágio indiferenciado do desenvolvimento sexual (MOORE; PERSAUD, 2008).

A formação das gônadas se inicia com a migração das células germinativas primordiais do saco vitelino para o mesoderma intermediário. Estas células se deslocam para a área adjacente ao epitélio celômico, localizado medial e ventralmente em relação aos rins mesonéfricos em desenvolvimento (figura 3A). Posteriormente, o epitélio celômico se prolifera e torna-se mais espesso; em conjunto com as células germinativas primordiais, estas estruturas são chamadas de cristas gonadais ou genitais (SCHOENWOLF *et al.*, 2015; figura 3C).

As células derivadas do epitélio celômico originam as células somáticas de sustentação, durante a 6ª semana. Estas células envolvem as células germinativas presentes nas gônadas em formação e são responsáveis pela sustentação, sendo essenciais para o desenvolvimento das células germinativas (figura 3D). Com a diferenciação gonadal que acontece após a 6ª semana, estas células seguem destinos diferentes em machos e fêmeas (GARDINER; SWAIN, 2015; SCHOENWOLF *et al.*, 2015).

Durante a 6ª semana, além da diferenciação das células somáticas, um novo par de ductos - os ductos paramesonéfricos ou de Müller - começa a se formar lateralmente aos ductos mesonéfricos em ambos os sexos (figura 3B). As extremidades caudais destes ductos crescem e se unem à uretra pélvica em desenvolvimento. As extremidades cranianas dos ductos paramesonéfricos formam aberturas em forma de funil para o celoma (MOORE; PERSAUD, 2008; SADLER, 2013).

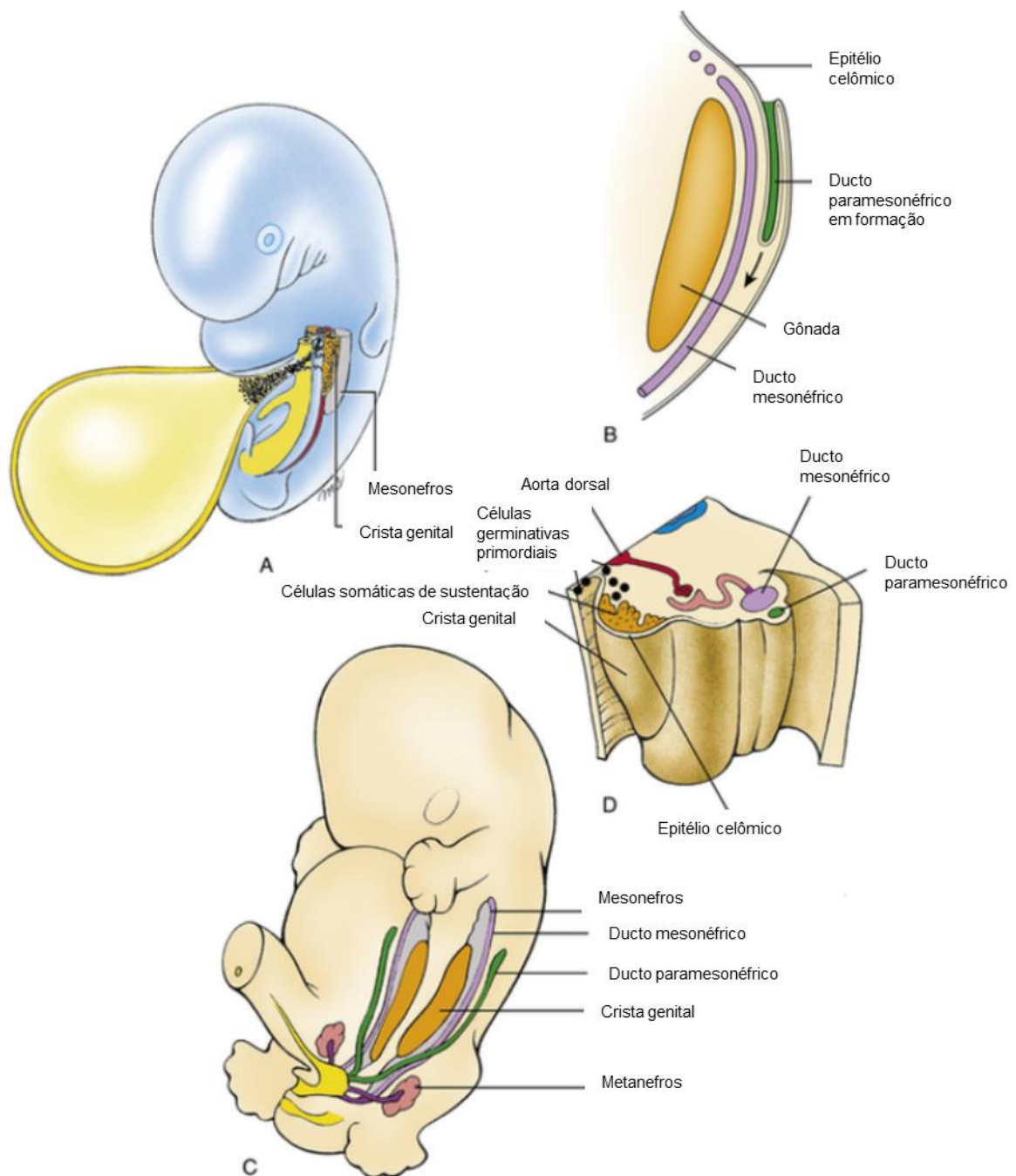


Figura 3 – (A) Esquema ilustrativo da migração das células germinativas primordiais; (B) da formação dos ductos paramesonérficos; (C) da localização das cristas genitais e (D) da relação entre as células germinativas primordiais e as células somáticas de sustentação dentro da crista genital.

Fonte: SCHOENWOLF *et al.* (2015) com adaptações.

Ao final da 6ª semana, os sistemas genitais masculino e feminino são indistinguíveis externamente, mas apresentam diferenças celulares sutis. Em ambos os sexos, as células germinativas e as células somáticas de sustentação estão presentes nas gônadas em formação e os ductos mesonérficos e paramesonérficos

completos estão presentes. O período indiferenciado do sistema genital termina neste estágio. A partir da 7ª semana, o sistema genital segue vias de desenvolvimento diferentes em homens e mulheres, apesar dos órgãos se originarem dos mesmos precursores embrionários (MOORE; PERSAUD, 2008; SCHOENWOLF *et al.*, 2015).

No sexo masculino, o gene SRY para o fator determinante do testículo (FDT) está presente no braço curto do cromossomo Y e direciona o desenvolvimento da gônada indiferenciada em testículo. O FDT induz os cordões sexuais presentes nas gônadas a se condensar e penetrar na medula do órgão, formando os cordões seminíferos. Estes cordões são formados por células germinativas (espermatogônias) e células somáticas (células de Sertoli). Concomitantemente, acontece o desenvolvimento de uma cápsula fibrosa e espessa, a túnica albugínea, que envolve a gônada em formação. Com o desenvolvimento desta cápsula, o testículo se separa do mesonefro – que se desenvolve para dar origem ao ducto epididimário. Parte dos cordões sexuais, além de originar os cordões seminíferos, originam os túbulos retos e a rede testicular (GARDINER; SWAIN, 2015; MOORE; PERSAUD, 2008).

Entre os cordões seminíferos, as células intersticiais em desenvolvimento originam as células de Leydig. Por volta da 8ª semana, estas células iniciam a secreção de androgênios – testosterona e androstenediona. Estes hormônios que induzirão a diferenciação da genitália externa e do ducto mesonéfrico em epidídimo. Além de androgênios, o testículo em formação secreta o hormônio anti-Mulleriano (AMH), produzido pelas células de Sertoli presentes nos cordões seminíferos. Este hormônio tem a função de inibir o desenvolvimento dos ductos paramesonéfricos, que no sexo feminino dará origem às tubas uterinas, útero e porção superior da vagina (MOORE; PERSAUD, 2008; SADLER, 2013).

Nos embriões do sexo feminino, o desenvolvimento das gônadas acontece de maneira mais lenta. Além dos cromossomos X, um gene autossômico também desempenha papel na organogênese ovariana. Em embriões, não é possível identificar o ovário até a 10ª semana de desenvolvimento. Por volta da 7ª semana, os cordões sexuais primários penetram na medula da gônada fetal e formam uma rede ovariana rudimentar, que posteriormente será degenerada. Em seguida, os cordões corticais se estendem do epitélio da superfície do ovário em desenvolvimento para dentro do mesênquima subjacente. As células germinativas

primordiais são incorporadas por estes cordões a medida que estes crescem em tamanho. Na 16ª semana, em média, os cordões sexuais se rompem e formam grupamentos isolados de células – os folículos primordiais. Estes folículos são constituídos de uma ovogônia, derivada de uma célula germinativa primordial, rodeada por uma única camada de células foliculares achatadas, derivadas do epitélio da superfície. Ainda na vida intrauterina, as ovogônias sofrem mitoses contínuas, produzindo milhares de folículos primordiais. Esta divisão mitótica não acontece no indivíduo geneticamente masculino devido à inibição deste processo pelas células de Sertoli (MOORE; PERSAUD, 2008; SCHOENWOLF *et al.*, 2015).

O desenvolvimento sexual feminino não depende da presença de ovários ou hormônios. Na ausência de AMH, nos indivíduos geneticamente femininos, o ducto paramesonéfrico persiste, enquanto ocorre a degeneração do ducto mesonéfrico. Os ductos paramesonéfricos formam a maior parte do trato genital feminino – tubas uterinas desenvolvem-se a partir das partes craniais não fusionadas dos ductos paramesonéfricos; enquanto as porções caudais fundidas destes ductos formam o primórdio uterovaginal (MOORE; PERSAUD, 2008). Até a 7ª semana de desenvolvimento, as genitálias externas não apresentam diferenças significativas em ambos os sexos, e a diferenciação só é evidente a partir da 12ª semana.

Em indivíduos geneticamente masculinos, os androgênios secretados pelo testículo induzem o alongamento do tubérculo genital, formando o falo. As pregas uretrais direita e esquerda se fundem, formando a uretra peniana. A porção distal da uretra é formada por uma proliferação de células ectodérmicas, que por fim são origem ao óstio da uretra. As elevações genitais passam a ser denominadas elevações escrotais, que se movem caudalmente e, quando unidas, darão origem ao escroto. Nas mulheres, o tubérculo genital tem um alongamento discreto e dará origem ao clitóris. As pregas uretrais não fundem e darão origem aos pequenos lábios. As elevações genitais permanecem na posição lateral e desenvolvem-se, dando origem aos grandes lábios (figura 4; SADLER, 2013). A figura 5 resume os principais eventos do desenvolvimento pré-natal do sistema genital.

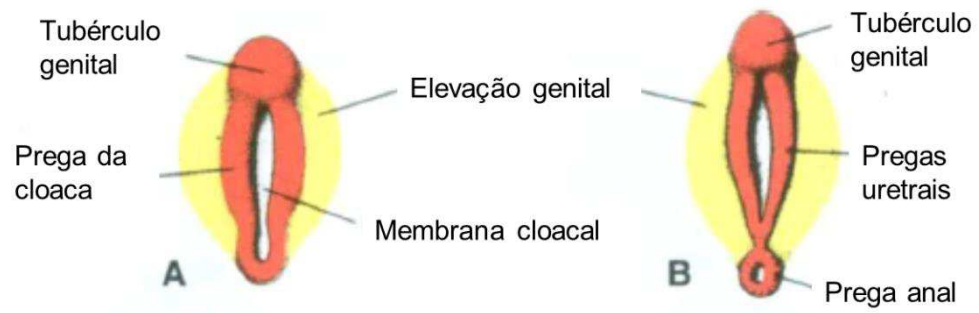


Figura 4 – estágios indiferenciados da genitália externa. (A) quatro semanas de desenvolvimento. (B) seis semanas de desenvolvimento.

Fonte: SADLER (2013).

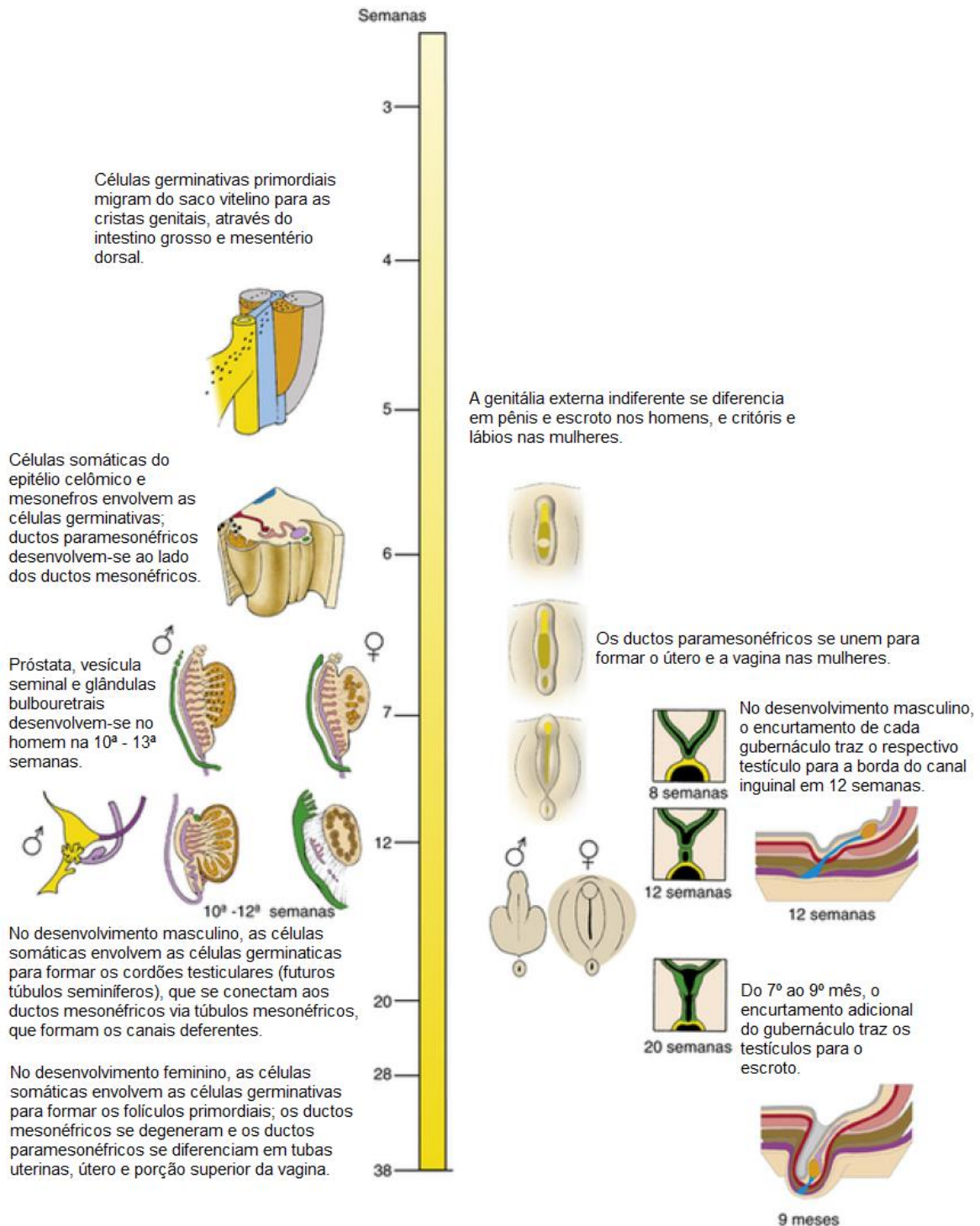


Figura 5 – Esquema representativo do desenvolvimento genital em ambos os sexos.

Fonte: SCHOENWOLF *et al.* (2015) com adaptações.

1.5 ORIGEM DESENVOLVIMENTISTAS DE SAÚDE E DOENÇA (DOHAD)

A saúde humana, muitas vezes é definida basicamente como ausência de doença, sendo determinada por vários fatores relacionados à dieta, meio ambiente e

economia, bem como o país de residência e realização educacional. Na interface de todas estas áreas destaca-se a relação entre fatores biológicos e socioeconômicos, que culminam em processos normais do desenvolvimento e, posteriormente, em uma condição saudável durante toda a vida de um ser humano (HOFFMAN; REYNOLDS; HARDY, 2017).

Com esta visão, um crescente número de evidências clínicas e estudos experimentais, tem relatado que adversidades e influências externas no início da vida são capazes de programar padrões de saúde-doença na vida adulta (BEYDOUN; SAFTLAS, 2008). Estas influências externas são relevantes principalmente na vida intrauterina, que é considerada uma janela crítica do desenvolvimento (ERIKSSON, 2010).

Um estudo pioneiro nesta área é o de Ravelli, Stein e Susser (1976), que estudaram uma população de 300.000 homens, filhos de mulheres expostas a um período de escassez alimentar. Este período ficou conhecido como fome holandesa, e aconteceu durante o cerco da Holanda pela Alemanha, na Segunda Guerra Mundial. Os autores observaram que, na vida adulta, esses indivíduos apresentavam padrões diferenciados de composição corporal dependendo do período de exposição à desnutrição materna. Quando os indivíduos sofreram exposição à desnutrição intrauterina no primeiro trimestre de gestação, a incidência de obesidade era significativamente maior. Contudo, quando a exposição ocorreu no último trimestre, a prole apresentava uma baixa incidência de obesidade.

Assim, nos últimos 30 anos, uma atenção substancial foi dada à influência de fatores externos durante os períodos críticos de desenvolvimento, e como estes interferentes influenciariam na saúde durante a idade adulta (HOFFMAN; REYNOLDS; HARDY, 2017). Inicialmente estes estudos faziam parte de uma área denominada “hipótese das origens fetais” ou “programação fetal”; esta denominação foi posteriormente modificada para as “origens desenvolvimentistas de saúde e doença” (DOHaD) para melhor refletir tanto o período gestacional quanto o pós-natal (SILVEIRA *et al.*, 2007).

Atualmente os estudos são voltados a investigação da relação entre variações ambientais em momentos críticos do desenvolvimento, com fatores genéticos, epigenéticos e estocásticos; e quais desfechos metabólicos estas relações gerariam (SILVEIRA *et al.*, 2007).

Os estudos envolvendo DOHaD e sistema genital ou fertilidade abordam principalmente a exposição intrauterina a agentes químicos ambientais com ação estrogênica ou antiandrogênica. Estes contaminantes são capazes de interferir na síntese de testosterona e conseqüentemente na diferenciação sexual, levando à disfunção testicular na vida adulta (CLARK; COCHRUM, 2007; DELBES; LEVACHER; HABERT, 2006). Em indivíduos geneticamente femininos, a exposição a substâncias desreguladoras endócrinas durante a vida fetal interrompe o desenvolvimento do sistema genital por meio da alteração na expressão gênica; esses efeitos têm conseqüências permanentes para a morfologia e função do trato reprodutivo tanto em roedores quanto em humanos (BAIRD; NEWBOLD, 2005; NEWBOLD, 2004).

Assim, a exposição a desreguladores endócrinos durante a gestação tem sido muito estudada nas linhas de DOHaD, dada a importância estrogênica e androgênica neste período (HO *et al.*, 2017). Contudo, dados acerca da exposição intrauterina a outros influentes, como agentes estressores e o estilo de vida, ainda são escassos na literatura.

Neste sentido, é evidente o grande número de pessoas que realiza suas atividades, principalmente de trabalho, durante a noite. Esta inversão do ciclo claro e escuro resulta em uma produção alterada de melatonina e uma alteração no ciclo circadiano (TAIN; HUANG; HSU, 2017). O impacto destas alterações, em conjunto com a restrição de sono, pode aumentar o risco a alguns tipos de câncer, causar alterações no padrão metabólico – favorecendo a obesidade, prejudicar o sistema imune e gerar um estado pró-oxidativo (HAUS; SMOLENSKY, 2013).

Algumas evidências sugerem que o desbalanço de melatonina é responsável pelas alterações sistêmicas ocasionadas por modificações no ciclo circadiano. Durante a gestação, a melatonina tem papel crucial na manutenção da gestação e no desenvolvimento fetal (TAMURA *et al.*, 2008; WADDELL *et al.*, 2012). Em condições normais, as concentrações plasmáticas de melatonina são elevadas durante a gestação, apresentando um pico significativo durante o parto; os valores voltam a níveis basais imediatamente após o parto (WADDELL *et al.*, 2012). Este aumento significativo ocorre pela produção do hormônio pela placenta, que também expressa receptores de melatonina e *CLOCK genes* (REITER *et al.*, 2014). Assim, alterações na produção ou sinalização da melatonina pode prejudicar a função placentária. Além disso, a melatonina é capaz de ultrapassar a membrana

placentária e modificar o sistema circadiano do feto em desenvolvimento (TAIN; HUANG; HSU, 2017).

Estudos recentes sugerem que a melatonina possui propriedades epigenéticas, inibindo DNA metiltransferases ou histonas desacetiladas (KORKMAZ; REITER, 2008; TAIN; HUANG; CHAN, 2014). Assim, alterações epigenéticas causadas pela alteração do ciclo circadiano durante o desenvolvimento intrauterino pode predispor a prole à uma variedade de distúrbios na vida adulta.

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2. OBJETIVOS

2.1 Objetivo geral

Avaliar se a exposição constante à luz durante a gestação altera o desenvolvimento intrauterino do sistema reprodutor na prole de ratos adultos.

2.2. Objetivos específicos

- A. Avaliar os parâmetros espermáticos do ducto deferente: Motilidade e Morfologia.
- B. Avaliar os parâmetros testiculares: peso do órgão, histopatologia, morfometria, dinâmica da espermatogênese, contagem espermática e produção diária de espermatozoides.
- C. Avaliar os parâmetros epididimários: peso do órgão, histopatologia, estereologia, contagem espermática e trânsito espermático.
- D. Avaliar parâmetros hormonais em ratos machos: Testosterona plasmática.
- E. Avaliar parâmetros hormonais em ratas fêmeas: FSH, LH e progesterona plasmática.
- F. Avaliar parâmetros ovarianos: peso do ovário e processo de foliculogênese.
- G. Avaliar parâmetros uterinos: peso e morfometria.

3. CONCLUSÕES

A exposição constante à luz durante a gestação altera o ciclo circadiano materno, que atua de forma a induzir uma desregulação do ciclo circadiano fetal, desencadeando alterações no desenvolvimento morfológico dos órgãos reprodutores em na prole masculina de ratos adultos: Testículo e epidídimo e nos espermatozoides e alterações hormonais na prole feminina de ratas adultas.

3.1. Conclusões dos objetivos específicos

- A. Foi observada alterações na morfologia espermática. Alterações na cabeça do espermatozóides foram mais frequentemente observadas no grupo LL (Luz-Luz). Não foi observada alterações na motilidade espermática.
- B. Foram observadas alteração na morfologia dos túbulos seminíferos, tais como: vacuolização e redução no diâmetro dos túbulos seminíferos do grupo luz contínua. Não houve alteração na altura do epitélio.
- C. Foram observado uma redução do peso epididimário, na contagem espermática na região da cabeça do epidídimo e redução do compartimento luminal e aumento do compartimento epitelial em ambas as regiões da cabeça e cauda epididimária no grupo LL em relação ao grupo LD (Luz-Escuro).
- D. Foi observado uma redução nos níveis de testosterona plasmática no grupo LL.
- E. Foi observado uma redução nos níveis de LH plasmático e um aumento nos níveis de Progesterona plasmáticas no grupo LL.
- F. Não houve alterações na parâmetros ovarianos.
- G. Não houve alterações na morfometria uterina. Porém, houve um aumento nas

glândulas úterinas no grupo LL em relação ao grupo LD.

- Artigo 1 -

**Reproduction, Fertility and Development,
FI: 1.723
Qualis: A2**

<http://www.publish.csiro.au/rd/forauthors/AuthorInstruction>

34 Abstract

35 Alterations in the circadian cycle are known to cause physiological disorders in the
36 hypothalamic-pituitary-adrenal and the hypothalamic-pituitary-gonadal axes in adult
37 individuals. Therefore, the present study aimed to evaluate whether exposure of pregnant
38 rats to constant light can alter reproductive system development of male offspring. The
39 dams were divided into a light-dark group (LD) of pregnant rats exposed to a light-dark
40 photoperiod (12h/12h), and a light-light group (LL) of pregnant rats exposed to a
41 photoperiod of constant light during the gestation period. After birth, offspring from both
42 groups remained in the normal light-dark photoperiod until adulthood. The trunk blood
43 was collected at PND90 to measure plasma testosterone levels, testes and epididymis for
44 sperm count, oxidative stress and histopathological analyses, and the spermatozoa from
45 the vas deferens, to perform the morphological and motility analyses. Results showed that
46 a photoperiod of constant light caused a decrease in testosterone levels, epididymal
47 weight and sperm count in the epididymis, seminiferous tubule diameter, Sertoli cell
48 number and normal spermatozoa number. Histopathological damage was also observed
49 in the testes, and stereological alterations, in the LL group. In conclusion, exposure to
50 constant light during the gestational period impairs the reproductive system of male
51 offspring in adulthood.

52

53 **Key words:** Circadian cycle, gestation, development, male reproductive system,
54 adulthood.

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64 **Introduction**

65 Clinical evidence and experimental studies have reported that the influence of
66 environmental factors early in life is associated with alterations in the gene expression,
67 and that these changes modify the programmed health-disease life pattern of adult
68 individuals (Silveira et al., 2007; Beydoun; Saftlas, 2008). Studies involving the DOHaD
69 (Developmental Origins of Health and Disease) concept are aimed at investigating the
70 relationship among environmental variations occurring at critical moments of
71 development, and during the development of diseases in adulthood (Silveira et al., 2007).

72 During development, the dynamic interaction among genome, epigenome, and
73 stochastic and environmental factors contributes to the role of individual cells in the
74 formation of functional organs. It also allows a critical balance to be maintained on a
75 continuous basis between cell proliferation and death, and between cell regeneration and
76 repair (Ho et al., 2017). Gestation, one of the three programming windows (gestation,
77 lactation, and puberty), is considered a period of high vulnerability due to developmental
78 events, such as germ cell specialization and migration, and morphogenesis of the gonads,
79 which are structures of the reproductive tract and external genitalia (Ho et al., 2017).
80 Moreover, prenatal stress exerts a negative impact on the development of the offspring
81 throughout its childhood, and may also persist into adulthood (Beydoun; Saftlas, 2008;
82 Eriksson, 2010). These critical periods of development should be considered not only as
83 vulnerable stages, but also as cycles of opportunity, considering that an insult caused
84 during this period can lead to permanent changes (Bouret, 2012).

85 In a circadian system, the light-dark cycle is the most reliable and efficient
86 external signal that synchronizes the biological rhythms with the environment. In
87 mammals, photopic information is perceived by specialized retinal photoreceptors, and is
88 transmitted directly to the suprachiasmatic nucleus in the hypothalamus. Thus, the
89 circadian information is transmitted to other organs through hormonal signals or the
90 nervous system (Hastings, et al., 2003). The circadian rhythm is involved in several
91 physiological processes, such as that of sleep/wake (Dijk; Duffy, 1999), regulation of
92 body temperature (Van Someren, 2000), hormone secretion (Copinschi; Van Cauter,
93 1995), tissue repair (Janich et al., 2014) and cardiovascular functions (Cooke-Ariel,
94 1998). However, the fetus does not respond directly to the effects of light during
95 development. Circadian information is transferred through the mother to the fetus
96 (Reppert, Schwartz, 1983; Parraguez et al., 1996).

97 The effect of exposure to endocrine disrupters during gestation has been
98 extensively studied under DOHaD lines, given the importance of estrogen and androgen
99 in this period (Ho et al., 2017). However, information on intrauterine exposure to other
100 stressors and on lifestyle is still unclear. In this scenario, the aim of the present study was
101 to evaluate whether changes in the circadian cycle of pregnant rats exposed to constant
102 light can alter the development of the reproductive system in the male offspring.

103

104 **Material and Methods**

105 *Ethical approval*

106 Experimental procedures were in accordance with the Experimental procedures
107 were approved by the Ethics Committee on Animal Use of State University of Maringá
108 (CEUA/UEM protocol number 4504080715).

109

110 *Animals and experimental conditions*

111 Rattus norvegicus of the *Wistar* lineage (males and females, aged between 70 and
112 80 days of age) were obtained from the Sectorial Room of the Laboratory of Cellular
113 Biology of Secretion, linked to the Department of Cell Biology and Genetics of the State
114 University of Maringá. The animals were housed at the same place, into polypropylene
115 cages (45 cm/30 cm/15 cm) under light controlled conditions with a 12-h light-dark cycle
116 (07:00 a.m. to 07:00 p.m.) and a temperature of $22.0 \pm 2^\circ\text{C}$. After one week of adaptation,
117 rats were mated at a ratio of three females to each male. Pregnancy was confirmed by the
118 presence of sperm in a vaginal smear, and pregnant dams were individually housed and
119 separated into two groups: light-dark control group (LD) (group exposed to normal light
120 and dark cycle - 12h/12h) and light-light group (LL) (group exposed to constant light -
121 24h).

122 For the control of the light and dark cycle, the pregnant rats were kept in a specific
123 rack (Master-One®, Ribeirão Preto) for studies of circadian rhythms which controls the
124 exposure to light. In the first compartment was the LD group with normal light/dark cycle,
125 in the second compartment was the LL group that were kept at constant exposure to light
126 ($\cong 200$ lux; mensured by a luxmeter). The pregnant females (N = 8) were maintained at
127 the specific rack during all the gestational period.

128 After birth, mothers and offspring were kept in normal lighting conditions (12h
129 light/12h dark; light period from 07h a.m to 07h p.m.) cycle and controlled room

130 temperature ($22 \pm 2^\circ \text{C}$). The litter size was standardized to eight pups per female. At 21°
131 postnatal day (PND) male offspring were kept in polypropylene cages (4 rats per cage).
132 During all experimental period, the rats had free access to water and food (Nuvital®,
133 Curitiba, Brazil).

134

135 ***Reproductive organs weight***

136 At PND 90, male rats were anaesthetized (Thiopental, 150 mg / kg
137 intraperitoneally) and euthanized by decapitation. Testis, epididymis, vas deferens and
138 seminal vesicle (without the coagulating gland, full and empty of seminal fluid) were
139 removed and their weights (absolute and relative to body weights) were determined.
140 Testis and epididymis were used for sperm counts (n=7/group), histopathological analysis
141 (n=5 rats per group) and oxidative stress analyses (n=10). Spermatozoa from the vas
142 deferens were analyzed for morphological analysis and sperm motility (n=10/group).

143

144 ***Sperm number, daily sperm production per testis and sperm transit time through*** 145 ***epididymis***

146 Testicles decapsulated and epididymis were weighed and homogenized as
147 described previously by Robb et al. (1978), with the adaptations described by Siervo et
148 al., (2015). After dilution (1:10 for testis; 1:20 for each epididymal portion) of the
149 homogenized, a small sample was transferred to Neubauer chamber and 4 fields were
150 counted per animal sample) for counting homogenization- resistant spermatids (stage 19
151 of the spermatogenesis) in the testis, and spermatozoa in epididymis. To calculate the
152 daily production of sperm (DSP), the concentration of spermatids per testis was divided
153 by 6.1, which is the number of days in which mature spermatids are present in the
154 seminiferous epithelium. To calculate sperm transit time through the epididymis, the
155 number of sperm in each portion was divided by DSP.

156

157 ***Morphometric and histopathological analyses***

158 The testicles and epididymis were removed, fixed in methacarn (Puchtler et al.,
159 1970) and embedded in Paraplast (SIGMA Life Science). Histological sections (5 mm)
160 were stained with hematoxylin–eosin (HE) and examined for general histopathological,
161 morphometric and stereological analysis features as described by Favareto et al., (2011).

162 ***Histopathological analysis of the testis***

163 One hundred random testicular cross-sections per rat were examined under Opton
164 microscope at a magnification of 1000X. The seminiferous tubules were categorized as
165 normal or abnormal. Abnormal tubules were identified as those with immature germ cells
166 in the lumen, acidophilic cells and vacuolization (Siervo et al., 2015).

167 Nuclei of Sertoli cells were counted in 10 seminiferous tubules (3 non-consecutive
168 testis cross-sections) per rat (n = 10 animals/group) at stage VII of spermatogenesis, under
169 a light microscope (Opton), at 1000x magnification.

170

171 ***Morphometric analysis in the testis: Seminiferous tubule diameters and***
172 ***seminiferous epithelium height***

173 Ten random testicular cross-sections were examined per rat in Stage IX of the
174 seminiferous epithelium cycle. Seminiferous tubule diameters were measured using an
175 Opton photomicroscope at a magnification of x 400 and BELview version 6.2.3.0 for
176 Windows; BEL Engineering. The height of the seminiferous epithelium was measured
177 using the same tubules and methodology described above. The mean of four measures of
178 diameter and height was calculated for each seminiferous tubule and used for statistical
179 analyses (Siervo et al., 2015).

180

181 ***Kinetics of spermatogenesis***

182 One hundred random seminiferous tubular sections per rat were classified into one
183 of four categories of the seminiferous epithelium cycles (Stages I–VI, VII–VIII, IX–XIII
184 and XIV) according to Leblond and Clermont (1952), under a light microscope (Opton)
185 at magnifications of x 100 and x 400.

186

187 ***Histopathological and stereological analysis in the epididymis***

188 In the histopathological analysis, epididymal cross-sections (caput and cauda)
189 were evaluated qualitatively using an Opton microscope (x 100 and x400 magnification).
190 For stereological analysis, 10 random cross-sections per animal of caput (Region 2A) and
191 cauda (Region 5A/B) epididymis (Miller and Killian 1987) were captured using a
192 photomicroscope (Opton) and BELView version 6.2.3.0 (BEL Engineering) for Windows
193 at a magnification of x 400 and analyzed. This analysis was performed using Weibel's
194 multipurpose graticule with 168 points (Weibel 1963) to quantify the relative proportions
195 of the epididymal components (epithelium, stroma and lumen).

196

197 ***Sperm morphology***

198 The vas deferens was removed and washed internally with 1.0mL of 10% saline
199 formol. Smears of histological slides were prepared from this solution and observed under
200 a photomicroscope (Opton) at a magnification of x400. Two hundred spermatozoa were
201 analyzed per rat. The morphological analysis was classified into three general categories:
202 (1) normal morphology; (2) head abnormalities, that is spermatozoa without the
203 characteristic curvature or in isolated form (i.e. no tail attached); and (3) tail
204 abnormalities, namely broken tail, tail rolled into a spiral and isolated (i.e. no head
205 attached). This evaluation was conducted as described previously (Siervo et al., 2015).

206

207 ***Sperm motility***

208 To obtain sperm, left vas deferens were rinsing with 1.0 ml of modified HTF
209 medium with gentamicin (Human Tubal Fluid, Irvine Scientific1), at 34°C –37°C. A
210 warmed (34°C - 37°C) Makler counting chamber (Sefi-Medical, Haifa, Israel) was loaded
211 with a small aliquot of sperm solution (10 ml). Sperm motility was assessed by visual
212 estimation (100 spermatozoa per animal, in duplicate) under a light microscope (Motic)
213 at x 100 magnification and was done by the same person throughout the study.
214 Spermatozoa were classified as: mobile or immobile (Siervo et al., 2015).

215

216 ***Hormonal analysis***

217 Blood plasma was obtained via centrifugation at 3000 g for 15 minutes at 4°C and
218 stored at -20°C until assayed via immunoassay. The total testosterone present in the
219 plasma was measured via chemiluminescence (2nd Generation Testosterone. Architect
220 System, Abbott, Wiesbaden, Germany), according to the manufacturer's
221 recommendations. The intra-assay coefficient of variation and minimum sensitivity of the
222 assay were 4.6% and 0.15 nmol/L, respectively.

223

224 ***Biomarkers of Oxidative Stress***

225 The testes and epididymis were separately homogenized in Tris-HCl buffer (pH
226 7.4) in a 1:20 ratio and centrifuged at 12,000 g for 10 min at 4°C. The protein
227 quantification of the samples was determined by the Bradford method, using bovine
228 serum albumin as the standard (Bradford, 1976). This homogenate sample was diluted to
229 1 mg of protein.mL-1, and an analyses of oxidative stress were performed.

230 Lipoperoxidation (LPO) was measured with the aim of indirectly quantifying the
231 peroxides that were produced. The result reflects the intensity of lipid peroxidation
232 (Lushchak et al., 2009). The measurements were performed using the Thiobarbituric Acid
233 Reactive Substances (TBARS) method at an absorbance of 535 nm (Buege and Aust,
234 1978) and with a comparison to a standard curve for malondialdehyde (MDA), which is
235 the main by product of cellular lipid peroxidation. For the preparation of the sample, a
236 0.33 mg.mL⁻¹ aliquot of the sample protein was added in 6.7% trichloroacetic acid (TCA)
237 and in a final volume of 180 μ L was vortexed, left in an ice bath for 5 min, and centrifuged
238 for 5 min at 12,000 g at 4°C. For the measurement of the thiobarbituric acid reactive
239 substances (TBARS), the following substances were added to a microplate: 40 μ L of the
240 supernatant and different concentrations of MDA in triplicate, and a reaction medium
241 containing 21.42 mM of thiobarbituric acid (TBA), 17.86 mM of NaOH (used for TBA
242 solubilization), 0.73 M of TCA, 0.032 mM of butylated hydroxytoluene (BHT), and 3%
243 ethanol (used for BHT solubilization) in PBS Buffer. The reading of the reaction was
244 performed at 22°C, after 60 min of incubation at 60°C. The lipid peroxidation was
245 estimated from the MDA curve, and the results were expressed as nmol of TBARS. mg
246 of protein⁻¹.

247 The activity of superoxide dismutase (SOD) was evaluated according method
248 originally proposed by Crouch et al. (1981) with some modifications described below.
249 The principle of this analysis was to quantify the complex formed between superoxide
250 and nitro blue tetrazolium (NBT), which was measured at 560 nm during a 1hr period.
251 An aliquot of 0.75 mg.mL⁻¹ of protein in 25% ethanol was prepared in a total volume of
252 800 μ L. The sample was centrifuged at 12,000 g at 4°C for 20 minutes. In a 96 well
253 microplate, the supernatant was pipetted in triplicate; a final volume of 200 μ L contained
254 0.1 mg of protein.mL⁻¹, 0.09 mM of NBT, 0.015 mM of EDTA, 34.78 mM of
255 hydroxylamine sulfate, and 79 mM of sodium carbonate buffer (pH 10.2), and the plate
256 was read at 22°C. The values of the activity of antioxidant enzymes were expressed as U.
257 mg of protein⁻¹. One unit of SOD activity was defined as the amount of enzyme that
258 inhibits the oxidation reaction of NBT by 50% of the maximum inhibition.

259 The aim for the analysis of glutathione transferase (GST) is that the enzymatic
260 activity of GST catalyzes the conjugation of GSH with the synthetic substrate CDNB,
261 which produces a conjugate detected at 340 nm (Habig et al., 1976). During the assay,
262 the enzymatic activity was proportional to the production rate of the conjugate compound.
263 The assay was performed in triplicate in a microplate, and the final concentration of the

264 sample was 0.020 mg of protein.mL⁻¹. The reaction medium produced final
265 concentrations of 0.94 mM of CDNB and 0.94 mM of GSH. The reading was done at
266 22°C. The molar extinction coefficient of the GSH/CDNB compound was 9.6 mM⁻¹.cm⁻¹,
267 1, and the unit was expressed as mmol.min⁻¹.mg of protein⁻¹.

268 Glutathione reductase (GR) catalyzed the reduction of glutathione disulfide
269 (GSSG) through the oxidation of NADPH; the decrease in absorbance was measured at
270 340nm (Sies et al., 1979). The assay was performed in duplicate in a microplate. The final
271 concentrations within the reaction medium were 0.138 mM of NADPH, 3.81 mM of
272 GSSG, and 3.75 mM of EDTA. The reaction was performed at 22°C. The molar extinction
273 coefficient of NADPH was 6.22 mM⁻¹.cm⁻¹. The unit was expressed as mmol.min⁻¹.mg
274 of protein⁻¹.

275

276 *Statistical analysis*

277 All parameters were submitted to the Shapiro–Wilk test for normality and thus
278 classified into parametric and nonparametric data. Parametric results were statistically
279 analyzed by Unpaired *t* test. Nonparametric results were analyzed by the Mann-Whitney
280 test. Differences were considered significant when $p < 0.05$. The statistical analyses were
281 performed with GraphPad Prism (version 5.0 - GraphPad Software, La Jolla, California,
282 USA) program.

283

284 **Results**

285

286 *Reproductive organs weight*

287 The weight of the reproductive organs is listed in Table 1. A reduction in
288 epididymis weight was observed in the LL versus the LD group. In contrast, the weight
289 of other organs remained unchanged between these two groups.

290

291 *Sperm number, daily sperm production and sperm transit time through* 292 *caput/corpus regions of epididymis*

293 Exposure to continuous light during pregnancy did not change the sperm count,
294 the sperm concentration or the daily sperm production of the testes of male offspring.
295 Conversely, there was a decrease in the relative number of spermatozoa in the caput
296 region of the epididymis of the LL group offspring, compared with the LD group.

297 However, no change was observed in the sperm count in the epididymal cauda or in the
298 sperm transit time in the cauda region, in either experimental group (Table 2).

299

300 ***Sperm morphology and motility***

301 Results of sperm morphology are presented in Table 3. A decrease in the number
302 of spermatozoa with normal morphology was observed in group LL. Consequently, an
303 increase in the number of abnormal sperm heads was noted in the group exposed to
304 continuous light in relation to the control group ($P < 0.0001$). The main abnormality
305 observed in the spermatozoa was that their heads lacked the characteristic curvature.
306 Continuous light exposure during the gestation period did not alter sperm motility (mobile
307 sperm number: LD = 67.44 ± 3.31 , LL = 63.88 ± 2.07 , versus immobile sperm number:
308 LD = 32.56 ± 3.31 , LL = 36.13 ± 2.07 ; Mean \pm SEM) in male offspring.

309

310 ***Histopathological analysis and spermatogenesis kinetics***

311 Exposure to continuous light during gestation caused an increase in the number of
312 seminiferous tubules with vacuolization in the male offspring ($P < 0.04$) (Table 4 and
313 Figure 1 (A and B)). There was a significant reduction in the Sertoli cell number per
314 seminiferous tubule at stage VII of the spermatogenesis cycle in the LL group (Table 4).
315 The Leydig cells and the interstitial connective tissue seemed to be uniform in size and
316 shape in both groups.

317 Analysis of the kinetics of spermatogenesis revealed no significant difference in
318 the number of seminiferous tubules in the spermatogenesis stages between the groups
319 (Mean \pm SEM): I-VI (LD = 36.8 ± 4.04 , LL = 41.0 ± 2.19), VII-VIII (LD = 47.2 ± 4.09 ,
320 LL = 42.2 ± 3.91), IX-XIII (LD = 9.60 ± 4.39 , LL = 10.4 ± 8.90), and XIV (LD = $6.40 \pm$
321 1.07 , LL = 5.60 ± 1.28).

322

323 ***Morphometric analysis of the testes***

324 Exposure to continuous light during pregnancy caused a significant reduction in
325 the diameter of the seminiferous tubule of the offspring in the LL versus the LD group (P
326 < 0.02). However, no significant difference was noted in the height of the seminiferous
327 epithelium (Table 5).

328

329 ***Histopathological analysis and stereological analyses in the epididymis***

330 The histopathological analysis revealed no cellular alterations in the epididymal
331 tissue in either experimental group (Figure 1. C-D). Results of the stereological analyses
332 are presented in Table 6. Specifically, a significant increase in the epithelial compartment
333 was detected. This was followed by a decrease in the luminal compartment of the caput
334 (2A region) and the compartment of the cauda epididymis (5A/B region) in the LL versus
335 the LD group.

336

337 *Hormonal analysis*

338 Disrupting the circadian cycle caused a significant reduction in plasma
339 testosterone levels in the male offspring in the LL versus the LD group (Figure 2.).

340

341 *Biomarkers of Oxidative Stress*

342 There was no significant difference between the experimental groups in relation
343 to the lipid peroxidation (LPO) levels in the testis and epididymis. An increase in the
344 enzymatic activity GPx (Glutathione Peroxidase) and GST (Glutathione s-Transferase)
345 was observed in the testis of animals exposed to continuous light during the intrauterine
346 period. However, the other SOD and GR enzymes remained unchanged in the testis. In
347 the epididymis, continuous light caused a reduction in GR levels in relation to the LD
348 group. The other SOD, GPx and GST enzymes remained unchanged (Table 7).

349

350 **Discussion**

351 Studies reveal how circadian alteration impairs fetal development; however, none
352 of them have reported its relationship with the intrauterine development of the male
353 reproductive system, and its effects in adulthood. The present study showed that exposure
354 to continuous light during pregnancy impaired the reproductive system of the male
355 offspring, evidenced by significant abnormal spermatozoa, vacuolization, a reduction in
356 seminiferous tubule diameter, testosterone levels, epididymal weight, epididymal sperm
357 concentration, and luminal compartment, and by an increase in the epithelial
358 compartment. In addition, the damage caused by changes in the circadian rhythm can be
359 associated with reduced testosterone levels, but not with oxidative stress.

360

361 Specific events in the intrauterine development of the male reproductive system
362 are considered extremely important (Ho et al., 2017). The maternal circadian rhythm is
363 involved in the programming of fetal and neonatal circadian clocks (Reiter et al., 2014).
It can also influence the pineal-defining transcriptome, which is established prior to the

364 neonatal period (Hartley et al., 2015). Disorders of the circadian system in fetal life have
365 been associated with long-term metabolic and behavioral consequences in the offspring
366 (Cisternas et al., 2010; Voiculescu et al., 2015). The fetal circadian clock begins to
367 develop in the second-half of pregnancy (Sladek et al., 2004). Epigenetics could be
368 associated with prenatal stress and fetal programming, and could impact the offspring
369 adversely throughout its childhood and persist during adulthood (Beydoun; Saftlas 2008;
370 Eriksson, 2010). Thus, stress conditions during gestation can compromise testicular and
371 epididymal functions in adult life.

372 In relation to the oxidative stress assay, previous studies have reported increased
373 levels of lipoperoxidation, and reduced levels of antioxidant biomarkers in the brain, liver
374 and kidneys of 3-month-old male rats exposed to continuous light for 26 days (Escribano
375 et al., 2014). Verma et al. (2019) observed an increase in oxidative stress levels in the
376 erythrocytes of male rats (150 ± 20 g) exposed to continuous light for 10 days. However,
377 there are no studies on how this deleterious event may affect the reproductive organs of
378 male offspring undergoing circadian rhythm alteration during gestation. In the current
379 study, non-alteration of the oxidative stress biomarkers may be associated with
380 maintenance of sperm motility. It has been reported that oxidative stress impairs sperm
381 motility, considering that the generation of high concentrations of ROS in the semen is
382 associated with a decline in the energy metabolism of the sperm, in motility, in sperm
383 viability and in DNA fragmentation (Baumber et al., 2002; Bilodeau et al., 2002).
384 Alterations evidenced in the GST and GPx antioxidant enzymes in the testis and GR
385 antioxidant enzymes in the epididymis indicate that the organism against oxidative
386 damage was maintained, thus enabling protection of the cell membrane and attempting to
387 maintain the redox homeostasis of the reproductive organs.

388 During the period of intrauterine development, the seminiferous cords are in
389 formation. At puberty, spermatogenesis begins under hormonal influence, and these cords
390 open in the seminiferous tubules for the production and passage of spermatozoa.
391 Comparatively, in the present study, an alteration in the intrauterine circadian cycle
392 affected the correct opening of these tubules, as evidenced by the reduction in the
393 seminiferous tubule diameter.

394 In the present study, increased vacuolization in the seminiferous tubules was
395 related to the activity and number of Sertoli cells, and to a reduction in testosterone levels.
396 The main function of Sertoli cells is to maintain the seminiferous epithelium. According
397 to Zambrano et al. (2014), Sertoli cells begin to differentiate between the 13th to 14th day

398 of gestation. In this period, an alteration in the circadian cycle affected Sertoli cell
399 differentiation, leading to permanent changes. However, the sperm count in the testes
400 remained unaltered.

401 Exposure to continuous light during the gestational period resulted in a change in
402 sperm morphology, with an increase in sperm head changes. These results are associated
403 with a reduction in the testosterone levels and an alteration in the spermiogenesis process.
404 In this process, the nuclear and cytoplasmic compounds undergo a complex series of
405 morphological, histochemical, and biochemical changes, ultimately ending with the
406 reproduction of highly differentiated and specialized germ cells called spermatozoa
407 (Guraya 1987).

408 The reduction in epididymal weight observed in the present study is related to the
409 reduction in sperm concentration and luminal compartment in the caput region of the
410 epididymis. A reduction in the luminal compartment allowed fewer sperm to pass through
411 the epididymal duct, whereas sperm production in the testes remained unaltered.
412 However, this reduction did not alter spermatozoa motility, indicating that the epididymal
413 epithelial cells performed the function of sperm maturation correctly.

414 Light is a powerful element in circadian, neuroendocrine and neurobehavioral
415 regulation, and has a profound influence on the health and well-being of all mammals,
416 including laboratory animals (Dauchy et al., 2013). Many hormones and enzymes are
417 essential for life, and are secreted following a circadian pattern, according to the
418 photoperiod; testosterone is one such hormone. The organs of the male reproductive
419 system develop as a result of hormonal action, like that of testosterone. In the present
420 study, the faulty development of the morphology of male organs, such as seminiferous
421 tubules and epididymal ducts, may be attributed to reduced testosterone levels. Despite
422 this reduction, daily production and motility of spermatozoa was not affected. Thus, the
423 reduction in testosterone caused morphological changes in the organs and spermatozoa,
424 but not in the functioning of the spermatogenic cells, the seminiferous tubules, or the
425 epididymal duct cells.

426 According to Gore et al. (2006), excessive exposure to glucocorticoids in adult
427 male rats causes a reduction in GnRH (gonadotropin-releasing hormone) levels,
428 ultimately decreasing LH (luteinizing hormone) levels, thereby acting indirectly on
429 testosterone secretion and spermatogenesis. The alterations implicated in the male
430 reproductive system by the excessive exposure of glucocorticoids are already well
431 documented; however, the alterations caused during the development of the male

432 reproductive system are still unclear. Montano et al. (1991) have reported that an
433 alteration in the light-dark cycle may increase corticosterone levels during pregnancy,
434 and that corticosterone increases more rapidly in male offspring than in female offspring.
435 Studies reveal that an enzyme called placental 11 β -hydroxysteroid dehydrogenase type
436 2 (11 β -HSD2) acts as a partial barrier to the passage of glucocorticoids from the mother
437 to the fetus (Benediktsson et al., 1993). Some studies have reported that the manipulation
438 of pregnant rats with ACTH (Stylianopoulou 1983), corticosterone, 11 β -HSD2 inhibitors,
439 and synthetic glucocorticoids increases fetal exposure to glucocorticoids by modifying
440 the synthesis and secretion of adrenal glands and the fetal gonadal steroids. These act on
441 the fetal hypothalamic-pituitary-adrenal and the hypothalamic-pituitary-gonadal axis
442 during pregnancy (Harvey; Chevins, 1987).

443

444 **Conclusion**

445 In conclusion, the present study was able to demonstrate that exposure to constant
446 light during the gestational period impairs the male reproductive system of the offspring
447 in adulthood due a reduction in testosterone levels.

448

449 **Acknowledgments**

450 This work was funded by CAPES - PROEX (Coordinating Body for the
451 Improvement of Postgraduate Studies in Higher Education, Brazil).

452 This paper represents part of the doctorate thesis by FM Ogo (State University of
453 Londrina - Brazil) under the advisory of GSA Fernandes.

454

455

456 **The authors declare no conflicts of interest.**

457

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663 **Legend of the figures**

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665 **Figure 1. Histopathological analysis of seminiferous tubules of testes, caput and**

666 **cauda epididymis.** Photomicrograph of seminiferous tubules in testes (A and B), caput

667 epididymis (C and D) and cauda epididymis (E and F). Sections from LD group (A, C

668 and E) and LL group (B, D and F). (A) seminiferous tubules normal aspect, (B) Observed

669 vacuolization. (C, D, E and F) Epithelium, lumen and stroma normal aspect. Arrows in

670 (B) indicates vacuolization. Ep, Ephetelium It, interstitial tissue; L, lumen. Haematoxilin

671 and eosin stain. Magnification x100. LD (Light/Dark) group and LL (Light/Light) group.

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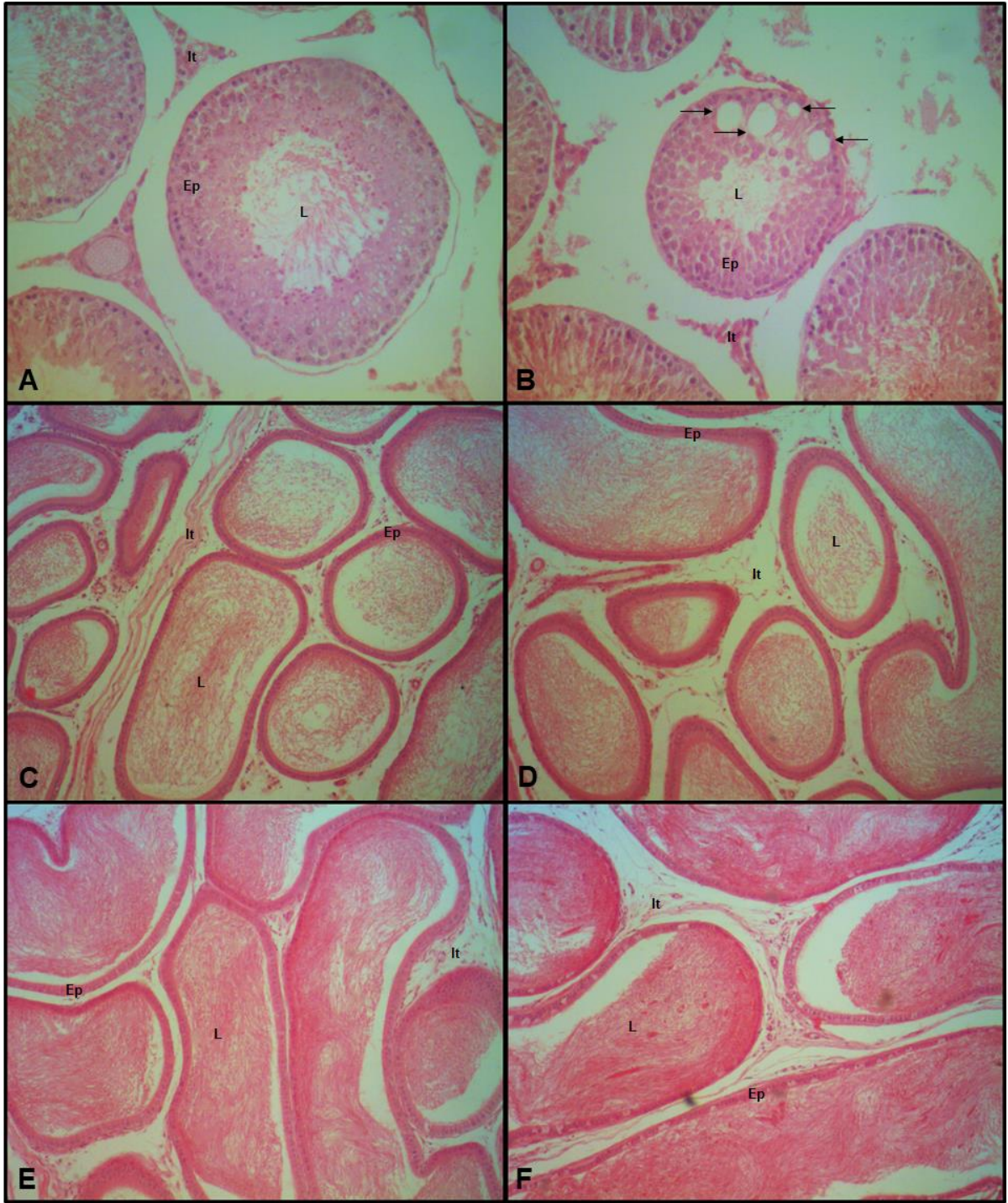
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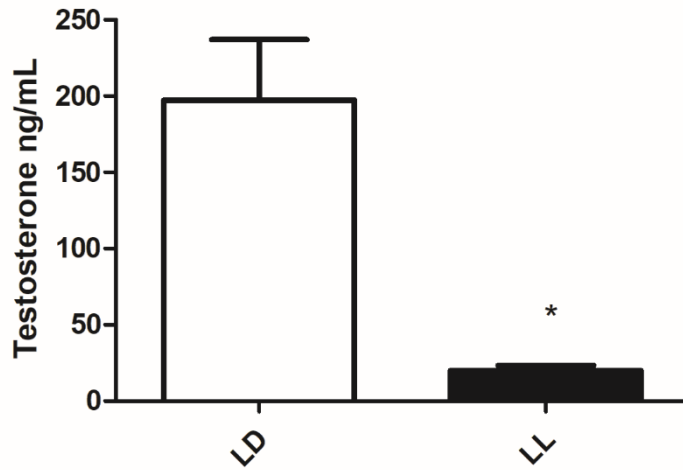


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685 **Figure 2. Hormonal Analysis: testosterone plasma levels.** Data are the mean \pm SEM.

686 * $p > 0.05$, Mann-Whitney test. LD (Light/Dark) group and LL (Light/Light) group.

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720 **Table 1. Weight of reproductive organs**

	LD (n = 10)	LL (n = 10)
Testis (g)	1.54 ± 0.03	10.44 ± 0.02
Testis (g/100g)	0.44 ± 0.01	0.42 ± 0.02
Epididymis (g)	0.51 ± 0.01	0.45 ± 0.02 *
Epididymis (g/100g)	0.14 ± 0.00	0.18 ± 0.03
Seminal vesicle (full) (g)	0.59 ± 0.08	0.85 ± 0.09
Seminal vesicle (full) (g/100g)	0.21 ± 0.02	0.25 ± 0.02
Seminal vesicle (empty)(g)	0.41 ± 0.06	0.43 ± 0.05
Seminal vesicle (empty)(g)	0.15 ± 0.02	0.13 ± 0.02
Vans deferens (g)	0.09 ± 0.01	0.08 ± 0.04
Vans deferens (g/100g)	0.02 ± 0.00	0.02 ± 0.00

721 Data are the mean ± SEM. Shapiro-Wilk normality test; $p > 0.05$. * indicate groups that differ
722 statistically ($p < 0.05$, Unpaired *t*-test). LD (Light/Dark) group and LL (Light/Light) group.
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740 **Table 2. Sperm Count**

	LD (n = 7)	LL (n = 7)
Sperm number in testis (x10⁶)	56.51 ± 10.52	56.99 ± 3.03
Sperm number in testis (x10⁶/g)	51.72 ± 6.77	49.68 ± 3.70
PDE	10.08 ± 1.72	9.34 ± 0.49
Sperm number in caput/corpus epididymal (x10⁶)	20.68 ± 2.29	14.90 ± 2.85
Sperm number in cauda epididymal (x10⁶)	22.39 ± 4.03	13.73 ± 2.28
Sperm concentration in caput/corpus epididymal (x10⁶/g)	2.05 ± 0.04	2.00 ± 0.01 *
Sperm concentration in cauda epididymal (x10⁶/g)	171.6 ± 24.3	114.0 ± 17.71
Transit time in caput/corpus epididymal (days)	3.39 ± 0.37	2.44 ± 0.46
Transit time in cauda epididymal (days)	3.67 ± 0.66	2.25 ± 0.37

741 Data are the mean ± SEM. Shapiro-Wilk normality test; p > 0.05. * indicate groups that differ
742 statistically (p < 0.05, Unpaired *t*-test). LD (Light/Dark) group and LL (Light/Light) group.
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759 **Table 3. Sperm morphology**

	LD (n = 10)	LL (n = 10)
Normal morphology sperm	157.5 [156.25 ± 160.75]	122.7 [112 ± 131.25] *
Abnormal head	38.0 [34.25 ± 41.25]	67.8 [60.75 ± 82.00] *
Abnormal tail	4.5 [2.00 ± 6.25]	9.44 [1.5 ± 19.00]

760 Data are the median [Q1 ± Q3]. Shapiro-Wilk normality test; $p < 0.05$. * indicate groups that differ
761 statistically ($p < 0.05$, Mann-Whitney test). LD (Light/Dark) group and LL (Light/Light) group.
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805 **Table 4. Histopathological analysis of the testes**

	LD (n = 5)	LL (n = 5)
Normal seminiferous tubules	99.2 ± 0.37	94.2 ± 2.08
- Immature germ cells in the lumen	0.20 ± 0.20	1.20 ± 0.58
- Vacuolization	0.20 ± 0.20	5.00 ± 1.58 *
Number of Sertoli cells	26.48 ± 0.38	14.66 ± 0.37 *

806 Data are the mean ± SEM. Shapiro-Wilk normality test; p > 0.05. * indicate groups that differ
807 statistically (p<0.05, Unpaired *t*-test). LD (Light/Dark) group and LL (Light/Light) group.
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849 **Table 5. Morphometric analysis of the testis**

	LD (n = 5)	LL (n = 5)
Seminiferous tubules diameter (μm)	271.00 \pm 3.61	260.10 \pm 3.37 *
Seminiferous epithelium height (μm)	78.56 \pm 1.68	79.05 \pm 1.25

850 Data are the mean \pm SEM. Shapiro-Wilk normality test; $p > 0.05$. * indicate groups that differ
851 statistically ($p < 0.05$, Unpaired *t*-test.). LD (Light/Dark) group and LL (Light/Light) group.
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875 **Table 6. Stereological analysis of the epididymis**

	LD (n = 5)	LL (n = 5)
Caput (2A region)		
Epithelial	34.65 [29.00 ± 41.00]	39.75 [33.50 ± 45.50] *
Lumen	102.40 [93.25 ± 112.00]	93.22 [81.00 ± 104.50] *
Stroma	30.95 [23.25 ± 38.75]	35.02 [28.00 ± 42.50]
Cauda (5A/B region)		
Epithelial	19.89 [13.00 ± 26.00]	26.55 [20.00 ± 35.50] *
Lumen	120.30 [112.00 ± 130.00]	110.25 [90.50 ± 129.50] *
Stroma	27.83 [20.50 ± 32.50]	31.18 [18.00 ± 45.50]

876 Data are the Median [Q1 ± Q3]. Shapiro-Wilk normality test; $p < 0.05$. * indicate groups that differ
877 statistically ($p < 0.05$, Mann-Whitney test.). LD (Light/Dark) group and LL (Light/Light) group.
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909 **Table 7. Biomarkers of oxidative stress in the testes and epididymis**

	Testes		Epididymis	
	LD (n = 10)	LL (n = 10)	LD (n = 10)	LL (n = 10)
Glutathione Peroxidase (GPx)	95.65 ± 5.41	134.1 ± 15.1*	104.8 ± 3.01	95.99 ± 3.32
Glutathione Reductase (RD)	11.36 ± 0.87	12.33 ± 1.21	26.84 ± 3.56	15.29 ± 2.16*
Glutathione Transferase (GST)	123.5 ± 3.98	171.6 ± 16.19*	90.08 ± 7.59	72.99 ± 7.44
Superoxide Dismutase (SOD)	2.79 ± 0.44	2.14 ± 0.27	2.201 ± 0.52	2.29 ± 0.32
Lipoperoxidation (LPO)	1568 ± 358.9	2184 ± 73.7	253.2 ± 11.1	237.7 ± 6.46

910 Data are the mean ± SEM (Mm). Shapiro-Wilk normality test; $p > 0.05$. * indicate groups that
911 differ statistically ($p < 0.05$, Unpaired *t*-test). LD (Light/Dark) group and LL (Light/Light) group.
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- Artigo 02

Journal of developmental origins of health and disease,

FI: 2.34

Qualis: A2

<http://www.publish.csiro.au/rd/forauthors/AuthorInstructions>

1 **Increased the light period of the maternal circadian cycle impairs the development of**
2 **the female reproductive system in adult offspring**

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4 Running tittle: Disruption of circadian cycle impairs prenatal development

5
6 Fernanda Mithie Ogo^{1,2}, Glaucia Eloisa Munhoz Lion Siervo^{1,2}, Ana Maria Praxedes³, Henrique
7 Rodrigues Vieira³, Suellen Ribeiro da Silva Scarton^{1,2}, Ana Tereza Guimarães Bitencourt⁵,
8 Andréa Name Colado Simão⁴, Marina Trevizan Guerra, Paulo Cesar de Freitas Mathias³,
9 Glaura Scantamburlo Alves Fernandes^{1*}

10
11
12 1 - Department of General Biology, Biological Sciences Center, State University of Londrina
13 – UEL, Londrina, Paraná, Brazil

14 2 - Department of Pathological Sciences, Biological Sciences Center, State University of
15 Londrina – UEL, Londrina, Paraná, Brazil

16 3 - Laboratory of Secretion Cell Biology, Department of Biotechnology, Genetics and Cell
17 Biology, State University of Maringá, Maringá, Brazil.

18 4 - Department of Pathology, Clinical Analysis and Toxicology, Health Center, State University
19 of Londrina – UEL, Londrina, Paraná, Brazil

20 5 – Department of biological and health sciences, State University of Western Parana, Cascavel,
21 Paraná, Brazil.

22
23 ***Corresponding author**

24 Dr. Glaura Scantamburlo Alves Fernandes

25 Department of General Biology

26 State University of Londrina (UEL)

27 Rodovia Celso Garcia Cid, Pr 445, Km 380, 86057-970

28 Londrina, PR, Brazil

29 Phone: +55 43 33714417

30 E-mail address: glaura@uel.br (G.S.A. Fernandes)

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35 **Abstract**

36 The circadian cycle plays numerous roles in the physiological processes of an organism, such
37 as suppress or reproduce stimulation. The hypothalamic-pituitary gonadal axis receives and
38 integrates environmental and physiological aspects of the circadian cycle and responds
39 accordingly. This study aimed to evaluate whether circadian changes in rats pregnancy period
40 may alter the development of the female reproductive system of the offspring. Wistar rats were
41 divided: light-dark (LD) group, in which pregnant rats were exposed to a light-dark photoperiod
42 during gestation. and light-light group (LL), in which pregnant rats were exposed to a
43 photoperiod of constant light during gestation. After birth, pups remained in normal light-dark
44 photoperiod until adulthood. At PND90, trunk blood was collected in the estrus phase for
45 analyzing hormones in the plasma: FSH, LH and progesterone. The uterus was collected for
46 morphometric and histological analyses and the ovaries for assessment of the number of
47 follicles, and the corpora lutea. Exposure to continuous light during gestation interfered with
48 the function of the hypothalamic-pituitary-gonadal axis in the offspring by reducing plasma LH
49 and increasing plasma progesterone level, resulting in an increase in the number of uterine
50 glands. The alteration in maternal circadian cycle was able to initiate alterations in the hormonal
51 levels of offspring in adult life.

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53 **Key words:** cycle circadian, female reproductive development, gestation

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60 **Introduction**

61 Increasing clinical and experimental evidences in both humans and animals suggest that
62 adversities and external factors at early stage of life are able to program health-disease patterns,
63 which manifest later in adult life (Beydoun, Saftlas, 2008). These external factors are relevant
64 mainly in intrauterine life, which is considered as a critical window of development (Eriksson,
65 2010). Developmental programming is considered as a specific challenge that occurs during the
66 critical period of intrauterine development and alters the developmental trajectory with
67 persistent effects on the progeny phenotype (Rabadan-Diehl, Nathanielsz, 2013). During
68 intrauterine development of the female reproductive system, the migration of primordial germ
69 cells to the genital crest occurs; this is followed by the proliferation of oogonia and cord
70 formation, and finally, the oogonia undergo meiosis I (Zambrano et al., 2014).

71 Currently, the interference of various environmental stressors on the process of
72 intrauterine development is being investigated. Among the various environmental stressors,
73 disruptions to the circadian cycle have due to high exposure of the population to periods of
74 artificial nocturnal lighting, transmeridian trips, and sleep disturbances (Evans, Anderson,
75 2018).

76 The circadian rhythm is involved in several physiological processes, including sleep /
77 wake processes (Dijk, Duffy, 1999), body temperature regulation (Van Someren, 2000),
78 hormone secretion (Copinschi, Van Cauter, 1995), tissue repair (Janich, Meng, Benitah, 2014),
79 and cardiovascular function (Cooke-Ariel, 1998). Endogenous clocks exist in all organisms for
80 the adjustment of physiology and behavior in anticipation of the occurrence of these daily
81 changes. It receives and integrates different environmental and physiological factors, such as
82 the circadian cycle and responds accordingly (Cristian, Moenter, 2010).

83 Female reproductive function is also controlled by circadian cycle (Cristian, Moenter,
84 2010). In adult animals, reproductive suppression or stimulation is considered to be regulated

85 by the hypothalamic-pituitary-gonadal axis. In addition, it is known that in the pre-ovulatory
86 period, GnRH (Gonadotropin-Releasing Hormone) is released which stimulates the release and
87 consequent increase of LH that is essential for ovulation to occur (Cristian, Moenter, 2010).
88 The secretion of these hormones is regulated by internal and external factors such as the time
89 of the day (Evans, Anderson, 2018). Studies have demonstrated that disruption of the circadian
90 clock by shift work can result in infertility, menstrual dysregulation, and miscarriage (Stocker
91 et al., 2014; Fernandez et al., 2016).

92 The functions of the circadian cycle in the control of some physiological processes are
93 well documented; however, the influence of this cycle on the fetus is still obscure. The circadian
94 clock is located within the suprachiasmatic nucleus of the hypothalamic region. , It contains
95 about 20,000 neurons that act as "Pacemaker" (Dibner, Schibler, Albrecht, 2010). It is known
96 that all tissues contain molecular clock genes that are expressed and controlled by
97 transcriptional and translational feedback loops (Waddell et al., 2012). The humoral factors
98 controlled by the circadian cycle including melatonin and glucocorticoids regulate numerous
99 gene expressions and protein activities (Silver et al., 2012).

100 Melatonin plays an essential role in intrauterine development of the fetus. It passes
101 through the maternal blood-brain barrier and goes into fetal circulation through the placenta,
102 (Okatani et al., 1998). The melatonin receptors are disseminated in the fetus from the central
103 tissue to the peripheral tissue throughout the period of fetal development. Melatonin is capable
104 of reversing the rhythmic expression of fetal clock genes in response to maternal exposure to
105 light (Cisternas et al., 2010). Man et al., (2017) reported that the maternal melatonin that crosses
106 the placenta reduces the production of ROS (reactive oxygen species) and NO (Nitric Oxide)
107 and increases antioxidant enzymes at the embryonic stage. In the fetal stage, maternal melatonin
108 regulates the rhythm, promotes proliferation, differentiation, and neurodevelopment; while
109 during childbirth, it regulates the time of labor. Considering the fact that the gestation period is

110 extremely vulnerable to environmental factors, any change in the circadian cycle can impair
111 fetal development (Bouret, 2012).

112 Moreover, it is known that stress increases cortisol in pregnant women. The correlation
113 between maternal and fetal cortisol may explain the origin of some prenatal diseases (Glover,
114 2015). Cortisol, being of lipophilic nature, passes easily through the placenta. However, there
115 is a placental enzyme - 11 β -hydroxysteroid dehydrogenase (11 β -HSD2) which converts cortisol
116 into inactive cortisone thereby protecting the fetus. However, any change that increases
117 maternal cortisol level raises fetal glucocorticoid levels (Seckl, Holmes, 2007). According to
118 O'Connor et al., (2002 and 2003) the increase in maternal cortisol may cause excess activity or
119 dysregulation of the hypothalamic-pituitary-adrenal axis in offspring, resulting in changes in
120 adulthood. Some studies indicated that excess cortisol can affect sexual maturation (Harvey,
121 Chevins, 1987; Smith, Waddell, 2000), as well as decrease the fertility rate (Politch,
122 Herrenkohl, 1979).

123 Varcoe et al., (2011) demonstrated that alteration in sex-dependent hyperleptinemia and
124 hyperinsulinemia, increased adiposity, and decreased glucose tolerance and insulin sensitivity
125 in offspring exposed to chronic phase shifts in their photoperiod (every 3-4 days) during
126 intrauterine life. However, the effect of changes in circadian cycle on intrauterine development
127 of the female reproductive system is still unclear. Therefore, the present study aimed to evaluate
128 whether the circadian alterations caused in pregnant rats exposed to constant light throughout
129 the period of gestation can alter the development of the reproductive system in their female
130 offspring.

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135 **Material and Methods**

136 *Animals and experimental conditions*

137 *Rattus norvegicus* of the *Wistar* lineage (males and females, aged between 70 and 80
138 days of age) were obtained from the Sectorial Room of the Laboratory of Cellular Biology of
139 Secretion, linked to the Department of Cell Biology and Genetics of the State University of
140 Maringá. The animals were placed at the intersection at the Sectorial Room of the Laboratory
141 of Cell Biology of the Secretion, linked to the Department of Biotechnology, Genetics and Cell
142 Biology of the same institution. At birth the litters were kept with eight pups as standardized
143 litter size. Weaning occurred at 21 days of age, keeping only female pups for evaluation. The
144 rats were housed in polypropylene cages in number of 4 rats per cage, under light controlled
145 conditions with a 12-h light-dark cycle (07:00 a.m. to 07:00 p.m.) and a temperature of $22.0 \pm$
146 2°C . with free access to water and (Nuvital®, Curitiba, Brazil) (After one week of adaptation,
147 rats were mated at a ratio of three females to each male). Pregnancy was confirmed by the
148 presence of sperm in a vaginal smear, and pregnant dams were individually housed and
149 separated into two groups: light-dark control group (LD) (group exposed to normal light and
150 dark cycle - 12h/12h) and light-light group (LL) (group exposed to constant light - 24h).

151 For the control of the light and dark cycle, the pregnant rats were kept in a specific rack
152 (Master-One®, Ribeirão Preto) for studies of circadian rhythms which controls the exposure to
153 light. In the first compartment were the LD group with normal light/dark cycle, in the second
154 compartment were the LL group that were kept at constant exposure to light ($\cong 200$ lux;
155 mensuared by a luxmeter). The pregnant females ($N = 8$) were maintained at the specific rack
156 during all the gestational period.

157 After birth, mothers and offspring were kept in normal lighting conditions (12h light/12h
158 dark; light period from 07:00 a.m to 07:00 p.m.) cycle and controlled room temperature ($22 \pm$
159 2°C). At 21^o postnatal day (PND) female offspring were kept in polypropylene cages (4 rats

160 per cage). During all experimental period, the rats had free access to water and food (Nuvital®,
161 Curitiba, Brazil). Experimental procedures were approved by the Ethics Committee on Animal
162 Use of State University of Maringá (CEUA/UEM protocol number 4504080715).

163

164 ***Reproductive organs weight***

165 At the end of experimental period (PND 90), female offspring in the estrus phase from
166 both experimental groups were anaesthetized with an anesthetic dose (Thiopental, 150 mg / kg
167 intraperitoneally) according to the official standards and approval of the ethics committee
168 (CEUA n°450408715). After decapitation, trunk blood was collected (between 08:00 and 11:30
169 hours) for determination of FSH, LH and progesterone concentrations (n = 7 rats per group).
170 Uterus and ovaries were removed, and their weights were determined (n = 7 rats per group).
171 Ovary was used for histopathological analysis - ovarian follicles and corpora lutea counting and
172 oxidative stress analyses (n = 7 rats per group). Uterus was used for morphometric analysis to
173 assess the height of endometrium and of luminal and glandular epithelium and counting the
174 number of glands and oxidative stress analyses (n = 7 rats per group).

175

176 ***Hormonal Analysis***

177 After decapitation, trunk blood was collected and allowed to clot at 4°C for 30 min.
178 Serum was collected after centrifugation (20 min at 2000 × g) and stored at -20°C until analysis.
179 Serum follicle-stimulating hormone (FSH), luteinizing hormone (LH) and progesterone
180 concentrations were measured using a doubleantibody radioimmunoassay (RIA) kit (National
181 Institute of Arthritis, Diabetes and Kidney Diseases [NIADDK], USA). Sample were performed
182 to avoid intra-assay errors. Intra-assay errors for FSH, LH and progesterone were 2.8%, 3.4%
183 and 4%, respectively.

184

185 ***Histological processing***

186 The histological evaluation was performed on reproductive organs: Uterus and right
187 ovary were fixed in methacarn (Puchtler et al. 1970) and embedded in Paraplast (SIGMA Life
188 Science). Histological sections (5 µm) were semi-serial with 10 interval cuts, stained with
189 hematoxylin–eosin (HE) and examined for general histopathological and morphometric.

190

191 ***Ovarian follicles and corpora lutea***

192 In the ovary, ovarian follicles and corpora lutea were counted. Follicles were classified
193 according to Borges et al. (2002) and Talsness et al. (2005). Primordial and primary follicles
194 were enumerated together; oocytes surrounded by a single layer of either squamous or cuboidal
195 epithelial cells were included. Follicles were classified as preantral when containing two to four
196 layers of granulosa cells with no antral space. Antral follicles were classified when there were
197 three or more layers of granulosa cells and a clearly defined antral space. Characteristics of
198 atretic follicles included pyknotic granulosa cells, disorganized granulosa cells, degenerating
199 oocyte, and detachment from the basement membrane.

200

201 ***Morphometric analysis in uterus: height of endometrium, myometrium, luminal and***
202 ***glandular epithelium and Count number of glands***

203 In the uterus, morphometric analyses were performed to assess the height of
204 endometrium and of luminal and glandular epithelium. For this, Option microscope at a
205 magnification of x 100 coupled to a digital camera and a PC with the software BELview version
206 6.2.3.0 for Windows; BEL Engineering were used. In each section, 5 different regions were
207 analyzed, resulting in a total of 15 measurements per animal by each parameter (Guerra et al.,
208 2010). The number of glands presented in each section was also recorded.

209

210 *Biomarkers of Oxidative Stress*

211 The uterus and ovary were separately homogenized in Tris-HCl buffer (pH 7.4) in a
212 1:20 ratio and centrifuged at 12,000 g for 10 min at 4°C. The protein quantification of the
213 samples was determined by the Bradford method, using bovine serum albumin as the standard
214 (Bradford, 1976). This homogenate sample was diluted to 1 mg of protein.mL⁻¹, and an
215 analyses of oxidative stress were performed.

216 Lipoperoxidation (LPO) was measured with the aim of indirectly quantifying the
217 peroxides that were produced. The result reflects the intensity of lipid peroxidation (Lushchak
218 et al., 2009). The measurements were performed using the Thiobarbituric Acid Reactive
219 Substances (TBARS) method at an absorbance of 535 nm (Buege and Aust, 1978) and with a
220 comparison to a standard curve for malondialdehyde (MDA), which is the main by product of
221 cellular lipid peroxidation. For the preparation of the sample, a 0.33 mg.mL⁻¹ aliquot of the
222 sample protein was added in 6.7% trichloroacetic acid (TCA) and in a final volume of 180 µL
223 was vortexed, left in an ice bath for 5 min, and centrifuged for 5 min at 12,000 g at 4°C. For the
224 measurement of the thiobarbituric acid reactive substances (TBARS), the following substances
225 were added to a microplate: 40 µL of the supernatant and different concentrations of MDA in
226 triplicate, and a reaction medium containing 21.42 mM of thiobarbituric acid (TBA), 17.86 mM
227 of NaOH (used for TBA solubilization), 0.73 M of TCA, 0.032 mM of butylated
228 hydroxytoluene (BHT), and 3% ethanol (used for BHT solubilization) in PBS Buffer. The
229 reading of the reaction was performed at 22°C, after 60 min of incubation at 60°C. The lipid
230 peroxidation was estimated from the MDA curve, and the results were expressed as nmol of
231 TBARS. mg of protein⁻¹.

232 The activity of superoxide dismutase (SOD) was evaluated according method
233 originally proposed by Crouch et al. (1981) with some modifications described below. The
234 principle of this analysis was to quantify the complex formed between superoxide and nitro

235 blue tetrazolium (NBT), which was measured at 560 nm during a 1hr period. An aliquot of 0.75
236 mg.mL⁻¹ of protein in 25% ethanol was prepared in a total volume of 800 μ L. The sample was
237 centrifuged at 12,000 g at 4°C for 20 minutes. In a 96 well microplate, the supernatant was
238 pipetted in triplicate; a final volume of 200 μ L contained 0.1 mg of protein.mL⁻¹, 0.09 mM of
239 NBT, 0.015 mM of EDTA, 34.78 mM of hydroxylamine sulfate, and 79 mM of sodium
240 carbonate buffer (pH 10.2), and the plate was read at 22°C. The values of the activity of
241 antioxidant enzymes were expressed as U. mg of protein⁻¹. One unit of SOD activity was
242 defined as the amount of enzyme that inhibits the oxidation reaction of NBT by 50% of the
243 maximum inhibition.

244 The aim for the analysis of glutathione transferase (GST) is that the enzymatic activity
245 of GST catalyzes the conjugation of GSH with the synthetic substrate CDNB, which produces
246 a conjugate detected at 340 nm (Habig et al., 1976). During the assay, the enzymatic activity
247 was proportional to the production rate of the conjugate compound. The assay was performed
248 in triplicate in a microplate, and the final concentration of the sample was 0.020 mg of
249 protein.mL⁻¹. The reaction medium produced final concentrations of 0.94 mM of CDNB and
250 0.94 mM of GSH. The reading was done at 22°C. The molar extinction coefficient of the
251 GSH/CDNB compound was 9.6 mM⁻¹.cm⁻¹, and the unit was expressed as mmol.min⁻¹.mg of
252 protein⁻¹.

253 Glutathione reductase (GR) catalyzed the reduction of glutathione disulfide (GSSG)
254 through the oxidation of NADPH; the decrease in absorbance was measured at 340nm (Sies et
255 al., 1979). The assay was performed in duplicate in a microplate. The final concentrations
256 within the reaction medium were 0.138 mM of NADPH, 3.81 mM of GSSG, and 3.75 mM of
257 EDTA. The reaction was performed at 22°C. The molar extinction coefficient of NADPH was
258 6.22 mM⁻¹.cm⁻¹. The unit was expressed as mmol.min⁻¹.mg of protein⁻¹.

259

260 ***Statistical analysis***

261 All parameters were submitted to the Shapiro– Wilk test for normality and thus
262 classified into parametric and nonparametric data. Parametric results were statistically analyzed
263 by Unpaired *t* test. Nonparametric results were analyzed by the Mann-Whitney test. Differences
264 were considered significant when $p < 0.05$. The statistical analyses were performed with
265 GraphPad Prism (version 5.0 - GraphPad Software, La Jolla, California, USA) program.

266

267 **Results**

268 ***Body Weight***

269 The weight of the reproductive organs is given in Table 1. The weights of the uterus and
270 the ovary of both experimental groups were not significantly different.

271

272 ***Hormonal Analysis***

273 Exposure to continuous light during pregnancy (LL group) caused a decrease in the
274 values of plasma LH ($P < 0.03$) and an increase in the values of plasma progesterone ($P < 0.04$)
275 compared to LD group. In both groups of female offspring, the values of FSH maintained in
276 the blood were equal (Figure 1).

277

278 ***Count of ovarian follicles and corpora lutea***

279 The evaluation of the number of ovarian follicles: primary, pre-antral, antral, and atresic
280 and the number of corpora lutea per area of the ovary in adulthood did not reveal significant
281 changes in LL group compared to LD group (Table 2).

282

283 *Morphometric analysis of the uterine parameters: height of endometrium,*
284 *myometrium, luminal epithelium, and glandular epithelium and the evaluation of the*
285 *number of uterine glands*

286 Table 3 shows the evaluation of histopathology of the uterus. It was observed that the
287 results of the morphometric parameters such as height of the endometrium, myometrium,
288 luminal epithelium, and glandular epithelium were similar between the experimental groups.
289 However, the LL group showed a significant increase in the number of uterine glands when
290 compared to the LD group ($P < 0.01$) (Figure 2).

291

292 *Biomarkers of Oxidative Stress*

293 There was no significant difference between the experimental groups in relation to the
294 lipid peroxidation (LPO), enzymatic activity GPx (Glutathione Peroxidase), GST (Glutathione
295 s-Transferase), GR (Glutathione Reductase) and SOD (Superoxide dismutase) levels in the
296 uterus (Table 4).

297 A reduction in the enzymatic activity GR (Glutathione Reductase) and GST
298 (Glutathione s-Transferase) was observed in the ovarian of animals exposed to continuous light
299 during the intrauterine period. However, the other GPx (Glutathione Peroxidase), and SOD
300 (Superoxide dismutase) enzymes and lipid peroxidation (LPO) remained unchanged in the
301 ovary (Table 4).

302

303 **Discussion**

304 The present study demonstrated that maternal exposure to continuous light during
305 pregnancy reduces LH level but increases the level of progesterone, the number of glands and
306 reduction in levels of antioxidant enzymes such as: glutathione reductase and glutathione s-
307 transferase in the uterus in female offspring in adulthood.

308 It is well documented that circadian rhythm plays important roles in the physiological
309 processes of an organism. However, its effect on intrauterine development of the female
310 reproductive system is still obscure. It is known that circadian alteration can act on the clock
311 genes that are present in the ovaries and the uterus during cell differentiation (He et al., 2007).
312 Circadian alteration can cause maternal stress by increasing the amount of plasma
313 glucocorticoids, which could interfere with the function of the hypothalamic-pituitary-adrenal
314 and hypothalamic-pituitary-gonadal axes, causing alterations in hormonal production
315 (O'Connor et al., 2002; O'Connor et al., 2003).

316 The period of intrauterine development is considered to be highly vulnerable to
317 environmental changes, since important events occur in the process of development of the
318 female reproductive system (Zambrano et al., 2014). It is also considered a cycle of opportunity,
319 because certain insults to the reproductive organ in this period can lead to permanent changes
320 (Bouret, 2012). According to Otha et al., (2008), during pregnancy, the fetus functions as an
321 oscillator of the mother's body and uses maternal signals to adjust its fetal biological clock to
322 the extra-uterine environment. The circadian rhythm regulates the behavior and some
323 physiological processes. Some studies suggest that maternal circadian disturbance may induce
324 long-term alterations in the offspring (Varcoe et al., 2011) and adversely impact pregnancy
325 outcomes, growth, and metabolic health of the offspring (Varcoe et al., 2016).

326 The hypothalamus produces GnRH that acts on the pituitary gland and stimulates the
327 synthesis of FSH and LH, which stimulate the ovary cells to produce estrogen and progesterone,
328 which in turn control uterine functions in adulthood (Carson et al., 2000). The major uterine
329 cell types respond differently to these two hormones produced by the ovary. In adult mouse,
330 estrogen acts directly on the proliferation of uterine epithelial cells, while in the stromal cells,
331 this process requires the action of both progesterone and estrogen (Pollard,1990). Progesterone
332 is produced by the corpus luteum after ovulation and induces the proliferation of stromal cells.

333 In the present study, the increase in the serum progesterone level may be related to the increase
334 in the number of uterine glands as progesterone acts on the endometrium. The glandular
335 epithelium is the main source of uterine secretions which are necessary for establishment and
336 maintenance of pregnancy (Gray et al., 2001). Studies by Jeong et al., (2010) demonstrated that
337 *Foxa2* gene is essential for the development of the uterine gland, and that gland reduction
338 interferes with fertility in rats. In rodents, the uterine secretory products of the endometrial
339 glands are necessary for uterine receptivity and fetal implantation (Gray et al., 2001).

340 The uterus is a highly dynamic tissue. It is only responsive and sensitive to a change in
341 the classic hormonal signs. The most important part of the uterus is the endometrium, in which
342 the drastic changes that happen throughout the estrus cycle occur. In rodents, hormones are
343 important in the proliferation of endometrial stromal cells and decidualization (Dey et al.,
344 2004). Nakamura et al., (2005) and Dolatshad et al., (2006) reported that clock genes were
345 expressed rhythmically in the uterus of rats. The absence of the morphofunctional changes
346 observed in this study may correlate with the weight of the uterus and ovary, which did not
347 change. Thus, it is suggested that continuous light exposure was not able to act on the uterine
348 clock genes and did not cause morphofunctional changes on the weight of the ovary and the
349 uterus of the offspring. However, a reduction in the levels of Glutathione Reductase (GR) and
350 Glutathione S-Transferase (GST) was observed in the uterus of females exposed to continuous
351 light in the intrauterine period. This reduction in GR and GST levels did not lead to
352 lipoperoxidation, since MDA levels were normal in both groups, promoting cell protection. The
353 other antioxidant enzymes: Superoxide dismutase (SOD) and Glutathione Peroxidase (GPx)
354 remained unchanged in both experimental groups.

355 The progesterone hormone is dominant in the luteal phase. The combination of estrogen
356 and progesterone exerts negative feedback on the hypothalamus and adeno-hypophysis (Legan
357 et al., 2015). In this present study, it is suggested that high production of progesterone, which

358 is evidence in the serum level, provides feedback to the hypothalamus and pituitary gland, thus
359 inhibiting GnRH and consequently inhibits LH secretion.

360 During folliculogenesis, the granulosa cells of the ovary undergo proliferation and
361 differentiation, which is regulated by follicle stimulating hormone (FSH) and other factors
362 produced locally (Richards, 1994). This step is of great importance for ovulation to
363 occur. Yoshikawa et al. (2009) reported that circadian ovarian clock can regulate the synthesis
364 of steroid hormones in adult rats, where the light-dark cycles of animals were in advanced phase
365 or delayed for 6 h. Although several previous studies have shown the presence and expression
366 of clock genes in the ovarian follicles and in the corpus luteum (Fahrenkrug et al., 2006;
367 Karman, Tischkau, 2006), the present study demonstrated that maternal exposure to continuous
368 light throughout gestation did not triggered alteration in the lipoperoxidation (OLP) and levels
369 of antioxidant enzymes, as well a changes in folliculogenesis in ovary and in the plasma FSH
370 level. during the adult life of the female rats. Demonstrating that the balance of antioxidant
371 enzymes helped in maintaining the levels of lipoperoxidation as well as in the homeostasis of
372 ovarian functions.

373 Although, the presence of clock genes in the uterus and the ovary has been previously
374 documented, in the present study, morphofunctional changes of the uterus or changes in
375 folliculogenesis in the ovary were not observed. In conclusion, the alteration of the maternal
376 circadian cycle triggered changes of the hormonal level, which in long-term, can lead to
377 interruption of estrus cycle and consequently lead to infertility in adult female offspring.

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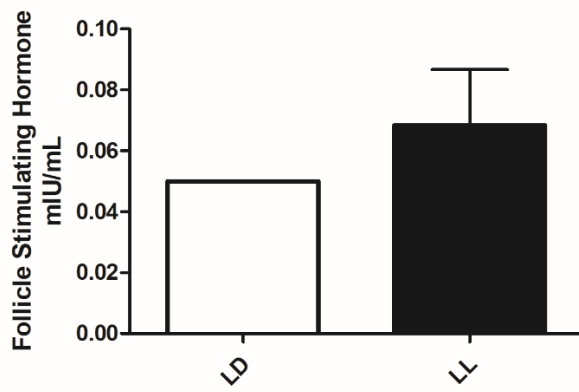
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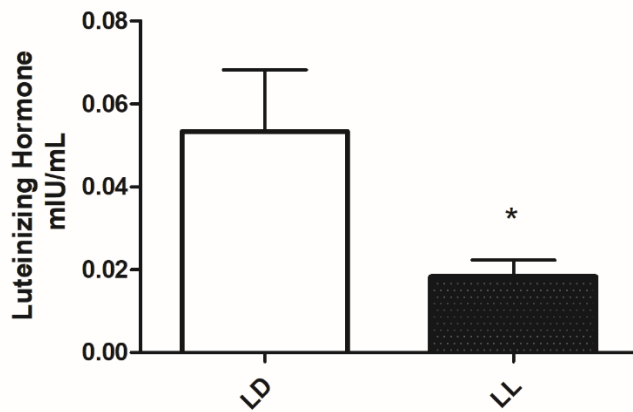
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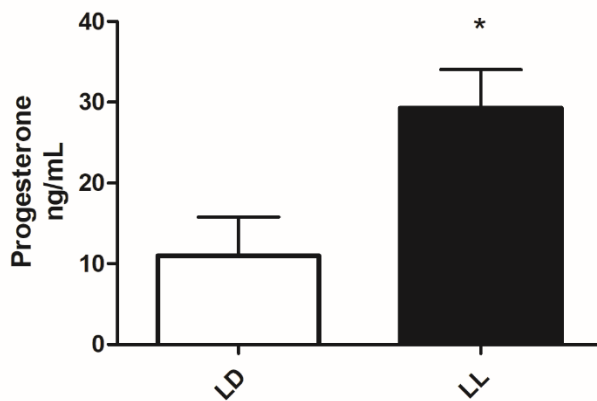
558 **Figure 1** – Hormonal Analysis: FSH, LH and progesterone plasm levels. Values expressed as
559 Mean \pm SEM; Shapiro–Wilk test for normality ($p > 0.05$). Mann-Whitney test. *indicate groups
560 that differ statistically ($p < 0.05$). LD (Light/Dark) group and LL (Light/Light) group.
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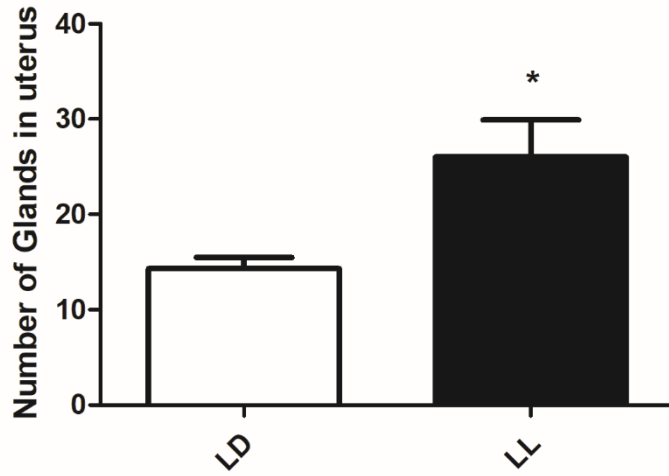
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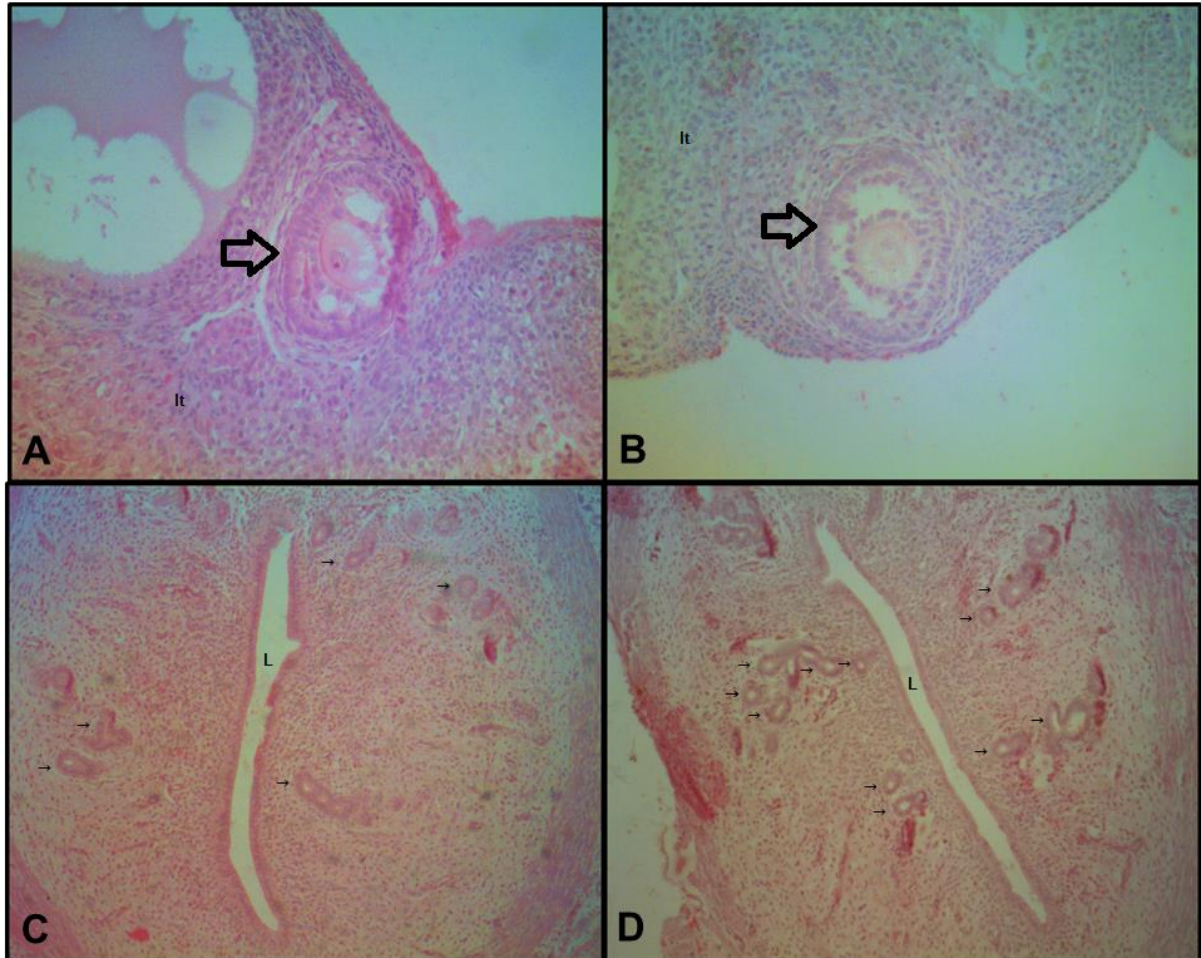
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568 **Figure 2** – Number of Glands in uterus. Values expressed as Mean \pm SEM; Shapiro–Wilk test
569 for normality; $p > 0.05$. Unpaired t -test; * indicate groups that differ statistically ($p < 0.05$). LD
570 (Light/Dark) group and LL (Light/Light) group.



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594 **Figure 3** – Photomicrography in ovary and uterus. (A) Ovarian antral follicle in LD group;
 595 (B) Ovarian antral follicle in LL group; (C) Glands in uterous in LD group and (D) Glands in
 596 uterus in LL group. Arrow in (A) and (B) indicate antral follicle. Arrow in (C) and (D) indicate
 597 glands in uterous. It, interstitial tissue; L, lumen. Haematoxylin and eosin staining (original
 598 magnification x100). LD (Light/Dark) group and LL (Light/Light) group.



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613 **Table 1. Reproductive organs weight.**

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	LD (n = 7)	LL (n = 7)
Uterus (g)	0.25 ± 0.01	0.32 ± 0.02
Ovary (g)	0.05 ± 0.00	0.05 ± 0.00

617 Values expressed as mean ± SEM. Shapiro–Wilk test for normality ($p > 0.05$). * indicate
618 groups that differ statistically. Unpaired *t*-test ($p < 0.05$). LD (Light/Dark) group and LL
619 (Light/Light) group.

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656 **Table 2. Ovarian follicles and corpora lutea.**

	LD (n = 7)	LL (n = 7)
Primary Follicle	4.71 ± 0.41	5.04 ± 0.52
Preantral Follicle	3.57 ± 0.90	3.66 ± 0.43
Antral follicle	5.04 ± 1.53	7.19 ± 0.97
Atretic follicle	3.38 ± 0.64	3.28 ± 0.57
Corpora lutea	5.85 ± 0.50	6.81 ± 1.16

657 Values expressed as mean ± SEM. Counted and classified ovarian follicles and corpora lutea.
658 Shapiro–Wilk test for normality ($p > 0.05$). * indicate groups that differ statistically. Unpaired
659 *t*-test ($p < 0.05$). LD (Light/Dark) group and LL (Light/Light) group.
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686 **Table 3. Morphometric analysis in uterus.**

	LD (n = 7)	LL (n = 7)
Endometrium (µm)	455.4 ± 24.66	468.8 ± 26.43
Myometrium (µm)	94.64 ± 3.94	96.37 ± 3.57
Height of the luminal epithelium(µm)	20.10 ± 0.49	20.51 ± 0.40
Height of the grandular epithelium(µm)	16.00 ± 0.49	15.31 ± 0.50

687 Values expressed as Mean ± SEM. Shapiro–Wilk test for normality ($p > 0.05$).688 * indicate groups that differ statistically. Unpaired *t*-test ($p < 0.05$). LD (Light/Dark) group
689 and LL (Light/Light) group.

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722 **Table 4. Biomarkers oxidative stress in uterus and ovary.**

	Uterus		Ovary	
	LD (n =7)	LL (n =7)	LD (n =7)	LL (n =7)
Glutathione Peroxidase (GPx)	192.3 ± 7.07	163.6 ± 12.82	134.9 ± 19.83	130.10 ± 18.85
Glutathione Reductase (RD)	32.80 ± 3.39	15.25 ± 2.95*	8.85 ± 1.33	9.80 ± 1.66
Glutathione s-transferase (GST)	22.86 ± 3.83	9.86 ± 1.43*	12.90 ± 2.78	6.88 ± 1.79
Superoxide Dismutase (SOD)	7.67 ± 2.93	9.60 ± 2.22	6.86 ± 1.53	4.71 ± 0.82
Lipoperoxidation (LPO)	14.71 ± 0.65	14.44 ± 0.58	17.31 ± 0.62	17.31 ± 0.62

723 Values expressed as Mean ± SEM. Shapiro–Wilk test for normality ($p > 0.05$). * indicate groups
724 that differ statistically. Unpaired *t*-test ($p < 0.05$). LD (Light/Dark) group and LL (Light/Light)
725 group.
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