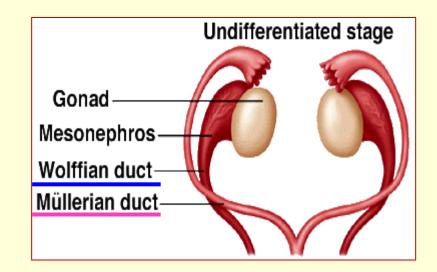


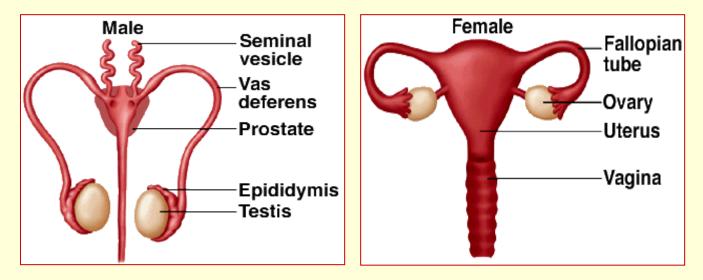
## Embryology /organogenesis/

#### Week 4

Development and teratology of reproductive system.

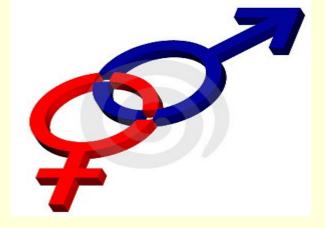
# Male or female <u>sex is determined</u> by spermatozoon Y in the moment of fertilization





# SRY gene, on the short arm of the Y chromosome, initiates male sexual differentiation.

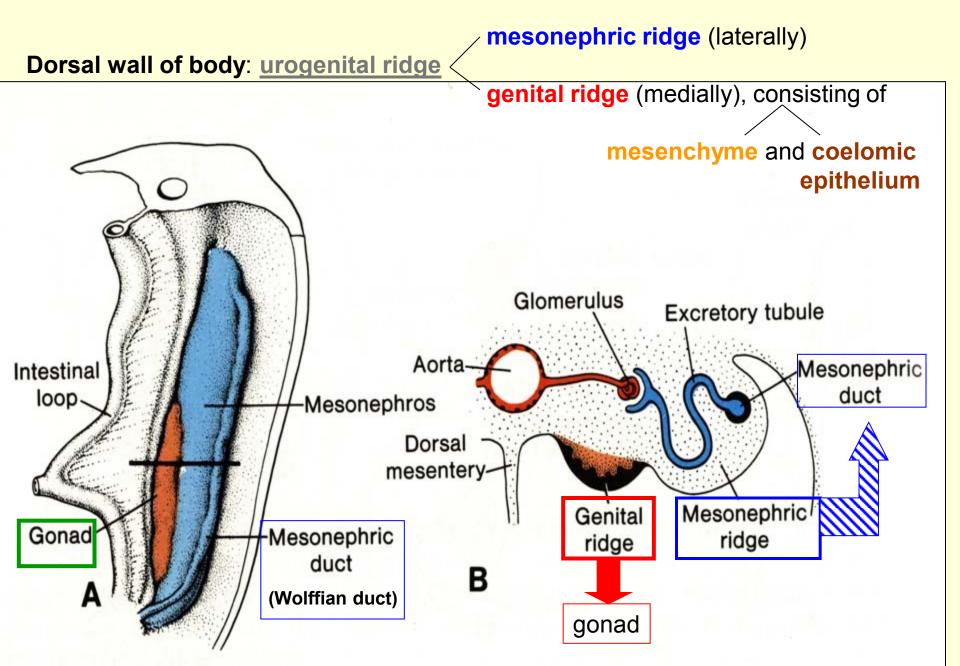
- The SRY initiates transformation of indifferent gonads to form testes, which produce hormones supporting development of male reproductive organs.
- Developed testes produce:
- testosterone (T) <u>stimulates</u> the Wolffian ducts development (*epididymis and deferent ducts*)
   and
- **anti-Müllerian hormone** (AMH) <u>suppresses</u> the Mullerian ducts development (*oviduct, uterus, and upper vagina*).



- Indifferent stage until the 7th week
- Differentiated stage

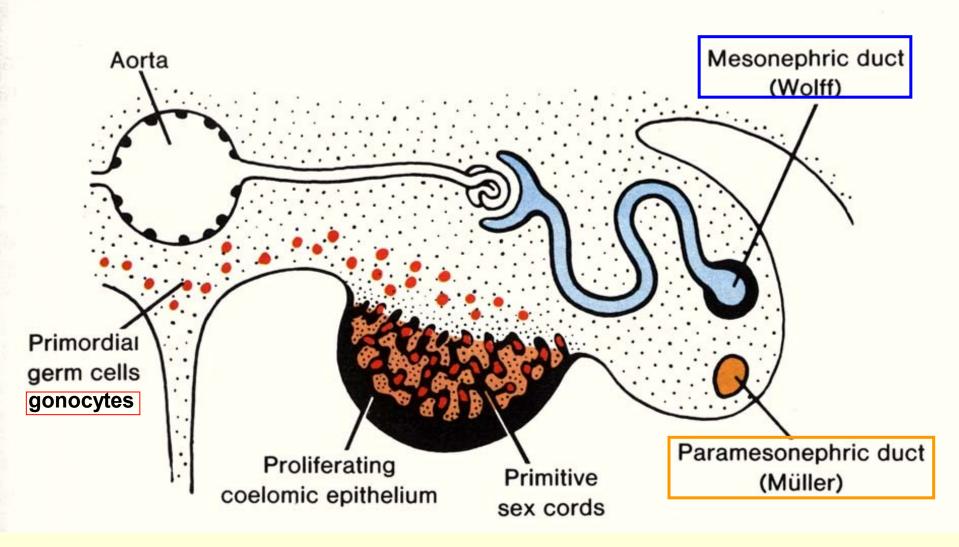
Development of gonads
 Development of reproductive passages
 Development of external genitalia

#### **Development of gonads**

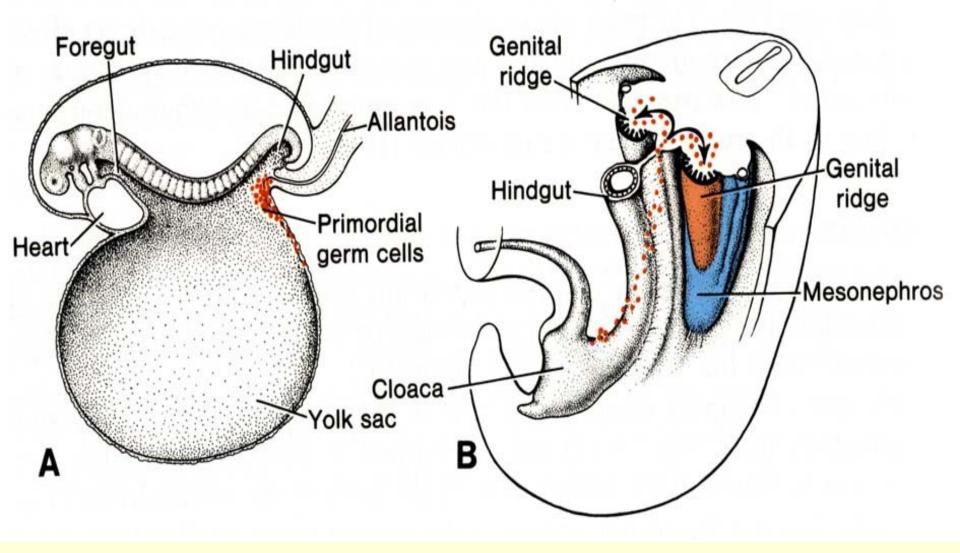


#### Three sources of gonad development:

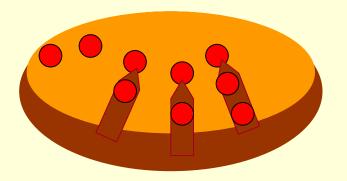
- 1 mesenchyme of gonadal ridges (plica genitalis)
- 2 coelomic epithelium (mesodermal origin)
- 3 gonocytes (primordial cells)



Primordial germ cells – gonocytes – in endoderm of dorsal wall of yolk sac. Gonocytes migrate along dorsal mesentery of hindgut into the gonadal ridges and induce (!) gonad development.



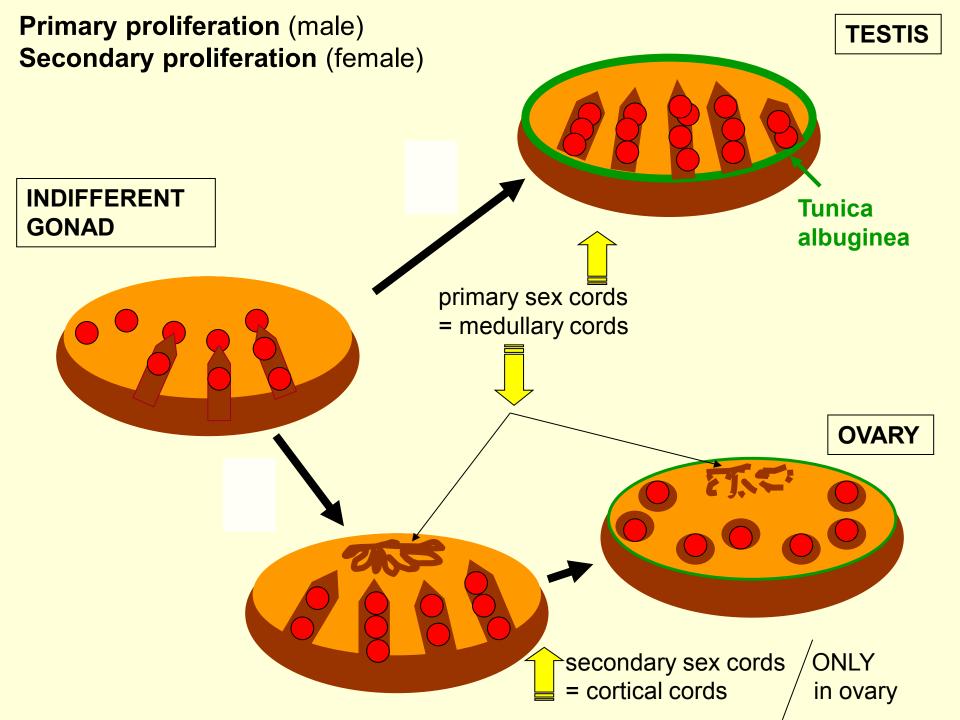
# Indifferent gonad development Gonocytes induce coelomic epithelium to proliferate (primary proliferation)



Together with **gonocytes**, **cells of coelomic epithelium** in **mesenchyme** form -

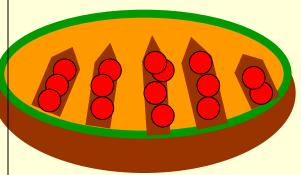
primary sex cords

in indifferent gonad



**TESTIS:** 

Gonocytes ⇒ **spermatogonia** Coelomic cells ⇒ **Sertoli cells** Mesenchyme ⇒ **Leydig cells**, interstitial connective tissue

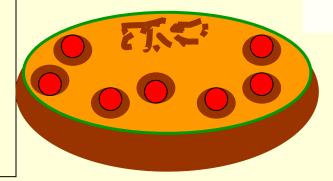


Tunica albuginea

#### **OVARY**:

Primary sex cords ⇒ degenerate in ovarian medulla

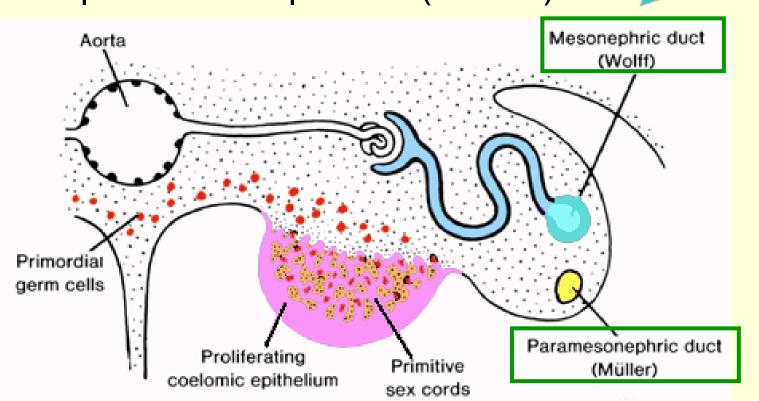
<u>Secondary sex cords</u> 
⇒ disintegrate into the follicles: Gonocytes 
⇒ oogonia Coelomic cells 
⇒ follicular cells Mesenchyme 
⇒ ovarian stroma

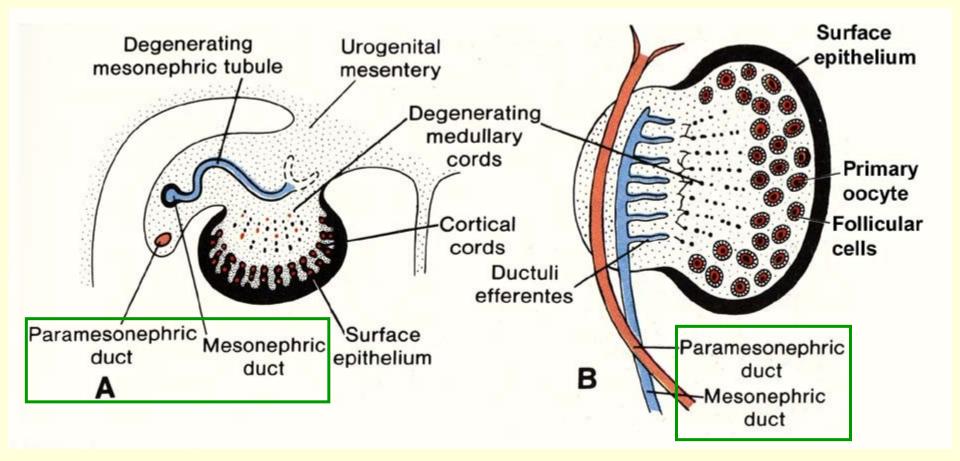


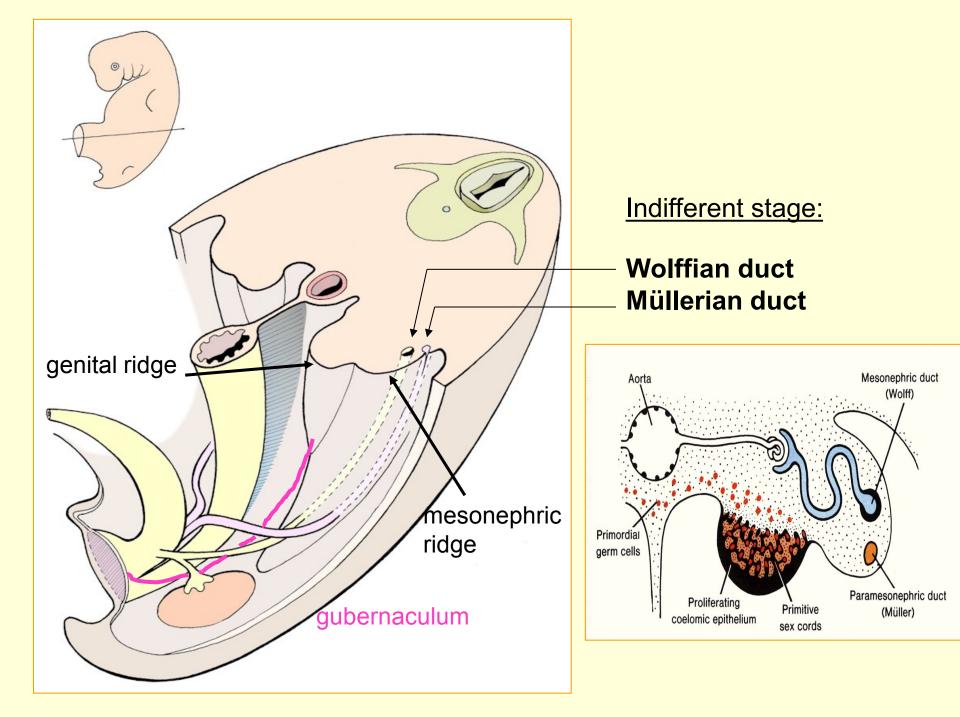
#### **Development of reproductive passages** (indifferent – differentiated stage)

x x ANH

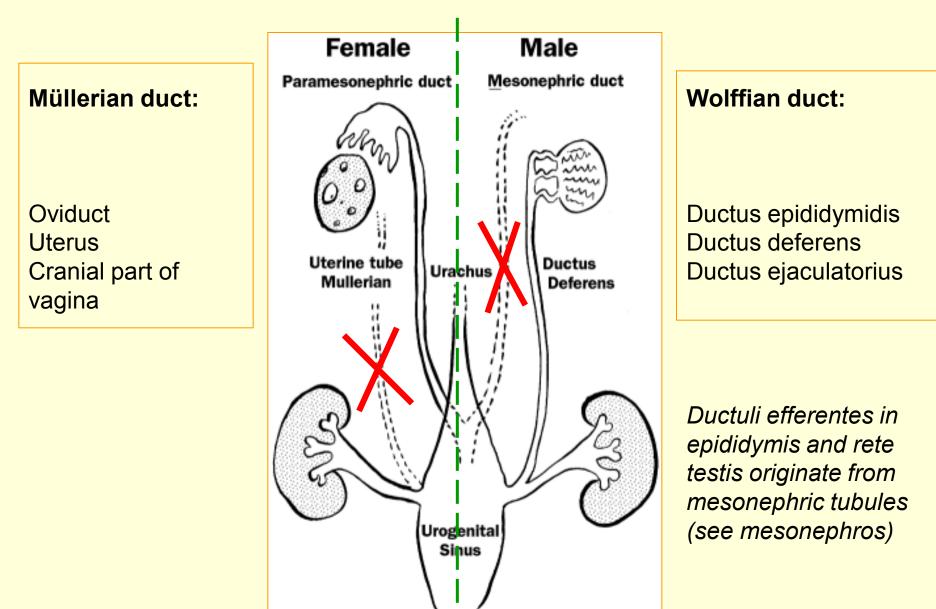
In mesonephric ridge) – 2 ducts:
 Ductus mesonephricus (Wolffi)
 Ductus paramesonephricus (Mülleri)

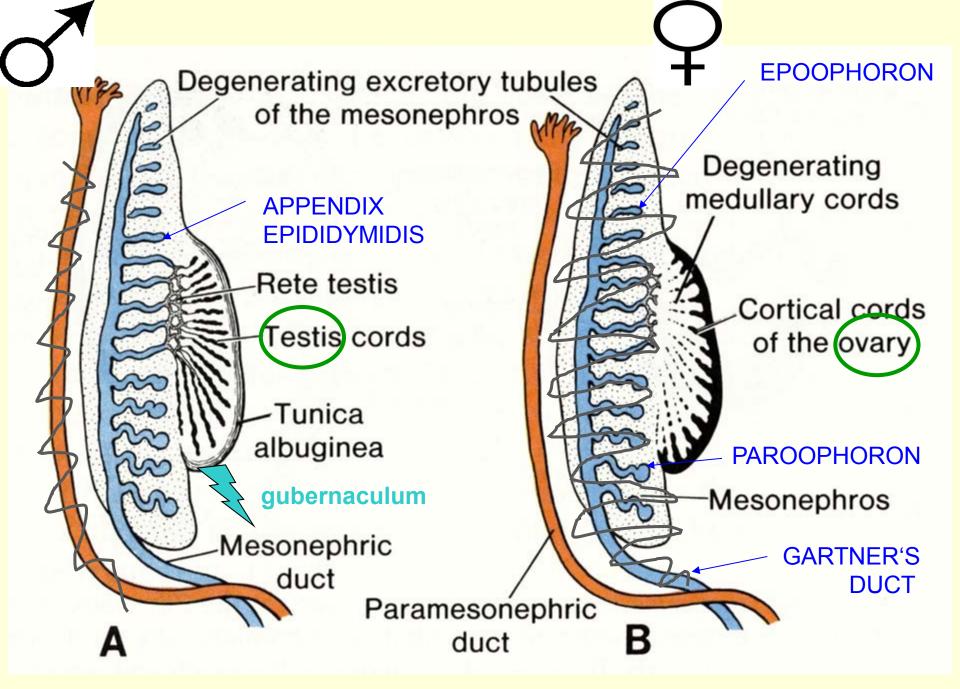




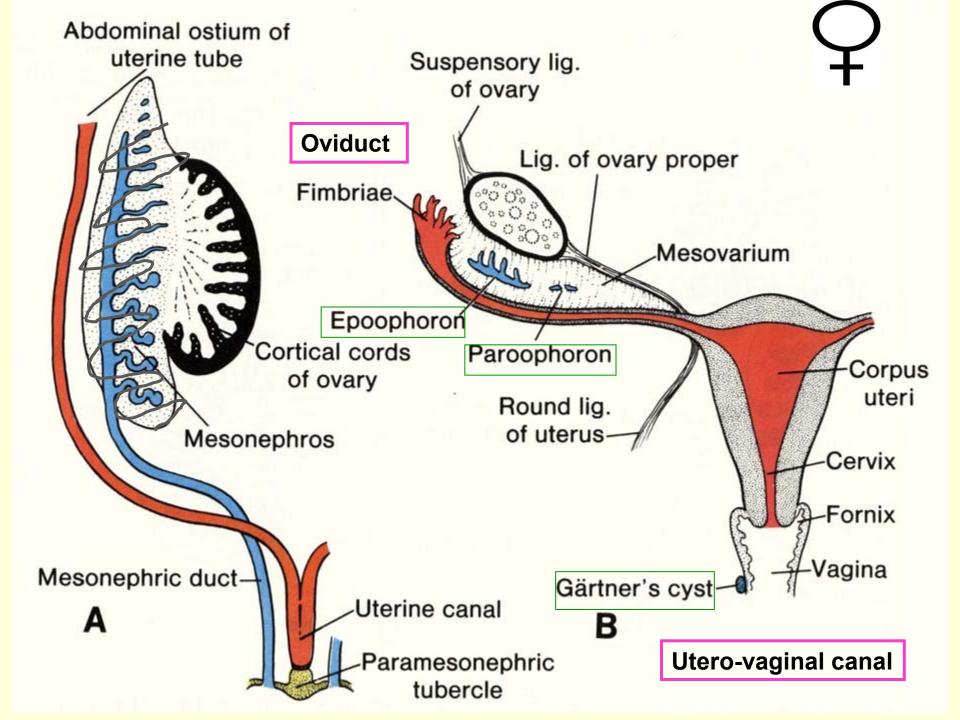


#### Differentiated stage of development:

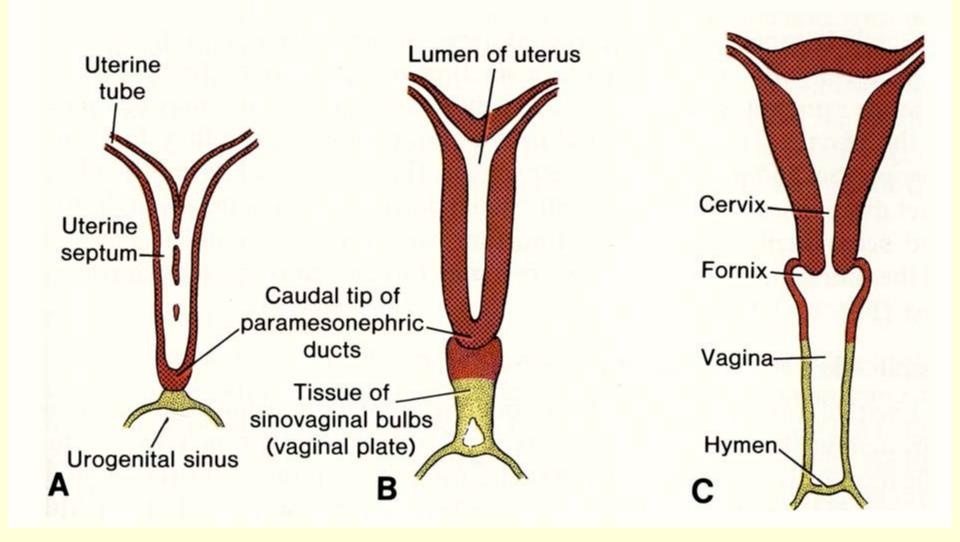


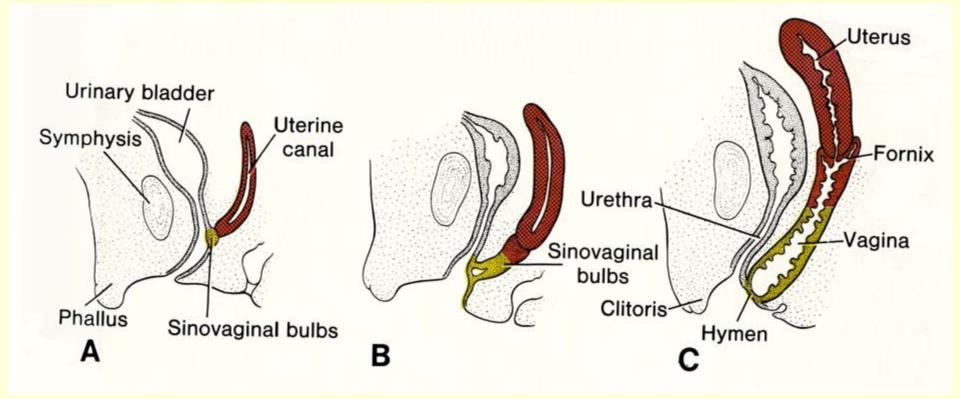


+ RUDIMENTARY STRUCTURES



#### **UTEROVAGINAL CANAL**

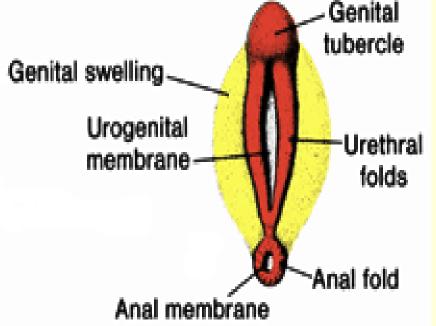


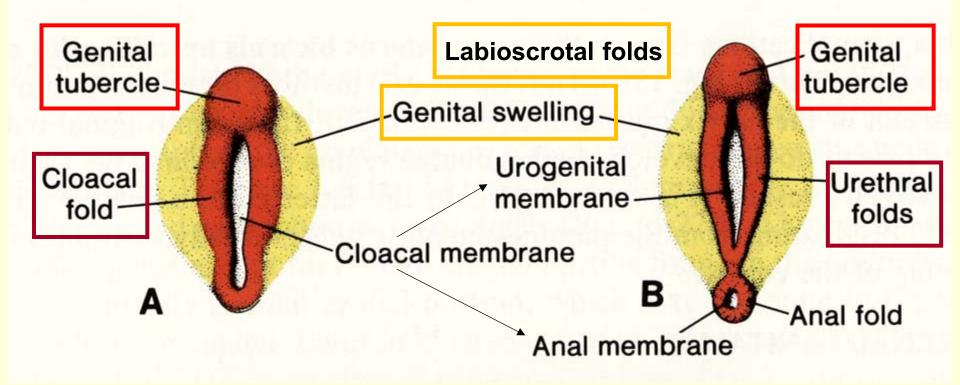


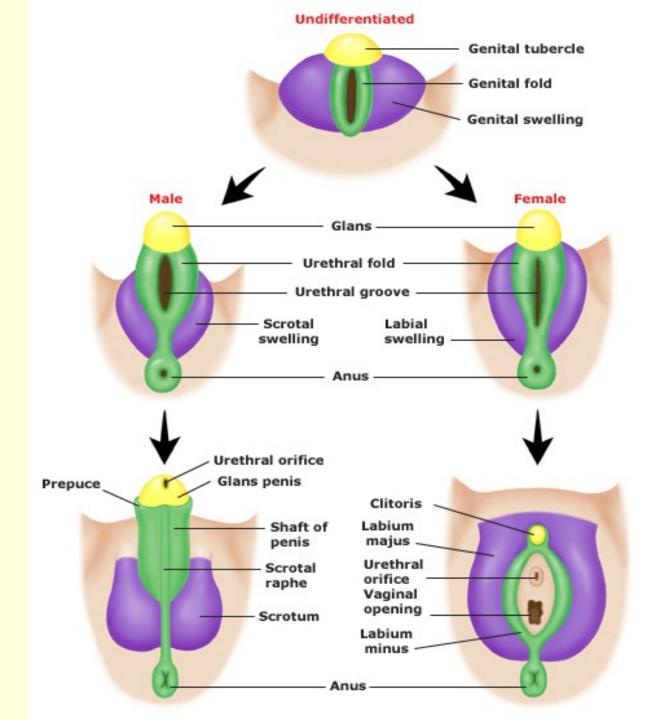
#### **Development of external genatalia** (indifferent – differentiated stage)

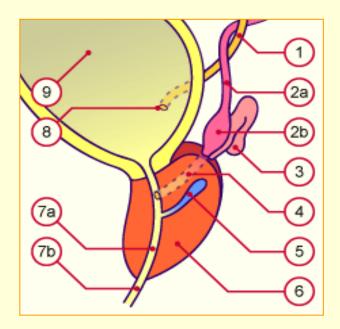
### Genital tubercle [tuberculum genitale] Urethral (cloacal) folds [plicae genitales]

#### Labio-scrotal swellings [tori genitales]





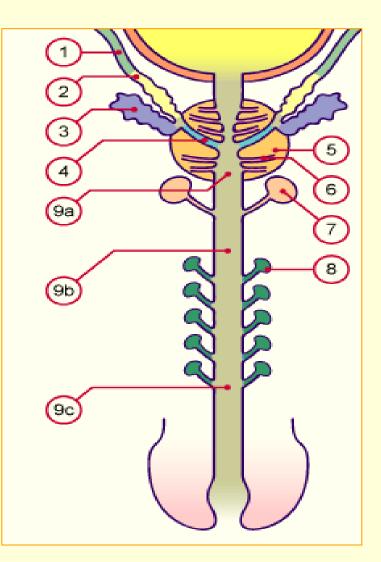




## Seminal vesicles – develop as diverticles of ductus deferens (from Wolffian duct)

Prostate – develops around urethra as numerous diverticles (from pelvic part of sinus urogenitalis)

#### Accessory glands development

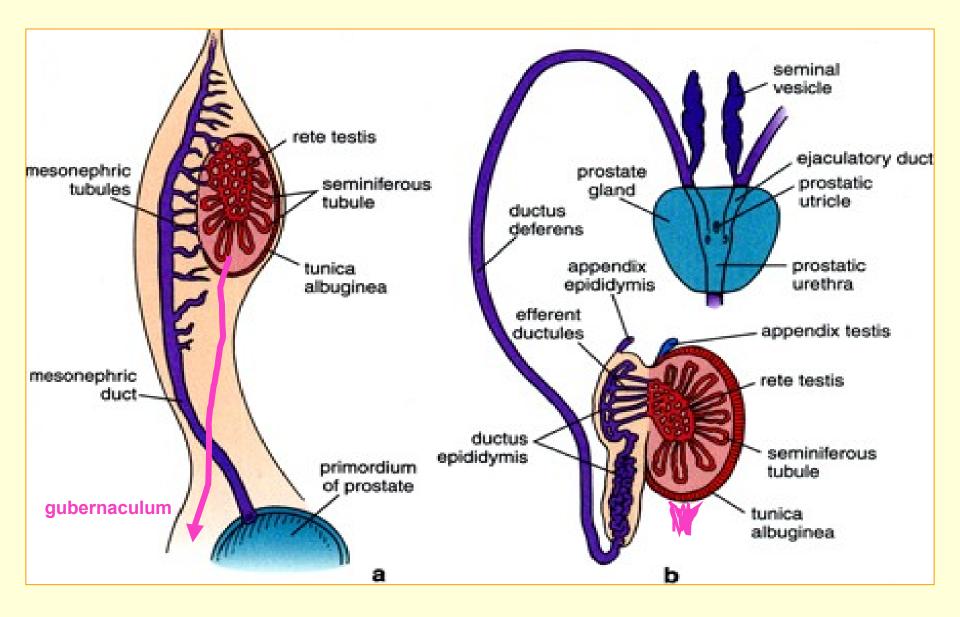


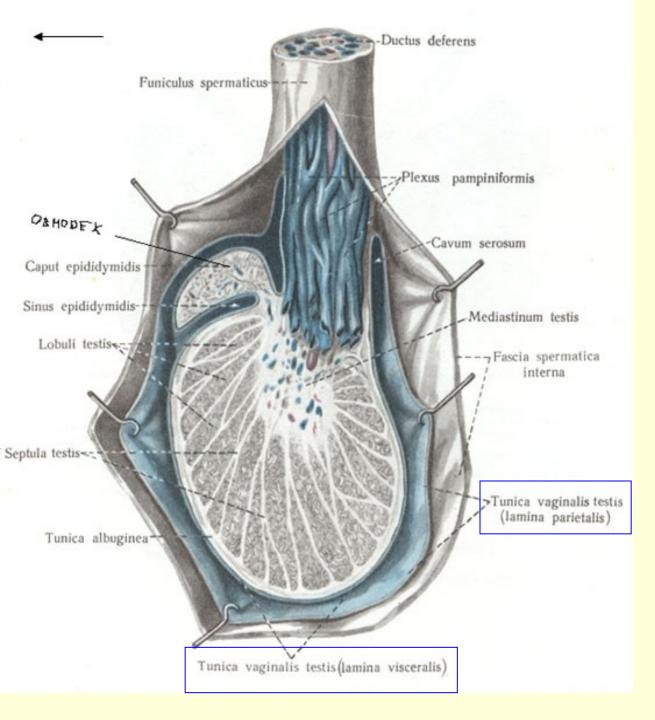
#### Position of gonads during development

- Gonad develops in only short, <u>lumbal</u> part of genital (gonadal) ridge (Th6 S2)
- Cranial part disappeares
- Caudal part transforms into gubernaculum

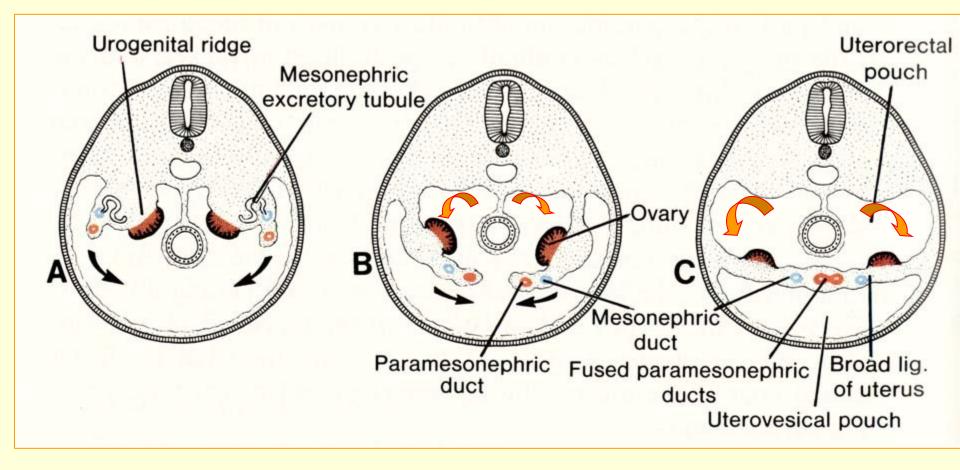
- Testes descensus into the scrotum
- Ovaries change also their position due to fusion of Müllerian ducts and formation of broad ligament (lig. latum uteri)

#### Testis – descens into the scrotum



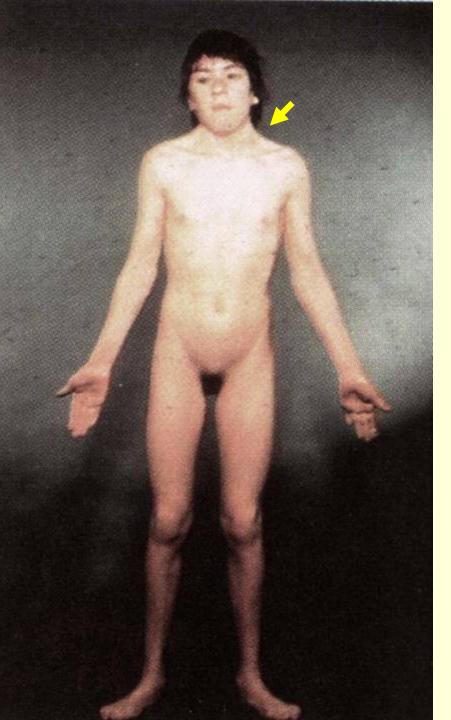


# **Ovaries – change their position** due to fusion of Müllerian ducts and formation of broad ligament



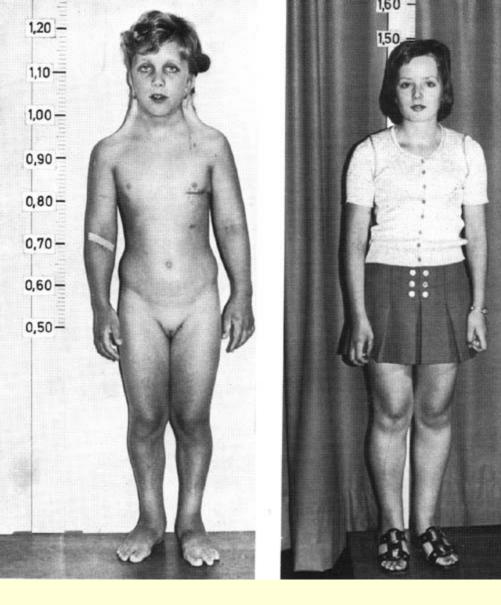
#### **Congenital malformations - 1**

- Genetic anomalies:
- Gonad(s) agenesis
- Hermafroditism (ovotestes, ovary+testis)
   + chromosomal aberations (45X/46XX, 45X/46XY, 47XXY/46X, etc.)
- Pseudohermafroditism karyotype and gonads do not correspond to external genitalia
- Gonadal hypolasia (dysgenesis) Turner sy. (45X0), Klinefelter sy. (47XXY)



## Turner syndrom (girl - 15 years,150 cm)

pterygium coli

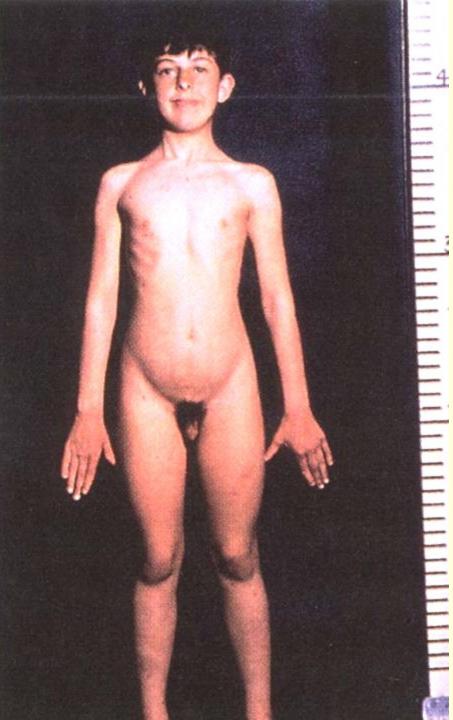


#### Turner syndrom



## Klinefelter syndrom 19 years, 180 cm

infertility **gynekomastia**,



## Pseudohermafroditismus femininus (girl, 12 years)





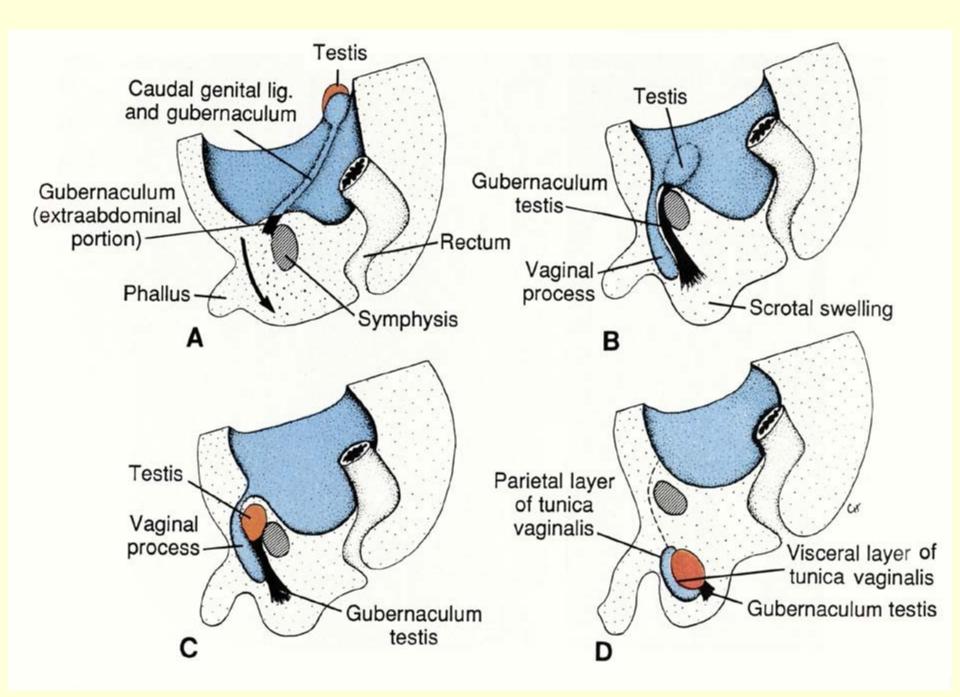
## Pseudohermafroditismus masculinus (17 years)

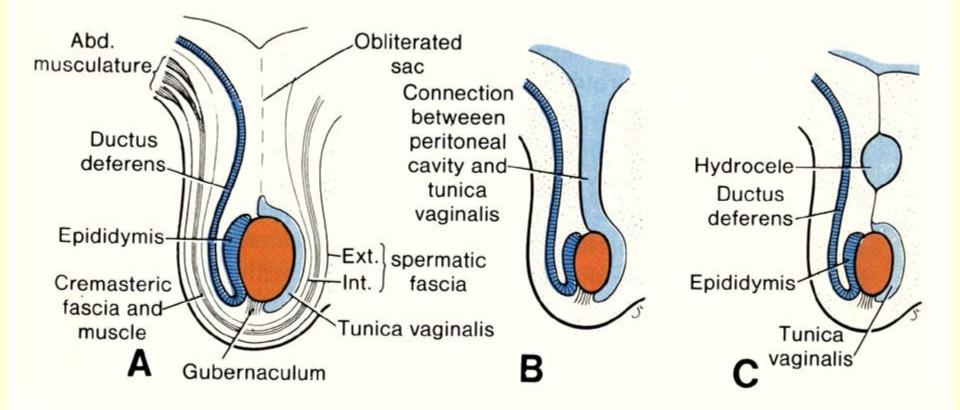


#### **Congenital malformations - 2**

- Kryptorchism
- Hydrocele testis
- Hypospadias, epispadias

• Developmental defect of uterus (and vagina) uterus et vagina separatus, uterus bicornis, uterus septus or subseptus, uterus unicornis etc.





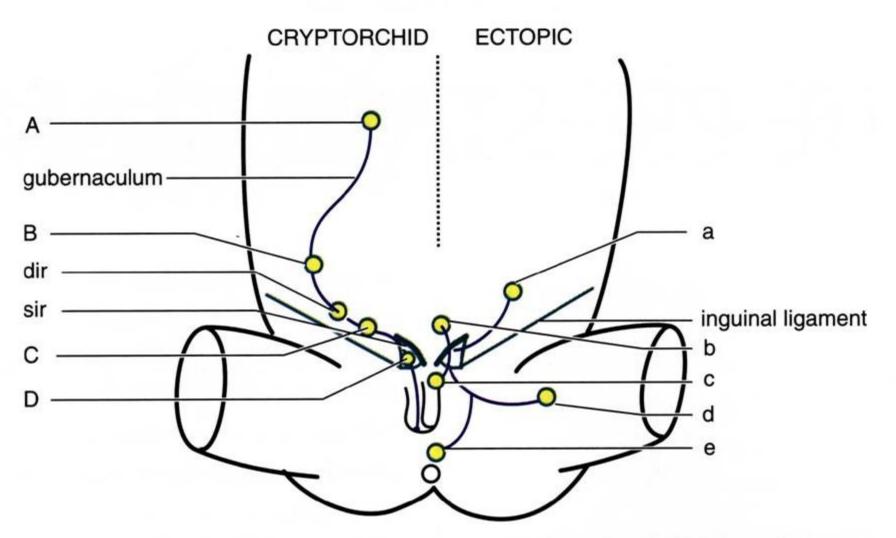


FIGURE 3 Abnormal descent of the testis. On the left, cryptorchid sites of arrest are shown: **A**, abdominal; **B**, pelvic; **C**, inguinal; **D**, at the superficial inguinal ring. **dir**, **sir**, deep and superficial inguinal rings. On the right, ectopic sites are shown: **a**, supra-inguinal; **b**, hypogastric; **c**, pubo-penile; **d**, femoral; **e**, perineal.

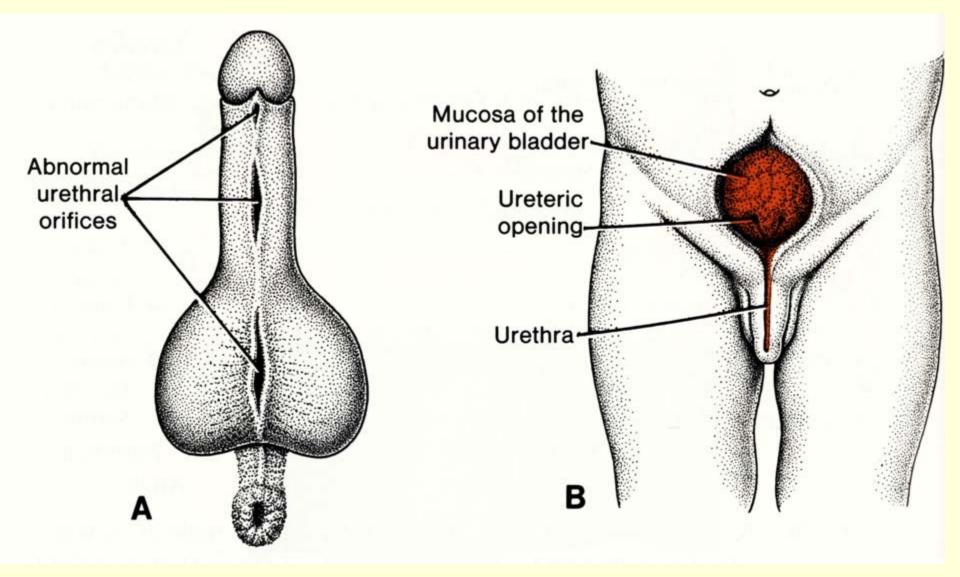


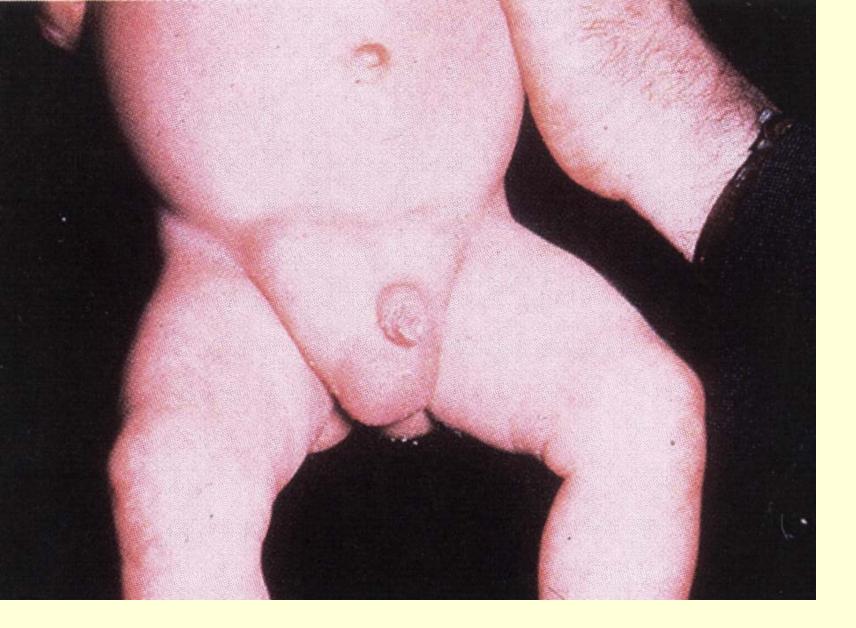
## Kryptorchismus

#### **HYPOSPADIE**

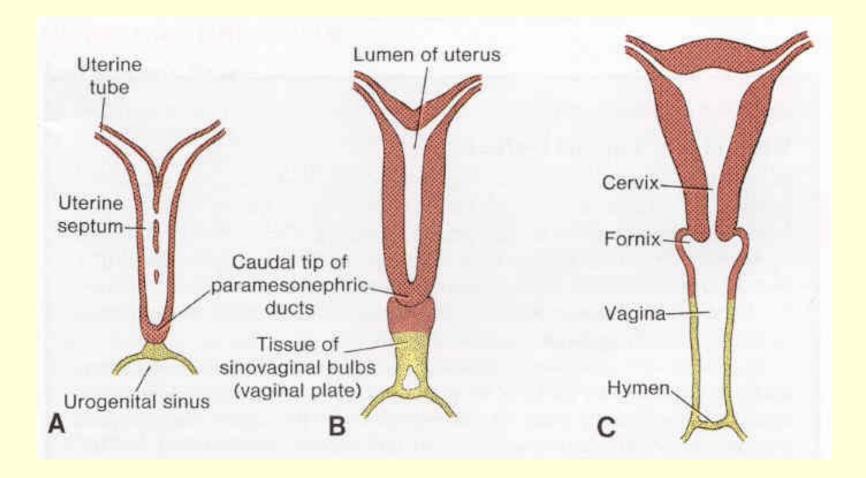
### EPISPADIE

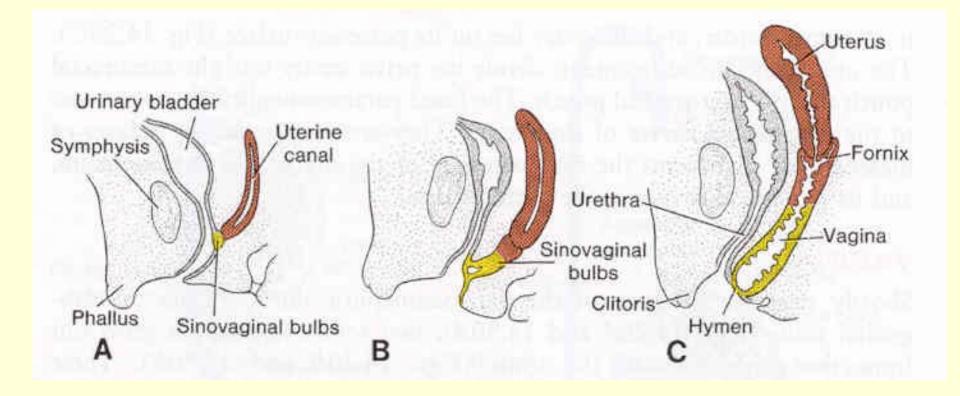
#### + extrophia vesicae urinariae

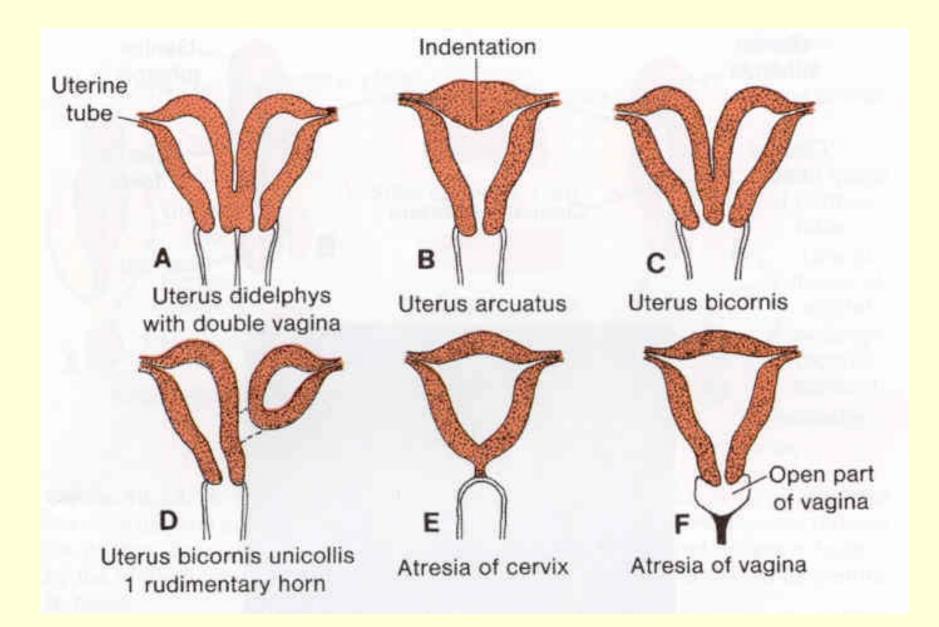




### Congnital bilateral inguinal hernia









## Repetition of blood

- Composition of the blood
- Hematocrit
- Hemoglobin
- Erythrocytes shape, size, density per 1 μl
- Reticulocytes
- Anisocytosis
- Poikilocytosis
- Polycythemia (= polyglobulia)

- Granulocytes
- Agranulocytes
- Number of leukocytes per 1 μl
- Anemia
- Leukocytopenia
- Thrombocyte
- Number of thrombocytes per 1μl
- Hyalomere, granulomere

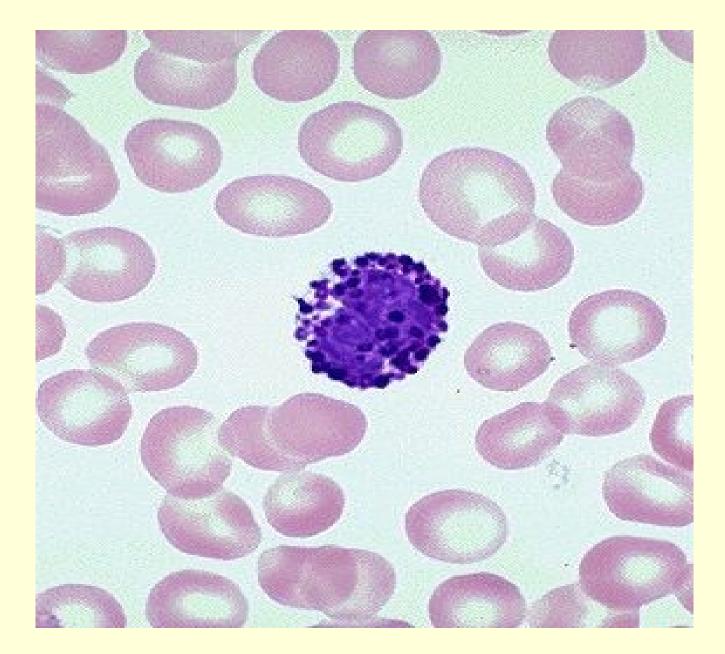
- Bone marrow structure
- Erythropoiesis
- Granulocytopoiesis
- Megakaryocyte
- Endomitosis
- Differential white cell count (DWCC) !!!
- Shift to the left or to the right

#### **Neutrophilic granulocytes:** 10-12 $\mu$ m in Ø

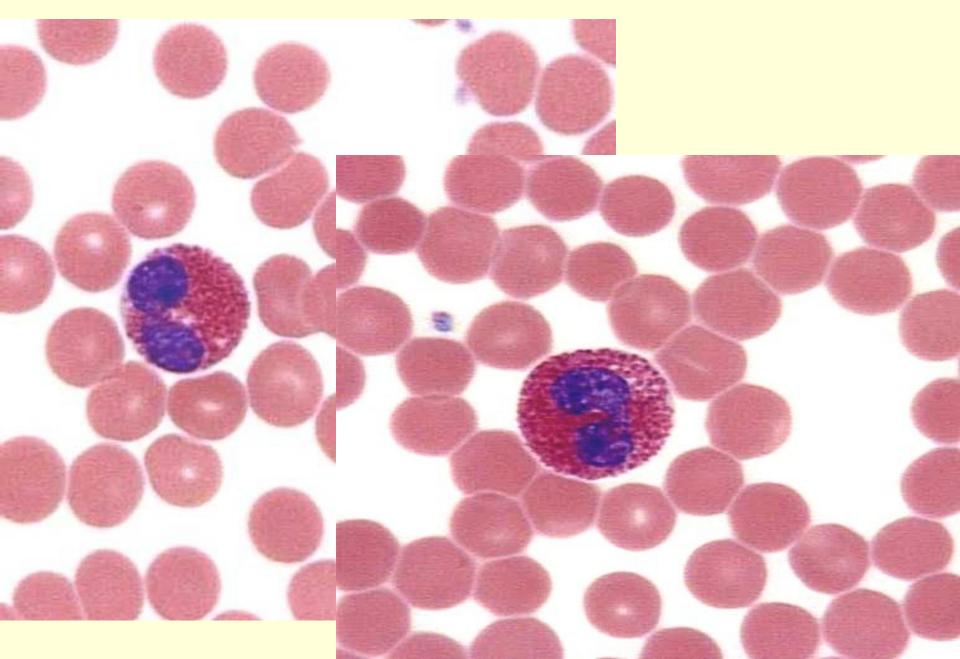
"band" 4 % in DWCC

"segment" 67 % in DWCC

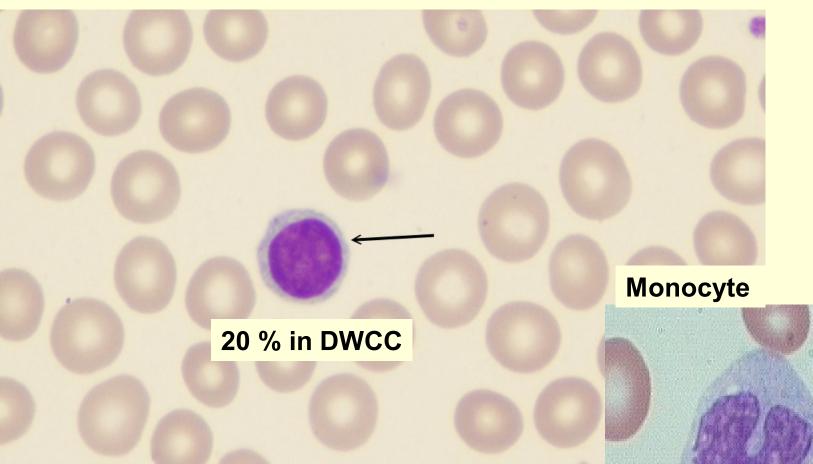
#### **Basophilic granulocyte: 8** $\mu$ m in $\emptyset$ , only 1 % in DWCC



#### **Eosinophilic granulocyte: up to 14** $\mu$ m in $\emptyset$ , 3 % in DWCC



#### Lymfocyte



5 % in DWCC

# Thank for your attention